



# Human Resources Manual

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# I. CHAPTER 1 - INTRODUCTION

## A. WELCOME TO THE VILLAGE OF LOMBARD

As a new employee, you are joining a team whose members are working together to provide quality service to the residents of Lombard. Lombard is a growing community with excellent schools, beautiful parks, lovely homes, many businesses and a large regional shopping mall. The Village is easily accessible with four (4) State highways and two (2) toll roads. The Union Pacific Railroad serves Lombard with a station located in the downtown area.

This manual has been prepared to assist the employees in understanding and carrying out their duties, responsibilities and privileges as Village employees. It should be understood that where there is a conflict between this manual and the union contracts covering Police, Fire and Public Works employees, said union contracts shall take precedence over this manual. Please read the manual and retain it for future reference. If you should have any questions pertaining to this manual, please discuss them with your supervisor or contact Human Resources. The HR Manual can also be found on the V drive under V/HRInformation/[11120809HRManual.doc](#).

The Village has always taken pride in the abilities and accomplishments of its employees. It is the Village's policy to pay wages and benefits that are competitive with the market and that recognize the value of its employees. It is also Village policy to communicate directly with employees and to work together to resolve employee concerns as they arise.

Employees shall be courteous to the public and tactful in their work duties, ensuring the utmost patience. In performance of those work duties, employees must not express any prejudice concerning race, religion, politics, national origin, disability, life-style or similar personal characteristics. Upon request from the public, employees shall supply their name in a courteous manner.

The Village of Lombard has a Village Board-Manager form of government. This provides for a professional Village Manager appointed by the Village Board of Trustees. The Village Board consists of a Village President (elected by all residents), a Village Clerk (elected by all residents), and six trustees (elected by district).

The Village Manager is responsible to the President and Board of Trustees for the official business-like operation of the day-to-day affairs of the Village. In addition to specific responsibilities to the Village Board, the Manager establishes certain operating procedures and personnel rules, and is the final authority regarding all personnel matters of employees, except as otherwise provided by State Law or the Village Board.

The administrative organization of the Village is structured into functional work groups called departments. Departments may be further organized into smaller units known as divisions or bureaus

**DISCLAIMER:** *While the Village has made a considerable effort to provide clear and accurate information, the contents of this handbook should NOT be understood to create any sort of employment contract, whether expressed or implied. Accordingly, either you or the Village can terminate your employment at any time and for any reason or no reason. Further, any policy, rule, or statement contained herein may be changed or rescinded, with or without notice, at the sole discretion of the Village. This Human Resources Manual is*

*not intended to replace or supersede collective bargaining agreements that may cover many of your terms and conditions of employment.*

## II. CHAPTER 2 - PERSONNEL POLICIES

### A. EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

The Village of Lombard is an equal opportunity employer. In this regard, the Village hires employees and manages its work place without discriminating on the basis of race, sex, national origin, religion, age, marital status, sexual orientation, handicaps or disabilities, or unfavorable discharge from the military (except dishonorable discharge) in accordance with federal, state and local laws. Employment opportunities are open to all qualified individuals.

#### 1. Anti-Harassment Policy

The Village is committed to maintaining a work environment that is free of discrimination. In keeping with this commitment, the Village will not tolerate harassment of employees by anyone, including any supervisor, co-worker or vendor of the Village.

Harassment consists of unwelcome conduct, whether verbal, physical or visual, that is based upon a person's protected status, such as sex, color, race, ancestry, religion, national origin, age, physical handicap, medical condition, disability, marital status, veteran status, citizenship status, or other legally protected group status. The Village will not tolerate harassing conduct that affects tangible job benefits, that interferes unreasonably with an individual's work performance, or that creates an intimidating, hostile or offensive working environment.

#### 2. Sexual Harassment Policy

Sexual harassment deserves special mention. Unwelcome sexual advances, requests for sexual favors or other physical, verbal or visual conduct based on sex constitutes sexual harassment when:

- a) submission to the conduct is an explicit or implicit term or condition of employment.
- b) submission to or rejection of the conduct is used as the basis for an employment decision, or
- c) the conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

Sexual harassment is conduct based on sex, whether directed toward a person of the opposite sex or same sex, and may include explicit sexual propositions, sexual innuendo, suggestive comments, sexually oriented "kidding" or "teasing", "practical jokes", jokes about obscene printed or visual material, and physical contact such as patting, pinching, or brushing against another's body.

### 3. **Reporting Procedures**

Such conduct, when experienced or observed, must be promptly reported in confidence to the employee's supervisor or to the Human Resources Manager or any other member of Village management whom the employee would feel comfortable contacting. Supervisory personnel shall take appropriate action when they become aware of potential sexual harassment. If the complaint involves an employee's supervisor, then the employee may go to another supervisor, the Human Resources Manager or the Village Attorney. An investigation will be made immediately concerning any allegation of harassment in as confidential a manner as possible. The Village does not condone any form of retaliation against any employee for making a report under this policy or cooperating with an investigation under this policy.

To the maximum extent possible, the Village will strictly maintain the confidentiality of all complaints. Information will be held in confidence and will be disclosed only on a need-to-know basis in order to investigate and resolve the complaint or as required by law.

The Village's policy is to investigate all such complaints thoroughly and promptly. If an investigation confirms that a violation of this harassment policy has occurred, the Village will take corrective action, including such discipline, up to and including immediate termination of employment, as is appropriate. Additionally, in investigating complaints of harassment under this policy, the Village may impose discipline, up to and including termination of employment for inappropriate conduct that comes to the Village's attention, without regard to whether the conduct constitutes a violation of law or this policy.

If you believe that you have been the subject of harassment or retaliation for complaining about harassment, you also have the right to file a charge of civil rights violations with the Illinois Department of Human Rights and, if substantial evidence to support the charge is found to exist, to have such an opportunity as is provided by law and applicable regulations to engage in conciliation with the Village and/or have the charge heard in a public hearing before an Administrative Law Judge of the Illinois Human Rights Commission. For further information, you may call or write to the Illinois Department of Human Rights, 100 W. Randolph Street, Room 10-100, Chicago, Illinois 60601, (312) 814-6200, or the Illinois Human Rights Commission, 100 W. Randolph Street, Room 5-100, Chicago, Illinois 60601 (312) 814-6269.

## B. DRUG FREE WORK-PLACE POLICY

The Village of Lombard is committed to maintaining a work place that is free from the effects of drug and alcohol use. To promote this goal, employees are required to report to work in appropriate mental and physical condition to perform their jobs in a satisfactory manner.

### 1. Prohibited Conduct

In accordance with the Federal Drug-Free Work Place Act of 1988, Village employees shall not manufacture, distribute, dispense, possess or use illicit drugs, unauthorized prescription drugs, alcohol or controlled substances on the premises of any Village building or facility (unless authorized), in Village-owned vehicles or during working hours. Likewise, employees also are prohibited from being under the influence of illegal drugs, controlled substances, unauthorized prescription or alcohol on the premises of any Village building or facility (unless authorized), in Village-owned vehicles or during working hours. Compliance with this policy is a condition of employment. Sanctions for violation of this policy extend to and include termination of employment and referral for prosecution consistent with applicable local, state and federal law.

This policy does not apply to the lawful use of prescription drugs under the supervision of a licensed health care professional and within the limits of a valid prescription. An employee who has been prescribed drugs is required, however, to consult with his or her doctor or pharmacist about the prescribed medication's effect on the employee's ability to perform his or her job safely and to immediately disclose to his or her supervisor any medication-related work restrictions. While employees are required to disclose any medication-related work restrictions, employees should not disclose the type of drugs they have been prescribed or the underlying medical conditions or disabilities unless directed to do so by their doctors or pharmacist or asked to do so by the Village.

As part of our drug free work-place policy, it is the policy of the Village to conduct drug testing during the post offer, pre-placement physical examination required for all Village positions. It is also the policy of the Village to conduct drug/alcohol testing where it has reason to believe that an employee may be under the influence of alcohol, illegal drugs or other controlled substances. Employees subject to ~~D.O.T. Department of Transportation~~ (D.O.T.) testing shall be tested in accordance with D.O.T. regulations in addition to the testing and discipline provisions of this policy. Refusal to submit to testing will result in disciplinary action, up to and including termination of employment.



As a condition of initial or continued employment, employees shall abide by the terms of this policy and shall notify the Human Resources Department of the Village of Lombard of any criminal drug statute conviction, guilty or nolo contendere plea for a violation occurring in the work place no later than five days after such conviction or plea.

For purposes of this policy, the term “controlled substance” means a controlled substance listed in the Illinois Controlled Substances Act (720 ILCS 570) or Cannabis Control Act (720 ILCS 550) and substances listed in Schedules 1 through V of the Federal Controlled Substances Act (21 U.S.C. §§ 812), as further defined by regulation at 21 CFR §§ 1308.11 through 1308.15. Among other substances, it includes such illegal drugs as marijuana, cocaine, crack, PCP, heroin, morphine and LSD.

For the purpose of determining whether the employee is under the influence of alcohol in violation of this policy, test results showing an alcohol concentration of .02 or more based upon the grams of alcohol per 100 millimeters of blood will be considered positive, and results showing an alcohol concentration of .0199 or less shall be considered negative.

## 2. **Consequences of Positive Test Results**

- a) Applicants who refuse to cooperate in or fail to pass a post-offer, pre-employment drug test will not be hired.
- b) Employees who refuse to cooperate in a required test, who test positive more than once, or who use, possess, distribute, purchase, sell, manufacture or dispense illegal drugs on Village premises or work sites will be disciplined, up to and including termination of employment.
- c) Employees who possess or consume illegal drug paraphernalia or alcoholic beverages on Village premises or work sites will be disciplined, up to and including termination of employment.
- d) Employees who have been convicted of, sentenced for, or pled no contest to, a drug crime committed on Village premises or work sites, will be disciplined or terminated.

## C. **WORKPLACE VIOLENCE POLICY**

Nothing is more important to the Village of Lombard than the safety and security of its employees. The Village of Lombard is committed to providing, in so far as it reasonably can do so within available resources, a safe environment for working and conducting business. The Village will not tolerate acts of violence or threats of violence committed by or against Village employees, whether working or not working, on or off Village property.

Threats, threatening behavior, or acts of violence against employees, visitors, guests, or other individuals by anyone will not be tolerated. Violations of this policy will lead to disciplinary action, which may include dismissal, arrest, and prosecution.

Any person who makes threats, exhibits threatening behavior, or engages in violent acts against Village employees shall be removed from the premises as quickly as safety permits, and shall remain off the premises pending the outcome of an investigation. The Village will initiate an appropriate response. This response may include, but is not limited to, suspension and/or termination of any business relationship, reassignment of job duties, suspension or termination of employment, and/or criminal prosecution of the person or persons involved.

### 1. **Employee Reporting Duties**

Any violent incidents or threats must be reported to the Village Manager, HR Manager or a Department Head, who shall promptly investigate all such reports and take appropriate disciplinary and legal action. Employees are responsible for notifying a designated management representative of any behavior they have witnessed which:

- a) is regarded as threatening or violent; and,
- b) has occurred in the workplace, during activities related to Village employment, which may be at sites other than the workplace, or is job related.

Employees are responsible for notifying management regardless of the nature of the relationship between the individual who initiated the threat or threatening behavior, and the person or persons who were threatened or were the focus of the threatening behavior. Designated management representatives include the employee's immediate supervisor, the Department Head or Human Resources. Complaints involving the employee's immediate supervisor should be directed to either the Department Head or Human Resources. In the event that a violent action is actually occurring, every effort should be made to contact the Police Department as quickly as possible. Those employees involved in a Workplace Violence incident, will be asked to complete a confidential Workplace Incident Report form (**Exhibit 1**) which will be used by Human Resources to investigate the incident. No employee acting in good faith, who reports real or implied threats or violent behavior will be subject to retaliation or harassment based upon their report.

All individuals who apply for or obtain a protective or restraining order which lists Village locations as being protected areas, must provide to their supervisor a copy of the petition and declarations used to seek the order, a copy of any temporary protective or restraining order which is granted, and a copy of any protective or restraining order which is made permanent.

The Village understands the sensitivity of the information requested and has developed confidentiality procedures, which recognize and respect the privacy of the reporting employee(s). To the maximum extent possible, the Village will maintain the confidentiality of all complaints. Information will be held in confidence and will be disclosed only on a need-to-know basis in order to investigate and resolve the complaint, or as required under applicable law. No other Village policy, practice, or set of procedures will be enforced or interpreted in a manner inconsistent with the terms and provisions of the Workplace Violence Policy.

### III. CHAPTER 3 - REQUIREMENTS FOR EMPLOYMENT

#### A. REQUISITION & RECRUITMENT OF NEW EMPLOYEES

##### 1. Policy

It shall be the policy of the Village of Lombard to recruit and select the most qualified persons based on merit, for positions in the Village's service. Individuals may be recruited for position vacancies from a geographic area as wide as necessary to assure obtaining well-qualified candidates.

##### 2. Administration

~~This section references Administrative Policy Memorandum, Numbers 5.1 and 5.2.~~

To initiate the hiring process, the supervisor must complete a personnel requisition form for submittal to the Department Head. The Department Head will review the requisition and, if approved, will sign and forward the requisition to Human Resources. Human Resources will then forward the request to the Village Manager for final approval.

When the requisition is signed and approved by the Village Manager, Human Resources will begin the process of recruitment for the position. Only Human Resources is authorized to recruit employees. This will be done in conjunction with the affected department.

The exception to this procedure would be the hiring of Department Heads who may be recruited in a different manner, as well as Police Officers and Firefighters who are recruited and hired by the Board of Fire and Police Commissioners.

In case of bargaining unit positions in the Public Works Department, the in-house ad will be sent from Human Resources for posting in accordance with the contract.

Human Resources will receive all resumes and applications for employment (except for Police and Fire). When the ad closes, copies of the application will be forwarded to the requesting department. The requesting department will review desired applicants with Human Resources and advise when available to conduct the interviews. Human Resources will schedule and participate in the interviews.

Any written test to be given to applicants (along with specific answers) shall be prepared and submitted to Human Resources for review in advance of scheduled interviews, allowing time to ~~insure~~ ensure proper compliance and adequate scope for evaluating employees.

Prior to making any offer of employment, the department will consult with Human Resources to determine that all legal and administrative requirements have been

met. In addition, the Employment Authorization Form must be completed and filed with Human Resources.

**B. APPLICATION**

All applicants for employment shall submit an application on forms provided by the Village of Lombard. All requested information shall be completed to the best of the applicant's ability. Applications are available at [www.villageoflombard.org](http://www.villageoflombard.org) when there are positions open.

**C. METHOD OF SELECTION**

All employment selections will be made according to the ability to perform the essential functions of the job and merit, to be determined when possible and practical through an examination process. Examinations shall normally be on a competitive basis in a manner to be determined by Human Resources with concurrence of the Village Manager.

**D. BACKGROUND INVESTIGATION**

A background investigation shall be completed on every prospective employee prior to appointment.

A prospective employee may be fingerprinted as a prerequisite to employment. Applicants must be able to demonstrate that they possess, or qualify to possess, a valid Illinois driver's license if the nature of their position or assignment requires the operation of Village-owned vehicles. Drivers license status and previous driving history will be verified with the Secretary of State.

**E. EMPLOYMENT EXAMINATIONS**

1. The examination process for any job classification may include, but not be limited to, one or more of the following parts as determined to be appropriate by the Village.

**Written Test** - this part, when required, shall include a written demonstration designed to show the familiarity of an applicant with the knowledge required in the position classification to which appointment is sought.

**Oral Interview** - this part, when required, shall consist of personal interviews with applicants for position classifications where ability to deal with others, to meet the public, or other personal qualifications are to be determined. An oral interview may also be used in applicant assessment when a written test is unnecessary or impractical.

**Performance Test** - this part, when required, shall include tests of performance or skill to determine the ability and skills of applicants to perform the work involved.

**Assessment Center** - this part, when required, shall consist of tests intended to measure the performance of applicants in simulated work related circumstances.

**Physical Test** - this part, when required, shall test the applicant's physical agility to perform the essential functions of the job. The score achieved on this test may be given a weight in the examination or may be used in excluding from further consideration applicants who do not meet the minimum required standards.

**Candidate Profile** - this part, when required, shall include any test to determine mental alertness and general capacity of applicants to adjust their thinking to new problems or to ascertain special character traits and aptitudes.

2. As directed by the essential functions of the job in question; education, experience, knowledge, character and physical agility may be considered, and weights may be assigned to each factor based upon the recommendations of affected Department Heads.
3. Any individual requiring a reasonable accommodation to take one or more of the applicable employment examinations should request such accommodations three days prior to the test, upon the presentation of appropriate documentation.

## **F. MEDICAL EXAMINATION**

1. Employment with the Village of Lombard is contingent upon the results of a post-offer medical examination, which includes a drug screen. Such results will be reviewed only as they apply to the essential duties of the specific position to be filled. This examination will be administered by a licensed physician designated by the Village, at Village expense.
- 2.

2.3. Periodic medical examinations shall be given to the following groups:

- a) All Commissioned Fire & Police Employees shall be examined not less than once every three years. Prior to taking said physical, the employee shall execute a Health Insurance Portability and Accountability (HIPPA) release form so that the physician and/or medical facility can tender a copy of the results of said physical to the Village. The Village shall designate the type of physical to be given and the physician or medical facility to be used.

~~b) All Department Heads and the Village Manager may be examined, at their option, once every year. The choice of the physician shall remain the responsibility of the individual examined.~~

3. A special medical examination may be requested for any employee when, in the opinion of the Department Head, a potential safety hazard exists, either to the employee or to the other employees caused by the employee's medical condition. Please refer to the Loss Prevention Manual, Chapter 7, for more detailed information. Failure on the part of the employee to submit to such an examination may be grounds for termination.
4. Employees in the Public Works Department who possess a commercial drivers license are subject to drug and alcohol testing in accordance with the Village of Lombard's DOT Driver Policy Summary ~~which became effective January 1, 2008~~, and the same may be changed from time to time by the Village.
5. The foregoing medical examinations shall be conducted for the purposes of ~~insuring~~ ensuring the safety and continuing health of Village employees. The results of such medical examinations shall not be grounds for any personnel action, unless any medical condition so identified affects the employee's ability to perform his or her job with or without reasonable accommodation. In such instances, the Village shall attempt to provide a reasonable accommodation for such medical conditions.

## **G. INTERVIEW AND MOVING EXPENSES**

1. The Village Manager may authorize reimbursement of expenses to applicants and appointees for the following:
  - a) An individual's trip for a personal interview or for reporting to duty upon appointment to Village service. Reimbursement expenses may include an allowance for transportation, meals and lodging
  - b) Actual cost of moving household goods and family to place of domicile upon acceptance of a position with the Village. Normally, this reimbursement shall not be made until the employee has commenced employment with the Village.

## **H. CITIZENSHIP AND RESIDENCY**

1. Except for those positions covered by the Board of Fire and Police Commissioners, United States citizenship is not a prerequisite for Village employment. However, proof of citizenship or of an alien's residency status and ability to work while in the U. S. is required as mandated by Federal Law.
2. The Fire Chief, [Police Chief, Assistant Fire Chief -and Fire Battalion Chiefs](#) of the Village of Lombard shall be required to reside within a five (5) mile radius of Main and Wilson in Lombard, Illinois.
3. Any other employee of the Village of Lombard is allowed to establish residency anywhere within the State of Illinois, but must be reasonably accessible to the Village so that the employee is able to properly and adequately carry out his or her job duties or functions.

## **I. EMPLOYMENT OF RELATIVES**

Unless the Village Manager shall determine that the best interest of the Village shall be served, the Village shall not consider an applicant for regular employment if the applicant bears any of the following relationships to an elected or appointed officer, or an employee: parent, brother, sister or child.

## **J. IDENTIFICATION CARDS**

1. All employees of the Village of Lombard shall be issued identification cards by Human Resources during their orientation process. Said cards are to be used with the public to identify the holder as an employee of the Village. All cards are the property of the Village and shall, therefore, be returned to Human Resources upon any termination of employment. A sample of an identification card is provided as an **Exhibit #2** in the Appendix.
2. Each Department may establish their own policy regarding identification cards. Please check with the Department Head concerning the department policy.
3. If an employee's photo identification is lost or damaged, the employee should contact Human Resources to obtain a new one.

## **K. SEARCH POLICY**

The Village of Lombard reserves the right to search lockers, desks, filing cabinets, computer files/e-mails and personal belongings located on Village property at any time.

If personal belongings are to be searched, the Village will make every effort to have the employee present. Such searches will be conducted only if there is reasonable suspicion of employee related problems, such as missing money, tools, equipment, etc., or substance abuse.



Searches of offices, desks, filing cabinets, or computer files may be made to retrieve a file, Village property, or for any of the above stated reasons.

## **L. ORIENTATION PROGRAM**

It is the purpose of the Village of Lombard's New Hire Orientation Program to facilitate the new employee's adjustment to the Village and to his or her job, as well as to clarify the individuals' role in the organization as a whole.

- **Human Resources** will convey information in the following areas: (A copy of the New Hire Orientation Checklist is provided as **Exhibit 3**.)
- The **department/supervisor** will conduct the following orientation activities: (A copy of the Supervisor's Orientation is provided as **Exhibit 4**.)

## IV. CHAPTER 4 - GENERAL EMPLOYMENT CONDITIONS

### A. CATEGORIES OF EMPLOYMENT STATUS

1. An employee's employment status shall be determined by using the following criteria:

**Regular Full-Time** - Employment for a full work week in accordance with the schedule adopted by the Department Head. Every regular full-time employee shall serve an introductory period after original or promotional appointment.

**Regular Part-Time** - Employment requiring less than eight (8) hours per day, not to exceed forty (40) hours per week, on a regular basis. This category shall not include Crossing Guards in the Police Department

**Temporary Contract Employees** – Employment for a full work week for a specific period of time, or for the duration of a specific purpose, project, or group of assignments pursuant to a specific contract.

**Temporary Part-Time** - Employment for a specific period of time, or for the duration of a specific purpose, project, or group of assignments.

**Seasonal** - Employment in a position which is available at regular intervals but does not last over an extended period of time. Seasonal employees may either be part-time or full-time during their employment.

2. Employment status shall be used to determine, among other things, eligibility for fringe benefits.

2.

### B. INTRODUCTORY PERIOD

1. Once appointed, an introductory period of nine (9) months will be required for all regular full-time or regular part-time employees.
2. In the event of lateral transfers, an introductory period of nine (9) months is required unless specifically waived by the Village Manager. This introductory period is intended as a period of adjustment and training in the new position. This introductory period will not cause any change in salary or benefits.
3. Introductory periods shall be required for initial appointments and promotions (except as otherwise provided by State Statute). The purpose of the introductory period is to test the qualifications of the employee to perform satisfactorily under actual working conditions, and to determine whether or not the employee should be considered for a regular position. For an initial appointment an evaluation will be completed after one (1) month and six (6) months, in addition to the formal evaluation completed prior to nine (9) months.

4. The performance evaluation will be forwarded to Human Resources with one of the following recommendations:
- a) That the introductory period be extended,
  - ~~a)b)~~ That the employee be dismissed,
  - ~~a)c)~~ That the employee be accepted as a regular employee, or
  - ~~a)d)~~ In the case of a promotion, that the employee be returned to his/her former position, if still available.

**The successful completion of the introductory period should not be construed as creating a contract or as guaranteeing employment for any specific duration.**

**C. PAY & CLASSIFICATION PLAN**

1. The Village determines the pay of its regular full-time employees by means of a range schedule that is based upon a position classification plan used by the Village in conjunction with market place pay levels. Pay is determined upon the recommendation of the Village Manager with the approval of the Village President and Board of Trustees.
  
2. Rates of Pay for employees other than regular full-time employees shall be established by the Village Manager. Consideration shall be given so that the hourly rate will be generally consistent with that being paid in the community for comparable activities and skills.

**D. APPOINTMENT RATE**

The minimum rate of pay for regular full-time employees as determined by the salary ranges adopted in the annual salary ordinance for a position shall be paid upon appointment, except in cases where a Department Head with the approval of the Village Manager can justify that an employee who, because of an unusual history of quality experience or exceptional training, should receive a higher starting salary.

#### **D.E. SALARY INCREASES**

1. The Village shall provide all salary increases based upon performance. Said increases shall only be awarded after the completion of an employee performance evaluation. Raises shall be granted to eligible employees in accordance with the Village ordinance.
2. An employee may receive an annual salary increase based upon a performance evaluation rating of Meets Expectations or Exceeds Expectations, ~~effective 6/1/97~~. Such increase will be ~~as~~ approved by the Village Board. An employee's salary increase shall not exceed the established salary range for his/her position.
3. Any newly hired or newly promoted employee who, on June 1, has not completed nine (9) months of employment in the new position will not be eligible for a performance increase until the completion of the nine (9) months. If the ~~appraisal evaluation~~ indicates a rating of Meets Expectations or Exceeds Expectations, the employee may be granted a performance increase effective with the beginning of the pay period following his/her nine-month anniversary upon the written request and recommendation of the Department Head. If the Village Board approves an increase in the salary range, the newly promoted employee will be granted a salary increase on June 1<sup>st</sup>, equal to the amount of the range increase granted for his/her position. If employee is below the minimum range of pay for the position, the employee will be brought to the minimum of the pay range.
- ~~3.4~~ Employees not eligible for a salary increase due to a Below Expectations rating from a performance evaluation shall be re-evaluated within six (6) months. An employee who improves may be entitled to a salary increase equal to the amount of the range increase for his/her position, if a range increase was approved, effective with the beginning of the pay period following the improved performance evaluation.

#### **E.F. PERFORMANCE EVALUATION REPORT**

1. In order to effectively analyze an employee's performance, an objective procedure must be established. This procedure shall become the basis of granting all pay raises and promotions. Length of employment alone shall not entitle any employee to the benefits of additional pay or promotion.

2. A new employee shall be evaluated after one (1) month and again after six (6) months as part of the orientation program. A formal performance evaluation will be performed prior to an employee's first nine (9) months of employment and within the last quarter of each fiscal year.
3. If an employee is out of work for any reason or length of time during the course of the fiscal year, the evaluation period will not be extended.
4. Objectives of Performance Appraisal:
  - a) To convey expectations of a position clearly and to assign responsibility.
  - b) To keep each employee informed of his/her job performance.
  - c) To evaluate each employee accurately and fairly.
  - d) To provide a means for improved communication between supervisor and subordinate.
  - e) To help guide career development.
  - f) To recognize and reward outstanding performance.

#### **F.G. POSITION RECLASSIFICATION**

1. Whenever, in the opinion of a Department Head, the duties and responsibilities of a particular position change so drastically that the current position title and/or range no longer apply, the Department Head may recommend a position reclassification to Human Resources. Such a reclassification shall be forwarded to the Village Manager with the recommendation of Human Resources. The Village Manager shall determine whether or not to forward the request with his approval to the Village President and Board of Trustees for inclusion in the annual salary ordinance.
2. All such requests shall occur during the annual budget preparation, unless circumstances otherwise require.

#### **G.H. PROMOTION**

1. Promotion is defined as a re-assignment to a position, which entails greater skills and/or added responsibilities. Under the Village Pay Plan, a promotion necessitates a higher range assignment.
2. As vacancies or new positions occur, the Village will accept applications from qualified employees along with outside applicants identified through various sources of recruitment.
3. An employee receiving a promotion shall be entitled to the greater of either (a) the minimum of the new range or (b) a five percent (5%) salary increase unless said increase exceeds the maximum of the new range. Such increase shall take effect with the beginning of the first pay period following the effective date of

promotion. Exceptions to the amount of increase may be made at the discretion of the Village Manager.

4. An employee, once promoted, shall be required to serve a nine- (9) month introductory period (except as otherwise provided by State Statute for Commissioned Fire and Police personnel, or Union Contract).

## **H.I. TRANSFERS AND DEMOTIONS**

1. Transfer of an employee from one position to another without change in pay range classification may be effected when:
  - a) The employee meets the qualification requirements.
  - b) It is in the best interests of the Village.
  - c) Work requirements of the Village necessitate the transfer.
  - d) Further training and development of an employee in the new position would be beneficial to the future staffing potential of the Village.
  - e) It meets a personal need of the employee and is consistent with [A-a\)](#) and [B-b\)](#) above.
2. Transfers of employees between departments, on either a regular or temporary basis, may be made upon the recommendations of the affected departments and with the approval of the Village Manager.
3. Transferred employees shall conform to the working policies of the department to which they are transferred; and shall, except for fringe benefit eligibility purposes, be subject to an introductory period in the new position as provided in Section B, page 15 of this chapter.
4. No salary adjustment will be made in those cases where the employee is transferred from one department or division to another without a change in position classification.

5. An employee may be demoted to a position of a lower classification for which he/she is qualified, for any of the following reasons:
- a) The employee would otherwise be laid off because his/her position is being abolished;
  - b) The employee's position is reclassified to a lower grade and if a position is available;
  - c) There is a lack of work or lack of funds;
  - d) The return to work from authorized leave of absence of another employee to said position necessitates such demotion;
  - e) The employee does not possess the necessary qualifications to render satisfactory service in the position he/she holds;
  - f) The employee demonstrates an inability to perform the normal quantity or quality of work;
  - g) The employee voluntarily requests such demotion.

All demotions must receive the approval of the Village Manager. In the event of a demotion, for any reason, an employee's salary shall not exceed the maximum of the range to which he/she is demoted. This may require a salary to be reduced.

#### **I.J. EMPLOYEE SUGGESTION SYSTEM**

- ~~1. The Village of Lombard has approved an employee suggestion system, which provides an award for implemented suggestions. The award may be up to eight hours off with pay per year and/or up to \$100 per suggestion, as determined by the Village Manager. The Village is always open to suggestions for improvements in operations and systems.~~
- ~~21. Employee suggestion forms must be forwarded to the Human Resources Department. All Village employees are eligible to participate (except Department Heads and Assistant Department Heads).~~
- ~~32. Specific details of this program are available through the employee's department or Human Resources.~~



## V. CHAPTER 5 - EMPLOYEE BENEFITS

### A. ELIGIBILITY

1. An employee's eligibility to receive benefits as described in this chapter is determined by the following categories of employment status:
  - a) A regular full-time employee is entitled to all benefits described in this chapter, unless specifically stated otherwise.
  - b) A regular part-time employee is entitled to Workers' Compensation Insurance, Unemployment Insurance, pension plan (1000+ hours per year needed for IMRF eligibility), pro-rated use of sick leave, vacation, personal days, crisis leave, donation of four (4) hours charitable time, holidays and overtime in the event the employee's work exceeds that of the regularly scheduled work week for a regular full-time employee. This individual may also contribute to the two 457 Plans, [ICMA-RC Roth IRA](#), Retirement Health Savings (RHS) Plan (if group is approved) and the Section 125 Flexible Spending Account.
  - c) A temporary part-time employee is entitled to Workers' Compensation Insurance, Unemployment Insurance, and overtime pay in the event the employee's work week exceeds that of the regularly scheduled work week for a regular full-time employee.
2. For a complete definition of each employment status, see Chapter 4, Section A.

### B. HEALTH INSURANCE

1. The Village currently offers Blue Cross/Blue Shield PPO ~~health insurance, and HMO health insurance plans. Illinois and HMO Blue Advantage.~~ Information concerning these plans and employee costs shall be made available through Human Resources. Health coverage for eligible employees and their covered dependents shall become effective immediately upon beginning employment with the Village.
2. In accordance with the Consolidated Omnibus Budget Reconciliation Act (C.O.B.R.A.), effective for the Village of Lombard June 1, 1987, continuation of group health plan coverage is available for eighteen (18), twenty-nine (29) or thirty-six (36) months, depending on the reason for termination of employee or dependent status. Cost of this continuation coverage shall be borne solely by the participant.
3. Village employees (police officers and firefighters) who retire and are entitled to IMRF retirement pension, are allowed to continue health insurance coverage as part of the Group Plan, should they choose to do so, even after they are entitled to Medicare. Cost of this continuation coverage shall be borne solely by the participant.



4. Police Officers and Firefighters who are on pension from disability or retirement are allowed to continue health insurance coverage as part of the Group Plan for as long as they wish to pay the monthly premium in accordance with State Statute.
5. Requests for information regarding details of specific coverage should be directed to Human Resources.

**C. LIFE INSURANCE**

1. The Village currently provides, at no cost to the employee, term life insurance coverage for all eligible employees. Specific coverage limits vary according to the following schedule:

**Employees with annual earnings of:                      Policy Amount:**

<del>\$25,000, but less than \$35,000</del>	<del>—————</del>	<del>\$40,000</del>
<u>The Village shall provide term life insurance for all eligible employees subject to IRS tax guidelines in the policy amount of \$100,000.</u>		
<del>\$35,000 and over</del>	<del>—————</del>	<del>\$50,000</del>

- ~~2.~~
2. Any employee who has terminated employment with the Village through resignation or retirement will not be able to continue this coverage. ~~may choose to convert his/her insurance coverage. Conversion forms are available from Human Resources.~~

**D. WORKERS' COMPENSATION INSURANCE**

**Introduction**

This policy pertains to a work related injury, illness, or death that arises out of and during the course and scope of employment with the Village. Employees of the Village may be entitled to specific benefits through this policy, or under the State of Illinois Workers' Compensation Act, Occupational Disease Act, Public Employees Disability Act (PEDA) or other applicable statute.

Workers' Compensation leave will run concurrent with Family and Medical Leave (FMLA).

**Injury/Illness Reporting Procedures**

Employees who believe they have suffered a work related injury, no matter how minor, must **immediately** report the injury to their supervisor, no later than the end of the business day on which the injury occurred. Notice to a co-worker who is not part of management is **not** considered notice to the employer. Failure to provide timely notification to your supervisor can result in either a delay in receiving compensation or even a denial of your right to benefits.

Workers' compensation fraud is a class E felony, punishable by fines and/or prison time. Subsequent violations are a class D felony. Fraud occurs when someone knowingly, with intent to defraud, makes a false, material statement related to a workers' compensation claim or workers' compensation insurance.

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Workers' compensation fraud is a class E felony, punishable by fines and/or prison time. Subsequent violations are a class D felony. Fraud occurs when someone knowingly, with intent to defraud, makes a false, material statement related to a workers' compensation claim or workers' compensation insurance.

### Injury/Illness Report

The First Report of Injury/Illness form is to be completed by the supervisor and employee within 24 hours of the injury or illness and returned to the Finance Administrative Coordinator for review and claim processing.

The report is to reflect the employee's judgment of the accident and should be accurate, thorough and very specific. In the event the employee is completely disabled and unable to complete the form, the supervisor will complete the form on the employee's behalf.

The Finance Administrative Coordinator is responsible for reporting all work related injuries to the Village's third party claims administrator and coordinating any follow up action that is required. A third-party claims administrator adjudicates all claims for the Village. It is their responsibility to evaluate each case and authorize payment of appropriate compensation based on information provided to them by the Village, the employee and medical providers.

### Benefits while on a Workers' Compensation Leave of Absence

**Medical Benefits** – The Village will pay all medical bills related to an employee's work related injury or illness that are determined to be work related and reasonable and customary by the third party claims administrator. Employees requiring medical treatment will be directed to the Village's occupational health care provider. For non-911 injuries occurring outside clinic hours, employees should go

to the hospital emergency room. Employees with injuries requiring emergency treatment/ambulance transport shall be taken to the nearest hospital emergency room or 911 shall be called, depending on which action is more prudent. Employees receiving medical treatment must notify the health care provider that they are receiving treatment for a work related injury and the Village is responsible for payment.

If considered necessary, by the supervisor, the supervisor should accompany the injured or ill employee to the health facility. Prior to leaving the facility, the employee/supervisor must be given a completed "Return to Work Status Form". The form must specify the physical limitations under which the employee can work, the period of expected disability, the return to work date and the physician's initial diagnosis of injury or illness. All documentation shall be provided to the employee's supervisor and the Finance Administrative Coordinator after receiving any work related injury/illness treatment.

**Temporary Total Disability (TTD)** – Employees authorized to be off work for more than three (3) days are entitled to TTD benefits. TTD benefits are paid at sixty-six and two-thirds percent (66-2/3%) of the employee's average weekly wage. Average weekly wages are calculated on the injured employee's regular wages for the twenty-six (26) pay periods prior to the date of injury. Employees are entitled to TTD benefits for as long as they are authorized to be off work due to the injury or illness, or until they have reached maximum medical improvement (MMI) as determined by the Village's Third-Party Claims Administrator in conjunction with a health care provider.

**Public Employees Disability Act (PEDA)** – Entitles sworn Police and Fire personnel, for the duration of one (1) year, to compensation equal to one hundred percent (100%) of their salary if they are off work due to a compensable injury or illness that occurred on duty. If an employee who is receiving PEDA benefits is not expected to return to work prior to the termination of the benefit period provided by 5ILCS 345/1, the employee is expected to make application for disability leave from the appropriate pension board to ensure that pension credits or other benefits are not lost. A minimum of ninety days prior to termination of benefits is recommended for processing the application. The responsibility to make application for pension benefits rests entirely with the employee. Once benefits under 5ILCS 345/1 expire, the employee will be covered exclusively under the Workers' Compensation Act.

**Illinois Municipal Retirement Fund (IMRF) Employees** – TTD payments received by an employee directly through the Village's Third-Party Claims Administrator due to an on the job injury or illness are not considered "earnings" by IMRF. Such time off of work, although authorized and receiving TTD payments, does not count as service time for the purpose of calculating future pension benefits.

An employee temporarily injured and unable to return to work shall be eligible to use earned sick time leave for the first three (3) days following the injury until coverage under the Workers' Compensation Act begins. If the disability lasts for fourteen (14) calendar days or more from the date of injury, the initial three (3)

days of earned leave will be credited to the employee and pay will be adjusted upon returning to work.

An employee on an injury related leave of absence shall not accrue paid vacation or sick leave credits. Full earnings of benefits will continue once the employee returns to work.

An employee on Workers' Compensation disability leave for an entire month (and not receiving a Village pay check) will be responsible for payment of the employee contribution for health insurance and any other elected insurance.

An employee on an injury related leave of absence shall not be allowed to work secondary employment without an exemption from the Village Manager.

### **Village Designated Medical Facility**

If the employee prefers to seek treatment through a doctor of his/her choice, the employee may do so. At the discretion of the Village, the employee may also be sent to the Village's occupational health provider for evaluation at any time while the employee is receiving benefits for a work related injury or illness.

The injured employee will not return to work until a physician has completed a Return to Work Form.

### **Light Duty Program**

The Village of Lombard is committed to providing injured and disabled employees the opportunity to return to gainful employment on a limited basis when appropriate, until able to return to full duty, whenever feasible.

Light duty is temporary in nature and will not be made permanent. Light duty may be denied if injured employees do not have a reasonable expectation of returning to full regular duties within ninety (90) days from the first date eligible for a light duty assignment.

If light duty is available, the employee will be assigned to a work schedule of forty (40) hours per week. The employee will not be permitted to work overtime or engage in any secondary employment

Each case of light duty assignment is considered independently of any other past or present assignments. The circumstances of each case, the needs of the Village, the availability of assignments and the nature of the work shall determine an assignment being made. There is no guarantee of light duty and there may be instances where light duty is not available.

Employees recuperating from an injury or illness, and unable to perform the essential functions of the job, shall have the treating health care provider/facility

provide the Village with the employee's limitation(s) and the date on which the employee will next be examined or released to full duty.

Employees who are expected to return to duty within 12 months of the accident or injury may serve in a modified duty position up to 90 days, subject to availability of modified duty assignments.

~~Any employee injured during the course of employment with the Village, regardless of fault, shall be eligible for Workers' Compensation benefits in accordance with Illinois State law.~~

~~An employee temporarily injured and unable to return to work shall be eligible to use earned leave for the first three (3) days following the injury until coverage under the Act begins. If the disability lasts for fourteen (14) calendar days or more from the date of injury, the initial three (3) days of earned leave will be credited to the employee.~~

~~Once benefits under the Act begin, the employee shall be placed on injury leave. All compensation shall be paid through the Village's Workers' Compensation claims administrator. Compensation shall not be subject to any Village deductions, and will be distributed through the Finance Department.~~

~~An employee on an injury related leave of absence shall not accrue paid vacation or sick leave credits. Full earnings of benefits will continue once the employee returns to work.~~

~~An employee on Workers' Compensation disability leave for an entire month (and not receiving a Village pay check) will be responsible for payment of the employee contribution for health insurance and any other elected insurance.~~

~~Members of the Police and Fire Departments are provided additional benefits under 5ILCS 345/1. Accordingly, the preceding paragraphs 2-5 do not apply.~~

~~If a Police Officer or Firefighter is not expected to return to work prior to the termination of the benefit period provided by 5ILCS 345/1, the employee is expected to make application for disability leave from the appropriate pension board to insure that pension credits or other benefits are not lost. A ninety-day period prior to termination of benefits is recommended for processing the application. The responsibility to make application for pension benefits rests entirely with the employee. Once benefits under 5ILCS 345/1 expire, a Police Officer or Firefighter will be covered exclusively under the Workers' Compensation Act and paragraphs 2-6 will apply until permanent disability is granted.~~

~~Any employee on Workers' Compensation disability leave shall return to work as soon as the doctor releases them in writing. The disabled employee will inform the Village of their disability status after each doctor visit.~~

~~9. Workers' Compensation leave will run concurrent with Family and Medical Leave (FMLA).~~



## D.E. UNEMPLOYMENT INSURANCE

All employees of the Village except elected officials are eligible for unemployment insurance benefits as provided by the Illinois Unemployment Insurance Act. For specific details, contact Human Resources.

## E.F. HOLIDAYS

1. Except as otherwise stated in this section, all eligible employees as defined in **Section A** are given the following holidays off with pay (effective 1/1/02):
  - a. New Year's Day
  - b. Martin Luther King Day
  - c. Memorial Day
  - d. Independence Day
  - e. Labor Day
  - f. Thanksgiving Day
  - g. Day following Thanksgiving
  - h. Christmas Eve
  - i. Christmas Day
  - j. Floating Holiday (*this is to be scheduled in advance and may be used at any time during the calendar year.*)
2. Any holiday occurring on a Saturday shall be observed the preceding Friday, and any holiday occurring on a Sunday shall be observed the following Monday.
3. Holiday pay shall be computed as follows:
  - a) Non-shift personnel shall receive time off with pay for the holiday.
  - b) Shift personnel shall receive one extra day's pay for working the holiday. An employee whose normal day off falls on a holiday shall also receive the extra day's pay.
4. If a holiday falls within a properly scheduled vacation period for non-shift personnel, the holiday shall not count as a day of vacation.
5. In the event an employee **does not work the regularly scheduled day before and the regularly scheduled day after a holiday**, and he/she is not on a previously authorized absence, that **employee shall not receive holiday pay** unless proof of illness or an otherwise acceptable absence is established to the satisfaction of the Department Head and Human Resources.
6. The Floating Holiday is available after the first six- (6) months of employment introductory period for all regular full-time and regular part-time, non-bargaining unit employees. Regular part-time employees will be granted four (4) hours of paid leave time for the floating holiday.

**F.G. VACATION LEAVE**

1. Except as otherwise provided in this section, eligible employees as defined in **Section A** shall earn vacation on a bi-weekly basis granted at the convenience of the Department Head according to the following schedule:

<b><u>Years of Service</u></b>	<b><u>Bi-Weekly Earned Rate</u></b>	<b><u>Total Annual Vacation Hours</u></b>
1 - 4 Years	3.08	80
5 - 8 Years	4.62	120
9 - 17 Years	6.16	160
18+ Years	7.70	200

Regular part-time employees earn .0385 times all hours worked bi-weekly.

2. Department Heads shall earn vacation according to the following schedule:

<b><u>Years of Service</u></b>	<b><u>Bi-Weekly Earned Rate</u></b>	<b><u>Total Annual Vacation Hours</u></b>
1 - 4 Years	4.62	120
5 - 8 Years	6.16	160
9+ Years	7.70	200

3. The Village Manager may grant additional earned vacation leave to a Department Head as a condition of employment.
4. Employees earning one hundred twenty (120) hours of vacation or less shall take at least forty (40) hours of vacation leave per year, unless specifically exempted by the Village Manager. Employees earning one hundred sixty (160) hours of vacation or more, shall take at least eighty (80) hours of vacation leave per year.
5. No employee shall be allowed to carry forward more than 240 hours vacation leave to the beginning of a new calendar year, unless authorized in writing by the Village Manager. Such authorization may be considered in extenuating circumstances and the employee will be required to project a date when the excess hours will be used. In the absence of such specific authorization, any vacation hours over 240 will be dropped off as of the first paycheck in a new year.
6. Employees shall not be entitled to the use of vacation leave in excess of the employee's total earnings without the written approval of the Department Head and the Village Manager.

7. All employees, except firefighters, shall be entitled to the use of vacation leave after the first six- (6) months of employment. Under special circumstances the Village Manager may allow the use of any earned vacation during the first six (6) months of employment.
8. Employees promoted to a regular full-time position from a regular part-time position, in which vacation leave was being earned, will progress to the level of vacation earnings scheduled for their years of continuous service.
9. Battalion Chiefs and Fire Lieutenants who work a 24 hour shift are exempt from paragraphs 1 & 2 of this section and shall earn vacation leave in 24-hour increments granted at the convenience of the Department Head according to the following schedule:

**Length of Service**

**Shift Days**

Employees in 2 <sup>nd</sup> thru 4 <sup>th</sup> years of service	7 shift days
Employees in 5 <sup>th</sup> thru 8 <sup>th</sup> years of service	9 shift days
Employees in 9 <sup>th</sup> thru 15 <sup>th</sup> years of service	11 shift days
Employees in 16 <sup>th</sup> year and thereafter	13 shift days

**G.H. PERSONAL LEAVE**

1. All regular full-time employees shall be entitled to sixteen (16) hours of personal time per calendar year (except Firefighters, Fire Lieutenants, ~~and Battalion Chiefs~~ and Battalion Chief who work a 24 hours shift). Regular part-time employees shall be entitled to eight (8) hours per calendar year. Use of such leave shall be with the approval of the Department Head. Introductory employees must be employed for at least six (6) months to be eligible for the use of Personal Leave.
2. The use of Personal Leave shall be limited to increments of four (4) hours or more.
3. Any Personal Leave not taken during the calendar year shall be forfeited. There shall be no payment in lieu of use of Personal Leave.
4. Firefighters, Fire Lieutenants and shift Battalion Chiefs -receive Kelly Days in lieu of Personal Leave.

## H.I. CRISIS LEAVE

1. All regular full-time employees (except those covered by a bargaining unit contract) are entitled to the use of up to 24 hours of Crisis Leave per calendar year. Regular part-time employees are entitled to up to 12 hours of Crisis Leave per calendar year. ~~(effective 1/1/96)~~
2. The use of Crisis Leave is intended for the following situations:
  - a) Death of a family member, as defined as an employee's spouse, mother, step-mother, mother-in-law, father, step-father, father-in-law, son, step-son, son-in-law, daughter, step-daughter, daughter-in-law, brother, step-brother, brother-in-law, sister, step-sister, sister-in-law, grandparent, grandparent-in-law and grandchild. Such leave shall be taken within fourteen (14) calendar days of the death or at the time of a memorial service.
  - b) Hospital admittance of immediate family member as defined as an employee's spouse, child, ~~or parent,~~ step-mother, mother-in-law, step-father, father-in-law, step-son, step-daughter, grandparent and grandchild. Hospital admittance is defined as an overnight stay. Any hospitalization of the employee shall be covered by Sick Leave.
3. An employee shall obtain approval from the Department Head prior to the utilization of Crisis Leave.

## H.J. SICK LEAVE

1. All eligible employees as defined in **Section A** shall accrue sick leave on a bi-weekly basis beginning with the first day of employment. Said earnings shall be determined by the number of annual hours that the employee is expected to work. Regular full-time employees earn 3.69 hours bi-weekly. Regular part-time employees earn .0462 times all hours worked bi-weekly. A regular, full-time, non-union, introductory employee may be advanced up to 24 hours (3 days) of sick leave during their first six months of employment. A regular part-time, non-union, introductory employee may be allowed to use sick time during the first six  ~~-~~ (6) months of employment up to the equivalent of three (3) days.
2. Sick leave shall not be considered a privilege which may be used at the employee's discretion, but shall be allowed only in the following situations:
  - a) Actual sickness, injury, hospitalization or disability of the employee.
  - b) Medical or dental appointments which cannot be scheduled outside of working hours, with the approval of the Department Head.
  - c) Absence required by illness or disability of the employee's immediate family, as defined as the employee's parents, spouse, children, step-parent and step-child. For purposes of the birth of a child, the sick leave for disability would extend to the ~~Mother~~

mother or ~~Father~~-father in conjunction with the Family and Medical Leave Act.

- d) A Department Head/Human Resources may require proof of illness for any authorized sick leave. In the judgment of the Department Head or Human Resources, proof of illness may include a signed doctor's certificate or other proof of illness or disability from the employee's physician or physician of a member of his/her immediate family as defined in **Chapter CHAPTER 5, Section J, 2-c**, whichever is applicable, indicating the nature and duration of the illness or disability.
3. When an employee other than a ~~firefighter~~-Firefighter is absent due to illness for a period exceeding three (3) consecutive working days, a certificate from the treating physician shall be submitted along with the 'Application for Leave' form. In the case of a firefighter, absence due to illness exceeding two (2) consecutive workdays shall require a certificate from the treating physician.
4. Sick leave shall not be authorized for illness, injury or disability incurred in employment other than with the Village of Lombard.
5. The Department Head, with the approval of the Village Manager, may require an employee to submit to a physical or psychological examination, at Village expense, to determine whether the employee is still able to perform the essential function of his or her job.
6. Use of paid sick leave ends as soon as the doctor, in writing, releases the employee to work ~~in writing~~.
7. Fire ~~lieutenants~~-Lieutenants and shift Battalion Chiefs are eligible to choose to participate in a sick leave buy-back program or they may continue to accrue sick leave according to the following stipulations:
  - a) Effective June 1, 1999 (or when a new Fire lieutenant-Lieutenant starts) a ~~fire~~-Fire lieutenant-Lieutenant shall make a one-time irrevocable choice to either participate in the buy-back program or continue to accrue their sick leave until retirement. If the buy-back program is chosen, the following information explains the program:
    - (1) Upon the earning of forty-five (45) sick days, a ~~fire~~-Fire lieutenant-Lieutenant may participate in the program. After sixty (60) or more sick days have been accumulated, participation shall become mandatory. A minimum of forty-five (45) days shall be required for continued participation in the program.
    - (2) The conversion rate shall be twenty-five percent (25%) of the annual sick leave earnings exceeding the forty-five (45) or sixty (60) day ceiling. Therefore, maximum conversion would allow 1.5 days, which is twenty-five percent (25%) of six (6) sick days.

(3) Sick leave may be converted to vacation or pay.

(4) Said conversion shall occur only once per calendar year, normally in December.

8. See **Chapter 8, Section DE**, for information on the Family Medical Leave provision.

#### **J.K. CHARITABLE COMMUNITY SERVICE**

~~Effective June 1, 2001, T~~he Village of Lombard will allow all regular full-time and part-time employees to volunteer four (4) hours of their regularly scheduled time once per year to perform a charitable community service.

The service must be with a Lombard charitable organization, summer camp, or special drive and approved by the employee's department head. (A form indicating this request and departmental approval is enclosed as **Exhibit 5**.)

#### **LIGHT DUTY**

~~The Village may offer light duty assignments based upon a physician's approval and approval from the Department Head of light duty work and availability to employees who are unable to perform full duty responsibilities because of illness, injury or disability, provided such light duty is available and the employee can reasonably be expected to perform his/her full work duties following the expiration of the designated light duty period. The physician's approval must detail the employee's capabilities and work restrictions relative to the available light duty assignment.~~

#### **M.L. TUITION REIMBURSEMENT PROGRAM**

1. The Village of Lombard encourages voluntarily initiated undergraduate and graduate level accredited college study by its employees. Any course required of an employee by the Village shall not be considered a part of the program.
2. All regular full-time employees shall be eligible for participation in the Tuition Reimbursement Program provided that whatever degree or course being sought by the employee is job-related and that the employee has completed one (1) year of continuous full-time service with the Village prior to the start of the course. Initial approval must be obtained from the Department Head with final approval required by the Village Manager. Criteria for approval will include the employee's performance record, the need for the training and the requirements and needs of the Village.

3. The Village shall reimburse as follows:

Undergraduate Courses:

A = 100 % reimbursement

B = 80 % reimbursement

C = 50 % reimbursement

Pass/Fail = 50% reimbursement for pass; 0% reimbursement for fail

Graduate Courses:

A = 100 % reimbursement

B = 80 % reimbursement

Reimbursement will be for ~~one (1) course per term or quarter or semester~~ (with a maximum of five (5) terms per fiscal year) up to a maximum of \$1375 per term or semester (no more than \$2750 per fiscal year) for tuition and books. Reimbursement will be made upon presentation of an itemized school receipt and an official grade report showing completion of the course with a grade of 'C' or better for undergraduate courses and a grade of 'B' or better in graduate courses. All classes must be approved in advance of the class beginning and if it is a Pass/Fail class (undergraduate course only), it must be approved as such.

4. The Village shall require all employees approved to participate in the program to agree to an obligation of continued employment for one (1) year after the completion of a course. Voluntary termination of employment prior to six (6) months after completion of a course will require repayment of 100% of the full amount paid to the employee. Voluntary termination of employment between six (6) months and one (1) year after completion of a course will require repayment of 50% of the full amount paid to the employee.
5. The Village's cost for approved tuition reimbursement will be met from amounts approved and included within individual department's annual budget for the fiscal year and shall be limited to those programs and courses where other governmental or tax-supported assistance is not available. Examples of such assistance are grants-in-aid, partial scholarships and G.I. tuition benefits.
6. Participation in the Tuition Reimbursement Program shall require the following:
- a) Employee must complete one (1) full year of continuous full-time service with the Village.
  - b) It is the responsibility of the employee to go to the supervisor in advance of the budget preparation process to request the funds be included in the budget of the following fiscal year.

- c) Employee shall submit a completed application form prior to enrollment in the course to his/her Department Head. (Form can be found in the Village's Human Resources Manual. See **Exhibit 6.**)
- d) If approved, the Department Head shall forward the request to the Village Manager for final approval.
- e) Notice of final approval shall be sent to the employee and responsible Department Head with a copy to Human Resources.



- f) Upon completion of the course, the employee will submit a copy of the itemized school receipt, the official grade report and a claim voucher to their Department Head. This is to be signed and forwarded to Human Resources.
  - g) After review and approval by Human Resources, vouchers will be forwarded to the Finance Department and payment will be made.
7. The schedule of courses selected must not interfere with the employee's normally assigned working hours. Time off with pay will not be allowed for an employee to attend courses in connection with the Tuition Reimbursement Program. No meal or transportation allowance shall be given.
  8. Employee participation in a degree program will be allowed to complete all courses necessary for the award of a degree as long as the degree being sought is job related. Employees participating in individual courses for continued improvement in specific skills will have to prove the job-related nature for each individual course.

**N.M. EDUCATIONAL INCENTIVE PAY**

1. The Village shall provide Commissioned Police Officers (hired prior to May 28, 1998) below the rank of Deputy Chief and Firefighters below the rank of Chief with educational incentive pay for successfully completing job-related college level courses from an accredited school or university.
2. Prior to receiving the incentive, a ~~police~~ Police officer ~~Officer~~ or ~~firefighter~~ Firefighter shall provide a copy of a certified transcript demonstrating successful completion of all courses with a grade of 'C' or better, and a standard 'Request for Educational Incentive Pay' form (**Exhibit 7**).
3. Eligible ~~police~~ Police officers ~~Officers~~ shall be paid one annual incentive according to the established rates.
  - a) Three (3) cut-off dates in each fiscal year (July 1<sup>st</sup>, October 1<sup>st</sup>, and February 1<sup>st</sup>) shall be established. In order to receive the incentive pay, all requirements of paragraph #2 must be fulfilled prior to the applicable cut-off date. Incomplete documentation will not be processed until the next cut-off date.
4. Eligible ~~firefighters~~ Firefighters, ~~fire~~ Fire lieutenants ~~Lieutenants~~ and Battalion Chiefs shall be paid on a bi-weekly basis according to the established rates.
5. All payments shall be subject to State and Federal taxes.

O.N. **PREMIUM PAY**

1. The Village provides various types of premium pay for the successful completion of certified programs. Programs are listed below for the Fire and Public Works Departments.
2. Eligible Battalion Chiefs, Fire Lieutenants, or Fire-fighters below the rank of Chief are entitled to the following annual premium pay benefits:
  - a) Certified Advanced Firefighter
  - b) Emergency Medical Technician
  - c) State Licensed Paramedic
  - d) Hazardous Materials Technician
  - e) Technical Rescue Technician

A ~~fire-Fire~~ ~~Lieutenant-Lieutenant~~ or Battalion Chief receiving Paramedic premium pay is not eligible to receive any additional compensation for EMT certification.

Payments of all premium pay benefits shall be processed bi-weekly with 1/26<sup>th</sup> of the annual amount being paid with each paycheck. If the re-certification date for a Paramedic exceeds the date of the second year anniversary as a Paramedic the premium pay shall be retroactive to the anniversary date.

3. Eligible Public Works Supervisors are entitled to the following premium pay benefits:
  - a) Class 'A' Water Plant Operator
  - ~~a)b)~~ Class 'B' Water Plant Operator
  - ~~a)c)~~ Class 'C' Water Plant Operator
  - ~~a)d)~~ IEPA Wastewater Collection System Operator
  - ~~a)e)~~ ISA Certified Arborist
  - ~~a)f)~~ IL Department of Agriculture Public Operator

Payments of all premium pay benefits shall be processed bi-weekly with 1/26<sup>th</sup> of the annual amount being paid with each paycheck.

4. It shall be the responsibility of any eligible employee receiving premium pay benefits to maintain the necessary certification. If for any reason a certification lapses, premium pay shall be forfeited for that period of time. If such lapsed certification is a requisite position requirement, demotion to the appropriate next lowest position shall be mandated.
5. Eligible employees utilizing the skills of Spanish Interpreter and LEADS coordinator will be paid a premium as follows in the first full pay period of the new fiscal year each June:

Spanish Interpreter	\$300 per year
LEADS Coordinator	\$600 per year

**P.O. ILLINOIS MUNICIPAL RETIREMENT FUND**

All Village employees (except police and firefighters) are members of the Illinois Municipal Retirement Fund. The employee shall contribute 4.5% (before taxes) of his/her salary and the Village shall contribute at the rate set annually by I.M.R.F. Pursuant to State Statute employees shall be vested in this pension plan after eight (8) years **for Tier 1 or after ten (10) years for Tier 2**. Disability insurance under this plan shall commence with the 31<sup>st</sup> day of disability after one (1) year of coverage under I.M.R.F. For specific details, please contact Human Resources. The I.M.R.F. website can be found at **[www.imrf.org](http://www.imrf.org)**.

**Q.P. EMPLOYEE AWARD PROGRAM**

Employees will be recognized in an appropriate manner for continuous service to the Village of 5, 10, 15, 20, etc. years.

**R.Q. DEFERRED COMPENSATION**

1. ICMA Deferred Compensation Plan

- a) All Village employees are eligible to enroll in the International City Management Association (ICMA) deferred compensation program regardless of position or salary. The only restriction is that the contribution must comply with federal tax laws regarding maximum contribution amounts.
- b) An employee who wishes to participate must complete an enrollment form and will then be eligible to participate beginning in the next payroll period.
- c) At any time, the amount of the contribution may be changed. However, at least two (2) weeks notice should be given to Human Resources so the proper forms may be completed. Also, any employee may discontinue his or her contributions at any time if he or she finds that circumstances change.
- d) This plan is designed to be a retirement planning tool, not a savings account. Withdrawals are not encouraged except at retirement or resignation.

- e) Each quarter, ICMA will forward directly to an employee's home a statement of his/her account. This should be reviewed carefully for errors. Any errors should be brought to the attention of Human Resources immediately. In addition, the Village maintains copies of all reports and will be able to provide assistance if there are any questions about the report. Employees will also receive a complete annual financial report on the condition of the Retirement Corporation and the earnings for the past year.
- f) Brochures explaining this 457 option are available in Human Resources. The ICMA website can be found at [www.icmarc.org](http://www.icmarc.org).
- g) ~~Effective January 2004, Aa~~ loan option ~~will is~~ also ~~be~~ available to qualified participants. Please see Human Resources for further information.

2. United States Conference of Mayors (U.S.C.M.) - Deferred Compensation Plan through **Nationwide Retirement Solutions**

- a) All Village employees are eligible to enroll in the United States Conference of Mayors (U.S.C.M.) Deferred Compensation Program, which is offered through the Nationwide Retirement Solutions.
- b) This program is provided for by the Internal Revenue Code 457 and is offered exclusively to public employees.
- c) The deferred compensation limits are listed in **1(a)** above.
- d) Brochures explaining this plan are available in Human Resources. Nationwide's website address is [www.nrsforu.com](http://www.nrsforu.com).
- e) A loan option is also available to qualified participants. Additional information is available from the Human Resources Department.

Employees may participate in either or both deferred compensation programs. The restriction is that, in combination, you may not contribute more than the specified amount allowable by Federal Law.

3. ICMA-RC ROTH IRA

- a) Effective June, 1, 2011, all Village employees are eligible to enroll in the International City Management Association (ICMA) ROTH IRA program regardless of position or salary. The only restriction is that the contribution must comply with federal tax laws regarding maximum contribution amounts.
- b) An employee who wishes to participate must complete an enrollment form and will then be eligible to participate beginning in the next payroll period.
- c) At any time, the amount of the contribution may be changed. However, at least two (2) weeks notice should be given to Human Resources so the proper forms may be completed. Also, any employee may discontinue his or her contributions at any time if he or she finds that circumstances change.
- d) Brochures explaining this ROTH IRA option are available in Human Resources. The ICMA website can be found at [www.icmarc.org](http://www.icmarc.org).

#### **Q.R. CREDIT UNION**

All Village employees are eligible to join the DuPage Credit Union, regardless of position or salary. The Credit Union provides savings and checking accounts, small loans and Visa Credit cards. An information packet is available from Human Resources. Direct deposit through payroll is also available for this Credit Union. The website address for the credit union is [www.dupagecu.com](http://www.dupagecu.com).

#### **R.S. DIRECT DEPOSIT**

All Village of Lombard employees have the option of having their payroll checks direct deposited with any financial institution within the Automated Clearing House (ACH) system. Employees may direct deposit payroll funds into a variety of banks and/or a variety of accounts, just as long as the bank is a member of the national ACH system. Employees may also choose to direct deposit a portion of their payroll check and receive a portion in a paper check. For any funds direct deposited, the employee will receive a confirmation of deposit.

Direct deposited funds are available to the employee at the open of their banks' business day on each payday Friday, subject to the employee's individual bank's procedures. Direct deposit forms can be obtained from the Human Resource Department. (See [Exhibit 16](#))

#### **S.T. MILEAGE REIMBURSEMENT**

The Village of Lombard will provide reimbursement for mileage incurred for business travel in an employee's personal vehicle. The Village Manager will determine the mileage rate based upon Standard Mileage Allowance rates issued by

the Internal Revenue Service. For those Department Heads who are not assigned a Village vehicle, the Village will provide a monthly car allowance of \$150 in recognition of the considerable travel required for meetings both during and after the workday.

#### **T.U. FLEXIBLE SPENDING PLAN (SECTION 125)**

The Village of Lombard offers a Section 125, Flexible Spending Plan. This plan deducts pre-set dollar amounts prior to taxes to pay for health, dental or vision insurance premiums; or, unreimbursed medical or dental expenses; or, child or elder care expenses. Details of the Plan are available through Human Resources.

~~Beginning January 2004, the Village of Lombard Plan will allow over-the-counter reimbursement. Reimbursable expenses include, but are not necessarily limited to, those expenses incurred by the participant, participant's spouse, or dependent for the purchase of medicines or drugs without a prescription, where such medicines or drugs are for medical care as defined under section 213(d) of the IRS Code. The Plan Administrator has sole discretion to determine whether such expenses qualify under the foregoing standard.~~

#### **U.V. VANTAGECARE RETIREMENT HEALTH SAVINGS PLAN (RHS)**

The VantageCare Retirement Health Savings Plan (RHS) is a tax advantaged investment plan provided through the ICMA Retirement Corporation dedicated to funding one of your most significant financial exposures – healthcare costs. RHS allows you to accumulate assets **now** to pay, on a **tax-free** basis, for medical expenses you incur later.

Some of the benefits of RHS include: tax-free contributions and tax-free investment growth; tax-free medical expense reimbursements; Vantagepoint Mutual Funds\* that provide you with a full range of investments; quarterly account statements; no forfeiture of assets upon your death – the assets are passed along to your survivors for their medical expenses; and experienced health benefit claims processing.

Group approval will be required. Groups (established in bargaining contracts or Village Ordinances) would have to have all eligible employees in the group contributing to the plan.

#### **V.W. ADDITIONAL BENEFIT – DEPARTMENT HEAD**

Each Department Head will receive \$1,500 to be used for purchasing benefits over and above those currently offered by the Village to other employees. Eligible benefits to be paid from the \$1,500 may include the ICMA Retirement Corporation Program, Nationwide Retirement Solutions, unreimbursed tuition, ICMA Disability Plan, unreimbursed child care expenses, additional life insurance coverage; or, costs associated with membership in a civic organization.

| **W.X. FITNESS FOR DUTY**

The Village has the right to have an employee evaluated for Fitness for Duty. The results of this type of evaluation are not confidential and will be shared with essential personnel who interact with the employee.

## **VI. CHAPTER 6 - GENERAL RULES & REGULATIONS**

### **A. HOURS OF WORK**

1. The Village Hall Offices shall generally be open from 8:00 a.m. to 7:00 p.m. on Monday and from 8:00 a.m. to 4:30 p.m., Tuesday through Friday. The Village Manager or a Department Head, with the approval of the Village Manager, may adjust or change normal work hours as the operational requirements of the departments may indicate. The Department Head or immediate supervisor shall make every effort to give as much advance notice as possible to an employee when a change in working schedule is necessary.
2. Flexible hours are available in some departments. The Department Head may approve flexible work hours if the requirements of the department will be met and the employee continues to work the regularly scheduled number of hours per week.
3. An employee shall report promptly at the designated starting time and is expected to devote all efforts during working hours to assigned duties.
4. Pursuant to this section, Department Heads are authorized to establish the schedule for lunch and break periods during each workday in accordance with the Illinois Compiled Statutes, Act 140. Full-time employees shall receive a thirty (30) minute unpaid lunch period and the equivalent of two (2) fifteen (15) minute paid daily breaks for a total of one-half (1/2) hour paid break time per work day. Part-time employees who work five (5) hours or less in a day, shall receive a total of fifteen (15) minutes of paid break per workday.
5. An employee who does not exercise the right to a break waives this right and cannot claim it at a later date.

### **B. PAY PERIODS AND PAYROLL DEDUCTIONS**

1. The Village has established bi-weekly pay periods, with payroll available every other Friday for a total of 26 pay periods per year. In the event of a payday occurring on a Holiday, paychecks shall be issued on the day preceding the Holiday.
2. Automatic salary deductions shall be made for Federal and State income tax purposes, for an employee's pension contributions and for ~~social~~ Social security Security and Medicare where applicable.
3. Pension deductions made upon express written consent of the employee at the time of deduction for police officers shall be based on base pay only. Special pay, court call-ins, overtime, holiday pay, etc. shall not have pension taken out. The only exception to this would be educational incentive pay, which is paid once each year.



4. Holiday pay, for purposes of non-deduction of pension, is when the officer is paid sixteen (16) hours for the holiday. This would bring the bi-weekly hours to eighty-eight (88) rather than eighty (80).
5. Optional deductions for any of the following may also be arranged upon express written consent of the employee made at the time of deduction:
  - a) Dependent coverage for group health insurance including vision discount program and dental insurance. The vision discount program is a part of the group health insurance.
  - b) Contributions to programs or organizations as approved by the Village
  - c) Participation in the ICMA deferred compensation plan.
  - d) Participation in the U.S.C.M. deferred compensation plan Nationwide Retirement Solutions.
  - e) Uniform allowance as required by various departments.
  - f) Participation in a direct deposit plan with any bank or financial institution affiliated with the Automated Clearing House (ACH) system.
  - g) Participation in the DuPage Credit Union.
  - h) IMRF Voluntary Life Insurance Plan.
  - i) Authorized deductions for the S125 Flexible Spending Plan.
  - ~~j)~~ [Participation in the ICMA ROTH IRA plan.](#)
6. Other monies may be deducted by the Village for services or supplies received upon express written consent of the employer made at the time of the deduction or overpayments made to an employee.

### C. OVERTIME COMPENSATION

1. It shall be the policy of the Village that overtime be kept to a minimum whenever possible without jeopardizing the efficient operation of any department. Any use of overtime shall be authorized by the Department Head through the immediate supervisor, with final approval of the Village Manager or his designee. Department Heads shall be responsible for maintaining and submitting, as necessary for pay purposes, appropriate records of overtime worked and compensatory leave taken.
2. Overtime hours shall be defined as those hours worked beyond the applicable overtime standards as noted below:
 

Non-commissioned personnel	-Forty (40) hour work period
Seasonal Employees	-Forty (40) hours work period
Commissioned Police Sergeant	-Twenty-eight (28) day rotation
Commissioned Fire Lieutenant	-Twenty-seven (27) day work cycle
3. Overtime compensation shall always be paid when those standards noted in paragraph 2 have been exceeded. In addition, overtime compensation may be paid under specific circumstances as determined by the Village irrespective of the above standards.

4. Compensation for overtime shall be paid at a rate of one and one-half (1-1/2) times the regular straight time hourly rate unless otherwise provided by applicable law.
5. Certain positions are exempt from overtime compensation as provided by the Fair Labor Standards Act.

In the case of executive, administrative and professional personnel, classified as exempt, as defined by the Fair Labor Standards Act, it is implicit in the nature of their position that time beyond the normal work schedule may often necessarily be spent on the job.

While some recognition of these additional hours may be made from time to time, this would be at the discretion of the Department Head and/or the Village Manager.

6. In the event an employee eligible to receive overtime compensation is required to work overtime on a holiday, compensation shall be paid in the following manner:
  - a) Non-shift personnel required to work on a holiday shall be paid at a rate twice the regular straight time pay for each hour worked, in addition to any holiday compensation.
  - b) Shift personnel required to work in excess of their normal tour of duty shall be paid at a rate one and one-half (1-1/2) times the normal straight time pay. Said overtime shall be in addition to any holiday compensation.

For purposes of this paragraph, a holiday shall be defined as the day observed as such holiday that all non-shift employees are not required to report to work.

7. Repeated failure to report for overtime when directed by an immediate supervisor acting within established policy shall be grounds for disciplinary action unless it is clearly proven that the employee's absence was beyond the employee's control.
8. No pyramiding - Compensation shall not be paid nor compensatory time taken more than once for the same hours under any provisions of this section.

## **D. POLICY FOR COMPENSATORY LEAVE**

1. Any employee eligible to receive overtime compensation may request compensatory leave in lieu of monetary remuneration for the performance of authorized overtime.
2. It shall be entirely up to the discretion of the Department Head to authorize the use of compensatory leave.
3. Compensatory leave shall be computed based upon applicable Federal law.
4. Compensatory leave shall only be granted with prior approval from the Department Head.
5. Employees may accumulate up to sixteen (16) hours of compensatory time off.

## **E. OTHER SPECIAL PAY**

The Village shall provide for various categories of special pay as indicated below:

### **1. Fire Department**

~~Battalion Chiefs and Officers~~ below the rank of Battalion Chiefs working a 24-hour shift who respond to an emergency callback while off duty shall be paid at the rate of time and one-half (1-1/2) for each hour worked with a one- (1) hour minimum.

### **2. Police Department**

- a) All commissioned ~~police~~ Police sergeants ~~Sergeants~~ and civilian personnel required to appear in court shall be paid at a straight time hourly rate for each hour worked with certain guaranteed minimums.
- b) Commissioned ~~police~~ Police sergeants ~~Sergeants~~ and civilian personnel who are required to call in regarding a court call, but not appear in court, shall be paid a flat dollar amount.
- c) These rates shall only apply to ~~police~~ Police sergeants ~~Sergeants~~ and civilian personnel who are not scheduled to be working at the time of the appearance.

### **3. Public Works Department**

- a) Any Public Works supervisor who is not assigned stand-by duty and who is called out at other than the normally assigned working hours shall be compensated at the rate of time and one-half (1-1/2) from the time of the call until its completion with a two-hour (2) minimum. However, any additional calls or work requests during

the two-hour (2) period will be included at that rate of pay. As an example, if a Public Works supervisor is called out at 1:00 a.m., returns home by 1:30 a.m. and receives another call at 2:00 a.m., which he completes by 3:00 a.m., he will receive pay for only one (1) call-out. If work exceeds the two-hour minimum, all further work will be compensated at the rate of time and one-half (1-1/2); and any subsequent call-out will receive another two-hour (2) minimum.

- b) Any Public Works supervisor who is required to be available for stand-by shall be paid two (2) hours of straight pay for any Saturday, Sunday or Village Holiday. In addition to the straight time, if the supervisor is required to respond to a call(s) for service, the supervisor will be compensated at the rate of time and one-half (1-1/2) from the start of activity until its completion. There will be a two-hour (2) minimum at the rate of time and one-half (1-1/2) for the entire day. If subsequent calls are necessary, all hours compiled will be paid at the rate of time and one-half (1-1/2), however, the minimum will occur only once for each day. The supervisor must be available for call if he/she is to receive the stand-by pay.

## F. OUTSIDE EMPLOYMENT

1. Any regular full-time or part-time Village employee seeking to engage in outside employment, including self-employment, even if work is for self as a contractor, shall make written application to the respective Department Head using a 'Request for Outside Employment' form (**Exhibit 8**). Such requests may not exceed twenty (20) hours of part-time employment per week for full-time employees and forty (40) hours of employment per week with the exception of ~~firefighters~~Firefighters.
2. The Department Head, after reviewing the request, shall notify the employee of the decision and forward a copy of the request to Human Resources indicating whether the request was approved or denied.
3. A Department Head may at any time require verification that an employee is complying with the maximum number of hours allowed per week. Any violations shall result in the immediate loss of permission for part-time employment and the possibility of disciplinary action.
4. If injury occurs at the second job, no Workers Compensation will be paid. No Workers Compensation will be paid for a second job unless the Village has notification and approval for the second job.

Public Employee Disability Act of 1990, 5 ILCS 345/1

(d) *“During this period of disability, the injured person shall not be employed in any other manner, with or without monetary compensation. Any person who is employed in violation of this paragraph forfeits the continuing compensation provided by this Act from the time such*

*employment begins. Any salary compensation due the injured person from workers' compensation or any salary due him from any type of insurance which may be carried by the employing public entity shall revert to that entity during the time for which continuing compensation under the provisions of this Act shall not be entitled to any benefits for which he would qualify because of his disability under the provisions of the Illinois Pension Code."*

#### **G. REWARDS AND GIFTS**

1. An employee of the Village shall be prohibited from receiving any monetary rewards or other gifts relating to services provided as a Village employee-including any discounts, promotions, services or products offered by a liquor licensee, or any officer, associate, member, representative, agent or employee of any licensee-unless said gift, discount, promotion, service or product is provided without discrimination to the general public.
2. Notice shall be made to the respective Department Head upon any offer or delivery of a gift or reward.

#### **H. REQUIRED DISCLOSURES IN THE CASE OF A WAIVER OF COMPETITIVE BIDDING OR THE GRANTING OF A VARIATION**

1. Should the Village Manager or Department Head (hereinafter referred to as the 'covered employee') recommend to the Village Board a waiver of competitive bidding in accordance with Section 35.26 of the Village Code, or recommend a variation from any provision of the Village Code other than in regard to a single-family zoned parcel, said covered employee shall be required to publicly disclose any business relationship with the proposed contractor/vendor or the petitioner during the preceding two (2) years, provided the covered employee has knowledge of said business relationship and said business relationship falls into one of the following categories:
  - a) A company in relation to which the covered employee as either an owner or employee has engaged in a business transaction with the contractor/vendor or petitioner and said business transaction(s) involved an aggregate amount, during any twelve (12) month period, ~~of~~ in excess of Two hundred and no/100 Dollars (\$200.00); or,
  - b) The covered employee has received goods or services valued at, in the aggregate, in excess of Two hundred and no/100 Dollars (\$200.00) from said contractor/vendor or petitioner, during any twelve (12) month period, at a price less than normally charged to other customers of said contractor/vendor or petitioner.
2. If, within the six (6) month period following the waiving of competitive bidding by the Village Board, or the authorization of a variation from any provision of the Village Code other than in regard to a single-family zoned parcel, the covered employee enters into a business relationship with the contractor/vendor who was awarded the contract, or the petitioner who was granted the variation,

that would have required public disclosure under Subsection (a) above had said business relationship been entered into prior to the Village Board vote on the waiving of competitive bidding or the granting of a variation, the covered employee shall disclose said business relationship in writing to the Village Manager. The Village Manager shall, in turn, disclose said business relationship to the Village Board.

3. Any covered employee found to be in violation of this Section shall be subject to disciplinary action in accordance with Chapter 7 of this Manual.

## **I. POLITICAL ACTIVITY**

1. An employee of the Village shall not be allowed to serve as an elected official of the Village. Any employee seeking an elected office of the Village shall first apply to the Village Manager for a leave of absence with the filing of a petition for the elected office. Said leave of absence shall continue until the employee either loses the election, withdraws from the election, or is elected. If elected, said employee's employment with the Village shall terminate.
2. The Village respects the rights of each employee to hold his or her own political beliefs and to discuss matters of public concern. However, employees shall restrict their political campaign activities to non-working time and lunch hours, and shall not be in any uniform which identifies the employee as an employee of the Village while engaging in political campaign activities. Employees engaged in political activity shall not represent that such activity is on behalf of the Village or otherwise represent themselves as agents of the Village. Village property shall not be used to advance political campaigns. Examples of prohibited activity shall include, but not be limited to, the following:
  - a) Displaying campaign stickers on Village vehicles or other Village property;
  - b) Providing endorsements of political candidates indicating or otherwise mentioning the employee's affiliation with the Village; and
  - ~~c) \_\_\_\_\_~~ ~~e)~~ The use of Village duplicating services for campaign materials.

## **J. USE OF VILLAGE EQUIPMENT**

1. An employee shall not be permitted to use Village vehicles, equipment, supplies or tools for personal use without the written permission of the Department Head with approval from the Village Manager.
2. An employee shall be responsible for the care and proper operation of any vehicle, equipment, tools or supplies assigned or used during working hours.

3. Village owned vehicles may be taken home only when authorized by the Department Head and approved by the Village Manager.
4. When using Village vehicles, employees must keep in mind that they are representatives of the Village government and that their conduct in adhering to the rules of safety and courtesy on the road is a reflection on the entire organization.
5. All employees of the Village of Lombard must report to their supervisor and to the Police Department any moving traffic violations or accidents in which they are involved while on duty, or while using Village vehicles. Any fines for violations incurred by the employee under these circumstances must be paid for by the employee.

**K. PERSONAL APPEARANCE**

1. Personal appearance is reflected by an employee's manner of dress, general personal hygiene and a courteous and businesslike attitude. The Village wishes to portray a positive public image as well as provide safe and healthful working conditions. Whenever uniforms or related equipment are provided by a department, an employee shall conform to the departmental rules and regulations applicable to their purchase and use.
2. Department Heads shall be responsible for enforcing appropriate dress standards and businesslike conduct.

**L. CONSUMPTION OF ALCOHOLIC BEVERAGE OR USE OF CONTROLLED SUBSTANCE**

1. The Village of Lombard is committed to a drug free and alcohol free environment. Therefore, an employee is prohibited from consuming any alcoholic beverage or the use or sale of any controlled substance (as defined in the first paragraph of definitions of the drug free workplace policy, found on page [4-5](#) of this Human Resource Manual) during normal working hours. The prohibition shall extend to any related lunch meetings or other required functions when an employee must return to work.
2. Any employee who must take prescription drugs shall notify the supervisor at the onset of the condition requiring the prescription, if the use of such prescription drugs presents a safety hazard to the employee or others. The employee shall advise the supervisor when the prescription drug is no longer being used.
3. Substance abuse testing - In order to help protect the public and co-employees by attempting to confirm that Village employees have the ability to perform duties, a Department Head, Village Manager or designee may require that employees submit to a urinalysis test and/or other appropriate drug or substance abuse test, upon reasonable suspicion that the employee is using illegal controlled substances or abusing legal drugs or alcohol. Such reasonable

suspicion shall be documented and a copy provided to the employee within a reasonable time after such test is ordered.

4. 'Illegal drugs' means a controlled substance, as defined in Schedules I through V of Section 202 of the Controlled Substances Act.

'Illegal use of drugs' means the use of drugs, the possession or distribution of which is unlawful under the Controlled Substances Act. This term does not include the use of a drug taken under the supervision of a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provisions of federal law. In other words, the phrase includes the use of unlawful drugs and the unlawful use of prescription drugs.

## **M. REQUEST FOR LEAVE**

1. An employee seeking leave for vacation or a Personal Day shall submit an 'Application for Leave' form (see Appendix, **Exhibit 9**) to the Department Head at least ten (10) working days in advance whenever possible. Said request shall be reviewed by the Department Head prior to being submitted to Human Resources.
2. An employee requesting the use of Crisis, Funeral or Bereavement Leave shall, whenever possible, discuss and submit the 'Application for Leave' form with the Department Head prior to the leave being taken. When this is not possible, the employee shall notify the immediate supervisor or the Department Head within thirty (30) minutes of the normal starting time and receive authorization to be absent from work. Upon returning to work, the 'Application for Leave' form should immediately be completed and forwarded to the Department Head. The Department Head shall review the request and forward it to Human Resources.
3. An employee who, due to illness, is not able to report to work shall notify the immediate supervisor or Department Head within thirty (30) minutes of the employee's normal starting time to receive authorization to be absent from work. Upon return to work, the employee shall immediately submit an 'Application for Leave' form. A Department Head may request a certificate from a physician for any employee illness or illness of a member of the employee's immediate family as applicable. However, when an employee other than a firefighter, is absent due to illness for a period exceeding three (3) consecutive working days, a certificate from the treating physician shall be submitted in addition to the 'Application for Leave' form. In the case of a firefighter, absence due to illness exceeding two (2) consecutive workdays shall require a certificate from the treating physician.
4. An employee who due to illness is absent from work for a period of one (1) consecutive week or more shall be required to submit a release from the treating physician prior to returning to work.
5. An employee who, for whatever reason, fails to notify the immediate supervisor or Department Head according to the above procedures or those mentioned in



**Chapter 7**, shall be considered absent without authorization. All pay and benefits will cease and the employee may be subject to disciplinary action including termination.

6. Any employee who is absent from duty for three (3) consecutive work days without permission or personal contact with his/her supervisor or department head shall be deemed as having abandoned his/her employment with the Village and, therefore, having resigned from his/her position of employment with the Village. Notwithstanding the foregoing, upon a showing by the employee that the facts and circumstances of said absence from duty were such that the employee could not have sought prior permission for said absence and could not have contacted his/her supervisor or department head to advise said individuals of the employee's whereabouts while absent, the Village may determine that said absence from duty did not constitute an abandonment of the employee's employment with the Village.
7. Effective August 25, 2003, the Village of Lombard will comply with eligible requests for leave related to the Illinois Victims' Economic Safety and Security Act. Illinois VESSA permits eligible employees to take unpaid leave from employment to address domestic violence, dating violence, sexual assault, or stalking (for medical attention, victim services counseling, safety planning, or legal assistance or other specified purposes). This 12 week leave is not in addition to the unpaid leave permitted by FMLA, but functions in a similar fashion.

#### N. Administrative Leave

The Village Manager may place an employee on administrative leave with or without pay to provide time to investigate and evaluate the circumstances regarding a pending action.

#### ELIGIBILITY

Full-time employees are eligible, provided that their work performance and attendance are satisfactory.

#### ADMINISTRATIVE LEAVE WITHOUT PAY

When an employee is in non-compliance with Village policies or requirements, including standards of conduct, the Village may place an employee on administrative leave without pay, pending the outcome of an investigation. The investigation should be conducted immediately and a decision rendered within 14 calendar days. If an extension is necessary, the department must consult with Human Resources and the employee must be notified of the extension.

Where the investigation shows that the employee had no involvement or contributory influence in the matter or incident or where the evidence is not

sufficient to show the employee's involvement, the employee may return to work with no finding of fault and receive back pay if warranted.

When the investigation indicates that the employee is involved and disciplinary action is warranted, the department should either dismiss the employee or return the employee from administrative leave and initiate corrective disciplinary action found in the Disciplinary Measures Policy in this manual.

#### ADMINISTRATIVE LEAVE WITH PAY

When an investigation by the Village is being conducted on a matter such as a sexual harassment or discrimination complaint, an employee may be placed on administrative leave with pay for up to a maximum of 30 calendar days. The investigation should be conducted immediately and a decision rendered within 30 calendar days. If an extension is necessary, Human Resources must consult with the department and the employee must be notified of the extension.

#### BENEFITS DURING ADMINISTRATIVE LEAVE

An employee on administrative leave generally will retain the seniority he/she held prior to the commencement of the leave, but will not accrue any seniority or otherwise be credited with time worked during the leave. If unpaid, vacation and sick time will not accrue; and holidays which fall during the leave will not be granted.

An employee on unpaid leave will be responsible for the entire premium for health and dental benefits.

### **N.O. SOLICITATION, PEDDLING OR DISTRIBUTION OF LITERATURE**

1. Unless authorized by the Department Head and approved by the Village Manager, all solicitations by Village employees during working hours for charitable or any other purposes, and all selling of tickets, magazines or merchandise of any kind are prohibited.
2. The distribution of non-work related literature by an employee at any time in working areas of the Village is strictly prohibited. Solicitation and distribution is always prohibited during the working time of any employee involved in the solicitation and/or distribution. 'Working time' is defined as the working time of both the employee doing the solicitation and/or distribution and the employee to whom such contact is directed, but does not include break, lunch or other duty-free time.
3. Solicitation and/or the distribution of literature by any non-employee is prohibited; a) during the working time of any employee involved in the solicitation or distribution; b) at any time in the non-public areas of the Village; or c) in areas open to the public where such conduct is not incidental to the

normal and regular use of the area, or where it disrupts the regular use of the area by members of the general public.

4. Employees shall not conduct personal business on Village time. This would include any business related to an additional part-time job.

#### **Q.P. CHANGE OF NAME, ADDRESS, OR PERSONAL INFORMATION**

Employees must notify Human Resources in writing within ten (10) days of any change of personal information. Examples include address changes, divorce decrees, beneficiary changes, etc. This is important for your insurance, IMRF pension plan and W-2's. You must also inform your department supervisor for emergency contact purposes.

#### **P.Q. LOSS PREVENTION POLICY**

1. The Village of Lombard has long recognized the need to control the rising cost of providing liability insurance coverage. Accordingly, the Village adopted a Loss Prevention Manual on July 8, 1982, and a Loss Prevention Resolution in 1988, and the manual and Resolution are hereby made a part of this Human Resource Manual.
2. All provisions regarding the occurrence, reporting procedures and investigation of work-related accidents or injuries shall be contained in the Loss Prevention Manual.

#### **Q.R. REVIEW OF PERSONNEL FILES**

The Village shall maintain an official personnel file for each employee with the Human Resources Department. A duplicate copy may be maintained in the employee's Department.

1. Upon proper written notice and approval of the Department Head, on a form prepared and provided by the Village, an employee during non-duty hours may have access to his/her personnel file(s) provided the file is reviewed during Village Hall business hours (Monday-Friday, 8:00 a.m. - 4:30 p.m.). Said review shall not be arbitrarily denied or unreasonably delayed. The review shall only be performed in the office area where the file is located.
2. Letters of commendation and letters of appreciation, together with all disciplinary material shall be placed in the official personnel file.
3. An employee shall have all rights, including the right to review and photocopy all or part of his/her personnel file(s) as may be provided by law. A reasonable copy fee shall be assessed. An employee shall have the right to attach one (1) rebuttal or explanatory memo to any disputed item in the files. Any such memo

shall not imply or create any presumption of Village agreement with its contents. Further, it is understood by both parties that the Village bears no responsibility for additional investigation or action regarding the item in dispute. Reviews shall be limited to not more than once per quarter.

4. The Village reserves the right to restrict certain elements of the personnel file from the employee's inspection as may be provided by law. Any restricted element to be used for disciplinary purposes will be provided to the employee at the time such disciplinary action is taken, as provided in Articles XX and XXI relating to discipline and investigations concerning officers.
5. Nothing in this Article shall pertain to the files controlled by the Board of Fire and Police Commissioners, which shall be governed by applicable Illinois and Federal law.

#### **R.S. EMPLOYEE PARKING**

Parking is available for Village Hall personnel in the fan shaped parking lot at the northeast corner of the Civic Center Complex. Police Department employees may park in the parking lot immediately to the east of the Police Building. Public Works employees have a parking lot immediately to the west of the Public Works Building.

The Village is not liable for fire, theft, damage or personal injury involving employees' automobiles. Employees should always lock their car doors.

#### **S.T. BULLETIN BOARDS**

Office notices and all Village messages are posted on the bulletin board in the mailroom, coffee rooms and the kitchen of the Village Hall. Personal notices may be posted on these bulletin boards. Public Works, Police and the Fire Stations have bulletin boards for employees at appropriate locations.

#### **T.U. PERSONAL ORDERS**

Personal orders for merchandise should never be placed in the name of the Village of Lombard or any operating department of the Village of Lombard. If requesting a personal order be shipped to the Village Hall for convenience, for example, if it is too difficult to receive orders at home when you are working, the proper and only acceptable method is the following:

**Ship To:** John/Jane Doe  
c/o The Village of Lombard

All billing for personal orders must be sent directly to your home address.

## VII. CHAPTER 7 - DISCIPLINARY ACTION & GRIEVANCE PROCEDURES

### A.V. PURPOSE

1. Regulations regarding the conduct of employees are intended to promote the orderly operation of the Village. Disciplinary action is at times necessary to insure that such regulations are observed. It is the Village's policy to select disciplinary action that is proportionate to the seriousness of the offense. In cases of serious offenses, the appropriate discipline may be immediate discharge and a progressive series of disciplinary measures need not be observed.
2. The sections of this chapter dealing with formal disciplinary measures and appeal of disciplinary action shall not apply to commissioned police and fire personnel or unionized employees of the Public Works Department. A copy of any correspondence concerning disciplinary action of commissioned police and fire personnel or unionized employees of the Public Works Department shall be forwarded to Human Resources for inclusion in the employee's personnel file.

### B.W. CAUSES FOR DISCIPLINARY ACTION

Each of the following circumstances is an example of a reason for disciplinary action. The examples given below are not intended as an exclusive or exhaustive inventory of actions necessitating disciplinary action, but rather as a guide for determining appropriate behavior.

1. Falsification or fraud in securing employment.
2. Intoxication, use or sale of unprescribed drugs, or use of prescribed drugs which may affect performance or endanger other employees without notifying the supervisor while on duty.
3. Negligent destruction or loss of property.
4. Theft or willful destruction of Village or individual personal property.
5. Any act which endangers an employee's safety, health or well being or that of another Village employee or which is of sufficient magnitude that the consequences cause or act to cause disruption of work or discredit to the Village.
6. Incompetence or inefficiency in the performance of the duties of a position. The term 'incompetence' shall mean a lack of ability, knowledge or fitness to perform duties which are reasonable within the scope of employment and the

- term 'inefficiency' shall mean the performance of the duties of the position at a level lower than ordinarily expected of other employees in similar positions.
7. Failure to perform the duties of the position because of neglect.
  8. Insubordinate actions, including willful disobedience of a rule, order or directive.
  9. False representation to a superior as to the quality and/or quantity of work performed.
  10. During work hours, the solicitation of any donation, gift, or other thing of value for personal benefit; or, the attempt to sell any item, service, or product for personal benefit or performing any business matters not pertaining to the Village of Lombard.
  11. The attempt to use Village employment or the name of the Village for any personal benefit, or other group benefit.
  12. Absence without leave, the use of sick leave or any other leave of absence in an unauthorized manner, a record of excessive absence or tardiness, or engaging in unauthorized outside employment when on disability leave or sick leave.
  13. Failure to return from sick or disability leave when released by the doctor.
  14. Use of Village property or the service of Village employees for unauthorized purposes.
  15. Violation of any of the policies contained in this manual, Department Rules or Regulations, or the Loss Prevention Manual.
  16. Engaging in 'horseplay' during working hours.
  17. Gambling or promoting lotteries.
  18. Loafing, lounging or sleeping in washrooms, or visiting other departments without permission.
  19. Discourteous treatment of the public.
  20. Immoral, unethical or disgraceful actions or any other personal conduct likely to impact the efficiency of the Village service or bring the Village into disrepute.
  21. Assault on a fellow employee or customer.
  22. Conviction of a criminal offense which involves moral turpitude or relates to the performance of an employee's duties.
  23. Any other activity which is not compatible with public service or the professional image maintained by the Village.
  24. Any other acts of misfeasance, malfeasance or nonfeasance during employment.

## **6.X. FORMAL DISCIPLINARY MEASURES**

1. The Village of Lombard agrees in principle that all disciplinary actions should be reasonable in relation to the seriousness of the offense. However, nothing herein should be construed in any way to limit the Village's right to summarily discharge or suspend an employee for serious offenses. Any activity requiring disciplinary action may result in any of the following measures:
  - a) **Verbal Reprimand** - Ordinarily, the first course of disciplinary action is a verbal reprimand given by the supervisor or Department Head. The employee should be made aware of the problem(s) and the manner in which the problem(s) can be resolved. This

reprimand should, whenever possible, be given in private. Human Resources shall maintain a record of such action.

b) **Written Letter of Warning** - A recurrence of an incident for which a verbal reprimand was given or a more serious initial violation will necessitate the issuance of a written letter of warning. This letter, given by the supervisor or Department Head, shall include a description of the incident, an outline of the circumstances surrounding the incident, and a statement regarding the resolution of the incident. The employee shall be given an opportunity to sign the letter of warning indicating receipt. Failure to sign shall be noted. A copy of this warning shall be placed in the employee's personnel file located in the Human Resources Department.

c) **Suspension** - A suspension is the removal of an employee from Village service generally without pay. An employee may be suspended when the violation is a serious infraction, but not so serious as to merit dismissal. When a suspension is enacted by the supervisor or Department Head, a notice of suspension shall be given to the employee. Said notice shall include documentation of the circumstances surrounding the incident, the length of the suspension, and a reference made to the procedures for appeal. The employee shall be given an opportunity to sign the suspension to indicate receipt. Failure to sign shall be noted. A copy of the suspension shall be placed in the employee's personnel file in Human Resources. The Village Manager and the Human Resources Manager shall be notified prior to a suspension being given.

d) **Demotion** - A demotion is the reassignment of an employee to less responsible work when the employee's performance has not been satisfactory, but does not warrant dismissal. The Department Head, with the consent of the Village Manager, may demote any employee. A reduction in salary shall accompany a demotion. (The amount of the salary reduction will generally be five percent (5) or the maximum of the new range.) When a demotion is made, a copy of the demotion shall be given to the employee involved. Said demotion notice shall include the circumstances surrounding the demotion, the effective date of the demotion, and a reference made to the procedures for appeal. The employee shall be given an opportunity to sign the demotion to indicate receipt. Failure to sign shall be noted. A copy of the demotion shall be placed in the employee's personnel file in Human Resources.

2. If a situation arises that, in the opinion of the supervisor, necessitates immediate disciplinary action for safety and protection of public property; and, if the Department Head or designee is not available, then the supervisor has the authority to order the offending employee to immediately leave the job site until review of the situation is completed by the Department Head. The supervisor shall, however, inform the offending employee of the reason why the order is being made and shall inform the employee of the opportunity to respond when the Department Head returns.

*Human Resources should be notified immediately of any employee ordered to leave the job site.*

3. Discipline under this manual is administered, relative to exempt employees, in accordance with the Fair Labor Standards Act. (29D.F.R.s541.118)

#### **D.Y. ADMINISTRATIVE PROBATION**

As a means of attempting to improve employee performance after the regular introductory period has been completed, a Department Head, with approval of the Village Manager, may at his/her discretion place an employee on administrative probation of up to three (3) calendar months in lieu of other disciplinary action. It is the supervisor's role to attempt to provide appropriate counsel during this period. An employee performance report shall be completed at least once every month during this period which shall be reviewed with the employer and a copy placed in the employee's personnel file. Failure of an employee to improve performance during the period of administrative probation may result in disciplinary action being taken up to and including discharge.

#### **E.Z. APPEAL OF DISCIPLINARY ACTION**

1. Any non-introductory employee may appeal a disciplinary action taken by a supervisor. The review of an appeal resulting from disciplinary action shall be limited to the facts used in determining whether an incident occurred requiring disciplinary action; and the process used in disciplining the employee once the act occurred. The employee within three (3) working days after being notified of the disciplinary action, shall request a meeting with the Department Head or designee and shall submit at such meeting a written statement of appeal outlining the reasons for appealing the action. The Department Head or designee shall then discuss the statement of appeal with the employee.
2. The Department Head or designee, within two (2) working days of receipt of the appeal, shall meet with the employee and supervisor and resolve the issue if possible. If no resolution can be reached, the Department Head shall forward all related documentation together with a written recommendation to the Village Manager during the next working day following the meeting.
3. The Village Manager shall review all related documents and make a decision within ten (10) working days of receipt of the appeal. Written notice of the final decision shall be given to the employee and the Village Manager's decision shall be final.
4. The above disciplinary policy is illustrative of guidelines to encourage proper employee behavior and job performance. It is not all-inclusive, nor is it meant as an absolute procedure, and it does not grant any absolute contractual or procedural rights to an employee.



5. All commissioned police and fire personnel are excluded from these appeal procedures and are entitled to all rights as provided under Illinois State Statutes regarding hearings before the Board of Fire and Police Commissioners.

#### **F.AA. GRIEVANCE PROCEDURE**

1. A grievance is defined as a complaint arising out of an alleged violation or misinterpretation of the provisions contained in this Human Resources Manual, except that any action relating to discipline shall be covered under Section E of this chapter.
2. Any non-introductory employee wishing to file a grievance must adhere to the following procedures, using the grievance form **Exhibit (10a, 10b, and 10c)** in the appendix of this manual which must accompany each step:
  - a) The employee shall first discuss the situation with the immediate supervisor within two (2) working days of the occurrence.
  - b) If the situation cannot be satisfactorily resolved between the supervisor and the employee, the employee shall request the supervisor to make an appointment with the Department Head or designee. Such an appointment shall be scheduled as soon as possible, but in no event later than five (5) working days after the meeting of the supervisor and employee. The Department Head shall confer with the supervisor and employee to resolve the situation.
  - c) If the meeting with the Department Head does not satisfy the employee, the Department Head, upon the request of the employee, shall send a memorandum to the Village Manager. Said memorandum shall be sent within five (5) working days of the conference and shall explain the employee's grievance and detail the action(s) taken to date.
  - d) The Village Manager shall review all material concerning the situation and render a decision within ten (10) working days of receipt of the memorandum. Written notice of the decision shall be sent to the employee. The decision of the Village Manager shall be final.
3. An employee should be aware that circumstances which give rise to a grievance shall not exempt the employee from the responsibility of completing the assigned order, task or project, or other regularly assigned work.

**VIII. LEAVES OF ABSENCE WITHOUT PAY**

**G.A. LEAVES OF ABSENCE WITHOUT PAY**

1. A regular full-time, non-introductory employee may request a leave of absence for good cause. Good cause includes, but is not limited to, injuries, which render the employee temporarily unable to perform his or her job, or education related to the employee's job. The request must be made in writing to the Department Head stating the reason(s) for the request, why the request should be granted and the date when the leave is to commence and terminate. The determination of whether the reason for the request does in fact constitute good cause is solely the determination of the Department Head with the approval of the Village Manager.
2. An initial request for a leave of absence must be for a period not to exceed twenty (20) working days. Upon the showing of good cause, such a request may be renewed subject to all of the requirements of the original request.
3. After reviewing the department's operational requirements, the need for temporary substitute employees and the attendance record of the employee requesting the leave, if the Department Head approves the request, he/she shall forward the request for approval to the Village Manager. Any leave of absence shall only be granted with the approval of the Village Manager.
4. Employees applying for a leave of absence must be aware that any position in the Village is subject to elimination. Absolute assurance of re-instatement, therefore, cannot be given. Reinstatement shall always depend upon the needs of the Village as determined by the Department Head in conjunction with the Village Manager.
5. An employee once granted a leave of absence shall not be entitled to any fringe benefits during the duration of the leave. An employee may choose to continue participation in the group health and/or life insurance plans at the expense of the employee.

**H.B. INTERNAL PRACTICE FOR AIDS VICTIMS**

The following practices shall apply to AIDS victims:

1. If an AIDS case is reported, said case must be kept confidential, with only those individuals with a need to know being informed.
2. No change shall be made in employee status, except as appropriate to address the employee's current condition and assignment.
3. Termination shall occur only when the employee is no longer able to perform the essential duties of the position.

## **I.C. SPECIAL LEAVES**

1. Any regular employee who presents official orders requiring attendance for a period of training or other active duty as a reserve member of the United States Armed Forces, including the Illinois National Guard, shall be given a leave of absence for the period required for such training or other active duty in accordance with Federal Law. As a result of a 2003 amendment to the Military Leave of Absence Act (5 ILCS 325/0.01 et seq.) the Village is required to continue to pay an employee's salary while on leave for: (1) basic training, (2) special or advanced training (up to 60 days), and annual training. During leaves for annual training, the Village must pay your regular compensation. During leaves for basic training and up to 60 days of special or advanced training, the Village will pay the employee's regular compensation minus the amount of base pay.
2. Military reservists are subject to being called for Active Duty as a result of an order of the President. If an employee is called to active duty as the result of an order of the President, the Village will comply with all federal and state laws that are applicable.
3. Any regular employee, upon receiving a notice for jury duty, shall notify the respective Department Head prior to performing the jury service. A leave of absence with pay may be granted for said service. The employee, however, shall endorse any payment received for the jury duty and return it to the Village.
4. Under extraordinary circumstances, a regular full-time or regular part-time employee may be granted special leave with pay, subject to the approval of the Village Manager. Such leave shall not be granted for more than three (3) calendar months during any one- (1) calendar year. Permission, if granted, shall be in writing and shall specify the period of leave authorized. Failure to return on the specified day and/or engaging in other employment during such leave without prior written approval of the Village Manager shall be grounds for disciplinary action up to and including termination of employment.

## **J.D. MILITARY LEAVE OF ABSENCE ACT (5 ILCS 325/0.01, Chapter 129, par. 501)**

- a) Any full-time employee of the State of Illinois, a unit of local government, or a school district, other than an independent contractor, who is a member of any reserve component of the United States Armed Forces or any reserve component of the Illinois State Militia, shall be granted leave from his or her public employment for any period actively spent in military service, including:
  - 1) basic training;
  - 2) special or advanced training, whether or not within the State, and whether or not voluntary; and
  - 3) annual training.
  - 4) any other training or duty required by the United States Armed Forces.

During these leaves, the employee's seniority and other benefits shall continue to accrue.

During leaves for annual training, the employee shall continue to receive his or her regular compensation as a public employee. During leaves for basic training and up to 60 days of special or advanced training, if the employee's compensation for military activities is less than his or her compensation as a public employee, he or she shall receive his or her regular compensation as a public employee minus the amount of his or her base pay for military activities.

- b) Any full-time employee of the State of Illinois, other than an independent contractor, who is a member of the Illinois National Guard or a reserve component of the United States Armed Forces or the Illinois State Militia and who is mobilized to active duty shall continue during the period of active duty to receive his or her benefits and regular compensation as a State employee, minus an amount equal to his or her military active duty base pay. The Department of Central Management Services and the State Comptroller shall coordinate in the development of procedures for the implementation of this Section. (Source: P.A. 95-331, effective 8/21/07)

#### **K.E. FAMILY & MEDICAL LEAVE ACT**

1. This policy incorporates rights and obligations provided by the Family and Medical Leave Act (FMLA). Employees who have worked for the Village for at least twelve (12) months and have worked 1,250 hours over the previous twelve (12) months are eligible for up to twelve (12) weeks of unpaid job protected leave in a twelve-month period for child care for the birth of a child, the placement of a son or daughter for adoption or foster care, or the serious health condition of the employee or an immediate family member. Leave for the birth, adoption or foster care placement of the employee's child must be completed within the 12-month period beginning on the date of birth or placement. The twelve-month period is a rolling period measured backward from the date an employee uses any FMLA leave. In the event the Village employs a married couple, the Family and Medical Leave provides an aggregate of twelve (12) weeks of leave for the birth, adoption, foster care placement of a child or a sick parent.

If you are eligible, you may take up to 26 weeks leave to care for a spouse, parent, child, or an individual for whom you are the nearest blood relative who has a serious injury or illness that was incurred in the line of duty while on active military duty, if the injury or illness may render the servicemember medically unfit to perform the duties of his military position. Leave to care for an injured or ill servicemember may be taken only once and must be completed within one 12-month period. Spouses employed by the Village who request injured servicemember leave may only take a combined aggregate total of 26 weeks leave for such purpose.

Any FMLA leave taken by an employee for reasons other than an injured or ill servicemember will reduce the 26 weeks of available leave to care for an injured servicemember. As a result, if an employee requests injured servicemember leave,

the maximum leave allowed will be up to 26 weeks, less any FMLA leave already used in the same 12-month period for any other reason.

—Employees may take intermittent or reduced work schedule leave when medically necessary for a leave for a serious health condition of the employee, family member, or injured servicemember. Employees may take leave intermittently or on a reduced work schedule for childcare only with the consent of the Village. If leave is unpaid, the Village will reduce your salary based on the amount of time actually worked. In addition, while you are on an intermittent or reduced schedule leave for foreseeable, planned medical treatment, the Village may temporarily transfer you to an available alternative position which better accommodates your recurring leave and which has equivalent pay and benefits.

You may not be granted an FMLA leave to gain employment or work elsewhere, including self-employment. If you misrepresent facts in order to be granted an FMLA leave, you will be subject to immediate termination.

- a) A son or daughter is a child either under the age of eighteen (18) or eighteen (18) years of age or older but incapable of self-care because of a mental or physical disability.
- b) A 'serious health condition' is an injury, illness, impairment or physical or mental condition that involves inpatient care or continuing treatment by a health care provider, whether it is a personal or work-related condition. The disability portion of pregnancy leave is considered a serious health condition for purposes of the Family and Medical Leave Act (this would normally end six (6) weeks after a normal birth or eight (8) weeks after a Cesarean Section).
- c) An 'immediate family member' is an employee's son or daughter, spouse or parent.

2. Employees must provide the Village with (30) days notice if possible before taking the leave, or notify the Village as soon as possible. In addition, the employee should complete a Request for Leave of Absence-Medical/Disability form (**Exhibit 12**). This request would be responded to by Human Resources with the Approval for FMLA Leave (**Exhibit 13**).

3. Employees are required to substitute earned paid leave for any part of unpaid leave provided under the FMLA as follows:

Leave under the FMLA to Be Substituted	Earned Paid Leave
Care For A Family Member's Serious Health Condition	Sick, Personal, Vacation
Employee's Serious Health Condition	Sick, Personal, Vacation (see paragraph 1b)
Birth, Adoption, Placement of Foster Child	Sick, Personal, Vacation
Care for Injured Servicemember	Personal, Vacation Sick Pay may apply depending on family member

(The employee may, at his/her option, use all earned vacation or retain up to 40 40 hours.)

4. Leave taken under this provision will be unpaid, unless the employee has earned paid leave available. However, group health insurance will be continued for all eligible employees during the leave under the same terms as if the employee were not on leave. If paid leave is substituted for unpaid leave, the Village will deduct your portion of the health plan premium as a regular payroll deduction. If your leave is unpaid, you must pay your portion of the premium during the leave. Your group health care coverage may cease if you fail to make timely payments of your share of the premiums.

In the event an employee fails to return to Village employment after taking leave under this provision, the Village may recapture the cost of any health insurance programs paid by the Village for the employee's benefit during the leave, unless the employee fails to return because of the continuation of the serious health condition or other circumstances beyond the employee's control.

5. If you are requesting leave because of your own or a covered family member's serious health condition, or a covered servicemember's serious injury or illness, you and the relevant health care provider must supply appropriate medical certification. You may obtain a Certification of Health Care Provider form (**Exhibit 11**) from the Human Resources Department. The medical certification must be completed and returned to the Human Resources Department within 15 days of receipt of the letter. Failure to provide requested medical certification in a timely manner may result in denial or delay of leave. It is the employee's responsibility, not the health care provider's, to ensure that the Village receives the fully completed medical certification by the deadline. If the Village does not receive a fully completed certification by the deadline (unless there is a legitimate reason for the delay), or if the certification does not confirm an FMLA-qualifying condition, the employee's absences will be treated according to the Village's attendance standards.

The Village, at its expense, may require an examination by a second health care provider designated by the Village. If the second health care provider's opinion conflicts with the original medical certification, the Village, at its expense, may require a third, mutually agreeable, health care provider to conduct an examination and provide a final and binding opinion. The Village will also require medical recertification periodically during the leave, and employees may be required to present a fitness-for-duty verification upon their return to work following a leave for the employee's own illness.

6. FMLA leave will run concurrently with any other applicable leave. For instance, IMRF disability or worker's compensation leave will be simultaneously designated as FMLA leave as well, if the leave is also FMLA-qualifying.

7. Upon termination of leave the employee will ordinarily be restored to his or her former position, or an equivalent position, with equivalent pay, benefits and other terms and conditions of employment. However, you have no greater right to reinstatement or other benefits and conditions of employment than if you had not taken leave. You must return to work immediately after the expiration of your approved FMLA leave in order to be reinstated to your position or an equivalent position. Employees must provide the Village with one week's notice, if possible, before returning to work. ~~In addition, the employee should complete a Notice of Intention to Return to Work form (Exhibit 14).~~



Restored employees are not entitled to earnings of seniority or other employee benefits during any period of leave, unless otherwise provide for by Village policy.

Certain “key” employees (i.e., a salaried employee who is in the highest paid 10% of employees at the Village) may not be returned to their former or equivalent position following a leave if restoration of employment will cause substantial economic injury to the Village. The Village will notify you if you qualify as a “key” employee, if the Village intends to deny reinstatement, and of your rights in such instances.

8. Effective August 25, 2003, the Village of Lombard will comply with eligible requests for leave related to the Illinois Victims' Economic Safety and Security Act. Illinois VESSA permits eligible employees to take unpaid leave from employment to address domestic violence, dating violence, sexual assault, or stalking (for medical attention, victim services counseling, safety planning, or legal assistance or other specified purposes). This 12 week leave is not in addition to the unpaid leave permitted by FMLA, but functions in a similar fashion.

## **VICTIMS' ECONOMIC SECURITY AND SAFETY ACT POLICY**

**The Leave Policy.** Illinois employees may take unpaid leave under the Victims' Economic Security and Safety Act (“VESSA”) to seek assistance in response to an act or threat of domestic violence, sexual assault, or stalking. You may take this leave to seek services for a victim of domestic or sexual violence if the victim is: 1) yourself, 2) a covered family member (spouse, child, parent) or 3) a household member (who is currently residing with you). VESSA leave is not allowed, however, if the employee’s interests regarding the violent act are adverse to the victim’s interests. The employee may take leave for a child who is a victim if that child is under age 18 or, if 18 years or older, the child is mentally or physically disabled and incapable of self-care. You are eligible to take up to 12 weeks of unpaid VESSA leave within any 12-month period and be restored to the same or an equivalent position upon your return from leave.

**Reasons For Leave.** You may take VESSA leave to obtain assistance or services for a victim for the following purposes: (1) to seek medical attention for, or recover from, physical or psychological injuries caused by the domestic or sexual violence, (2) to obtain services from a victim services organization, (3) to obtain psychological or other counseling, (4) to participate in safety planning, seek temporary or permanent relocation, or take other actions to increase the safety of the victim from future domestic or sexual violence or ensure economic security, or (5) to seek legal assistance or remedies to ensure the health and safety of the victim, including preparing for or participating in any legal proceeding related to or resulting from domestic or sexual violence. If you misrepresent facts in order to be granted a VESSA leave, you will be subject to immediate termination.

**Notice Of Leave.** You must give the Company at least 48 hours prior notice, unless providing advance notice is not practicable under the particular circumstances. If you are unable to provide advance notice, you must provide notice when you are able to do so, within a reasonable period of time after the absence. Failure to provide the required notice may result in treatment of the absences as unexcused.

**Certification.** Employees requesting VESSA leave must provide proper certification for all absences. The certification must show that: (1) the victim for whom the leave is requested is the employee, a covered family member, or a covered household member, (2) the victim was

subjected to an act or threat of domestic or sexual violence, and (3) the leave is to seek assistance for a purpose covered by the Act. The employee must provide two types of written documentation as certification: (1) a sworn statement by the employee showing that the leave qualifies for a purpose covered by VESSA and (2) written documentation from the source from whom assistance was sought or who could otherwise verify the nature of the leave, such as documentation from: (a) a representative of a victim services organization, an attorney, member of the clergy, or a medical or other professional, from whom the employee has sought services on behalf of a covered victim to address domestic or sexual violence or the effects of the violence, (b) a police or court record, or (c) other corroborating evidence.

It is the employee's responsibility to ensure that the Company receives the proper certification. If the Company does not receive adequate certification within a reasonable time period after it is requested, or if the certification does not confirm a VESSA-qualifying purpose, the employee's absences will be treated according to the Company's attendance standards.

**Reporting While On Leave.** You may be required to contact your supervisor on a regular basis regarding the status of your leave and your intention to return to work.

**Leave Is Unpaid.** VESSA leave is unpaid leave. You may choose, however, to use any accrued paid time off which would otherwise apply to the circumstances of the leave. For instance, if the leave was for you, because you are temporarily disabled due to domestic or sexual violence, you may use any accrued sick time for that portion of the leave. You may use accrued vacation or other personal time for any of the purposes allowed under the Act. The substitution of paid leave time for unpaid leave time does not extend the 12-week leave period.

**Medical And Other Benefits.** During an approved VESSA leave, the Company will maintain your health benefits, as if you continued to be actively employed. If paid leave is substituted for unpaid leave, the Company will deduct your portion of the health plan premium as a regular payroll deduction. If your leave is unpaid, you must pay your portion of the premium during the leave. Your group health care coverage may cease if you fail to make timely payments of your share of the premiums. If you do not return to work at the end of the leave period, you may be required to reimburse the Company for the cost of the premiums paid by the Company for maintaining coverage during your unpaid leave, unless you cannot return to work because of the continuance, onset or recurrence of domestic or sexual violence, or other circumstances beyond your control. If that is the case, you will be required to produce written certification to confirm the circumstances beyond your control.

Vacation, sick time, or other benefits will not accrue while on unpaid VESSA leave. You will remain entitled to all of your benefits which accrued prior to your leave, however.

**Intermittent And Reduced Schedule Leave.** VESSA leave may be taken intermittently (in separate blocks of time) or on a reduced leave schedule (reducing the usual number of hours you work per workweek or workday). If leave is unpaid, the Company will reduce your salary based on the amount of time actually worked.

**Other Applicable Leaves.** VESSA leave will run concurrently with any other applicable leave. For instance, leave taken under VESSA which also qualifies under the Family and Medical Leave Act ("FMLA"), will be simultaneously designated as both VESSA and FMLA leave. Likewise, absences for which an employee receives sick time or short-term disability benefits for a purpose covered under VESSA will be designated as VESSA leave.

**Returning From Leave.** If you wish to return to work at the expiration of your leave, you are entitled to return to your same position or to an equivalent position with equal pay, benefits and other terms and conditions of employment, subject to any applicable exceptions. However, you have no greater right to reinstatement or other benefits and conditions of employment than if you had not taken leave. You must return to work immediately after the expiration of your approved VESSA leave in order to be reinstated to your position or an equivalent position.

If you take leave because of your own medical or psychological condition, you are required to provide medical certification that you are fit to resume work, according to the Company's usual policies.

**Reasonable Accommodation In The Workplace.** The Company will consider making reasonable accommodations to an employee or job applicant for a known limitation resulting from domestic or sexual violence, unless the accommodation would cause the Company an undue hardship. If you are an otherwise qualified individual who can perform the essential functions of your job, but need such an accommodation, the Company may provide an adjustment to the job structure, workplace facility, work requirements, or your telephone number, seating assignment, or physical security of your work area in response to a need covered by VESSA. The Company will also consider a request for transfer, reassignment, or modified schedule if needed due to a known limitation caused by an act or threat of domestic or sexual violence. Other safety measures may also be appropriate. Any employee covered by VESSA may make a request for leave or for a reasonable accommodation to the Human Resources Department or a Department Head.

**Confidentiality.** The Company will maintain your written certifications and other documentation regarding any requests for VESSA leave in a confidential file. The Company will not disclose the nature of your leave other than to those specific persons who need to know in order to ensure you receive your VESSA rights.

**No Retaliation.** The Company strictly forbids any of its employees, managers or other representatives from discriminating, retaliating, or otherwise treating an employee unfavorably for requesting or taking VESSA leave or exercising any other rights under VESSA. If you feel you have been denied your VESSA rights or if you feel you have been treated unfavorably for having exercised any VESSA rights, you should immediately report such action to the Human Resources Department or a Department Head. The Company will investigate your concerns and take corrective action if it determines that someone has violated the Company's VESSA policy.

**VIII.IX. CHAPTER 9 - RETIREMENT, RESIGNATION, REDUCTION-IN-FORCE- & RE-EMPLOYMENT**

**A. RETIREMENT**

1. An employee wishing to retire shall give a written notice at least ninety (90) days prior to the effective retirement date.
2. Any regular full-time Village employee (unless specifically excluded) is entitled to a plan, which provides for a pension upon retirement. Specific details concerning pension eligibility benefits and regulations should be obtained from Human Resources or the specific pension board. Depending on the employee's affiliation with a particular department and job responsibility, the Village participates in and pays a varying portion toward the employee's retirement and disability programs as follows:
  - a) Firefighters, including Battalion Chief, Lieutenants, Deputy Chief and Fire Chief participate in and the Village contributes a portion to the Firemen's Pension Fund.
  - b) Commissioned police officers participate in and the Village contributes a portion to the Police Pension Fund.
  - c) All other Village employees participate in and the Village contributes a portion to a combination of Social Security and/or the Illinois Municipal Retirement Fund (IMRF).
3. Any regular full-time employee eligible hired before November 1, 2008 ~~and~~ who is immediately eligible ~~and begins collecting to receive~~ retirement benefits from the applicable pension fund shall be awarded retirement pay from the Village based upon the following schedule:
  - a) 10-14 years of service - 4 weeks pay
  - b) 15-19 years of service - 7 weeks pay
  - c) 20 or more years of service - 9 weeks pay

No regular employee shall be entitled to the benefit provided for by this section more than once, even if after receiving said benefit they were reemployed by the Village in a position other than the position they held when they received the benefit.

If an employee is hired after November 1, 2008 and promoted from the Fire and Police bargaining unit to a non-bargaining unit position, he/she will not be eligible to receive the retirement severance pay.

If an employee accepts a voluntary incentive payment, he/she will not be eligible to receive the retirement severance pay outlined in the above schedule when he/she leaves Village employment.

Any regular employee hired after November 1, 2008, will not be eligible to receive this benefit.

4. Any employee terminated by reason of disciplinary action shall not be eligible for retirement pay.
5. Any unused earned vacation time may be converted into a cash payment or used as vacation prior to retirement.
6. Any regular full-time employee (except firefighters below the rank of Chief, including Lieutenant and Battalion Chief) who retires after twenty (20) years of continuous service shall receive payment for any sick time in excess of 100 days at the rate of one quarter day per day of sick leave balance.
7. Shift Battalion Chief or Fire Lieutenant and Battalion Chief who has chosen to continue to accrue sick leave until retirement and retires after twenty (20) years of continuous service shall receive payment for any sick time in excess of 49 days at the rate of one quarter day per day of sick leave balance.

## **B. RESIGNATION**

1. Any employee wishing to leave Village service in good standing should file with the Department Head a written resignation stating the reason(s) for leaving and giving at least ten (10) working days notice. The Department Head may consent to the employee leaving sooner.
2. A copy of the letter of resignation must be forwarded to Human Resources within one (1) working day of receipt.
3. Any employee who terminated Village service (other than by retirement) in good standing and not under threat of dismissal shall be entitled to the following cash payment:
  - a) Any unused earned vacation time.
  - b) Any contributions toward a pension plan unless contrary to specific pension regulations. Prior to any payments being made, Human Resources will ~~insure~~ensure that all Village-owned property has been returned or appropriate remuneration collected.

## **C. REDUCTION IN FORCE**

1. Whenever it becomes necessary, through change in duties, reorganization, lack of work, or lack of funds, to reduce the number of employees in any given class, the Department Head concerned will provide the Village Manager with a list of those employees to be laid off. The required number of employees shall be laid off based upon an evaluation of their relative skill levels, ability and work performance.

2. Employees laid off due to reduction in force will be given preference in filling positions which subsequently open within one year of the date of layoff, and for which the employee is qualified. Affected employees will, when reasonably feasible as determined by the Village, be given at least thirty (30) days notice of an impending reduction in force.

**D. EXIT INTERVIEW**

1. Any time an employee terminates employment with the Village, whether by resignation, retirement or otherwise, the employee's Department Head must schedule an exit interview between the employee and Human Resources.
2. Exit interviews are entirely voluntary on the part of the employee and in no way affects monies or benefits due to the employee by virtue of separation.
3. The exit interview is designed to solicit information from the employee concerning matters directly associated with Village employment, such as: job satisfaction, working conditions, supervision, training, compensation, work safety procedures, and general suggestions as to how to improve the overall delivery of service. See **Exhibit 1516**.

**E. RE-EMPLOYMENT**

1. Any employee terminated for performance reasons or misconduct or any employee who resigns without giving ten (10) working days notice shall not be eligible for re-employment.
2. Any employee who is re-employed by the Village shall not be entitled to any previously earned benefits or seniority.

**Exhibit 1**

## Workplace Incident Report



Name of Village Department: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Day of Week of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Your name: \_\_\_\_\_ Job Position: \_\_\_\_\_

Work Address: \_\_\_\_\_ Department/Division: \_\_\_\_\_

Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

What were you doing at the time of the incident?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Offender(s)

Name(s): \_\_\_\_\_

Address(es): \_\_\_\_\_

Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_

Relationship between employee and offender (if any):

Co-worker: \_\_\_\_\_ Patient: \_\_\_\_\_ Client: \_\_\_\_\_ Member of Public: \_\_\_\_\_

Other (specify): \_\_\_\_\_

Other details (e.g. use of drugs or alcohol, possession of a weapon):

\_\_\_\_\_  
\_\_\_\_\_

Apparent Motive:

\_\_\_\_\_  
\_\_\_\_\_

**Witness(es)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

---

**Details of the Incident**

Type of Incident: (physical injury, verbal abuse, threatening behavior, verbal threat, written threat, damage to personal/other property)

\_\_\_\_\_  
\_\_\_\_\_

Location of Incident: (attach a sketch if possible)

\_\_\_\_\_  
\_\_\_\_\_

Outcome: (assailant apprehended, police called, fatal injury, medical assistance required, first aid treatment required, time lost, emotional shock of distress, legal action initiated)

\_\_\_\_\_  
\_\_\_\_\_



Other Relevant Information: (ex. Has this incident occurred before? How many times?)

---

Possible Contributing Factors:

---

Relevant Events Which Preceded the Incident:

---

Suggested Preventive or Corrective Actions:

---

Every attempt will be made to maintain confidentiality of this information, however, some circumstances may require communication of information to Village employees to prevent future incidents or to take precautionary measures related to this information.

**Exhibit 2**

## VILLAGE IDENTIFICATION CARD



**NEW EMPLOYEE ORIENTATION**

**Exhibit 3**

**CHECKLIST**

Employee Name(Print)\_\_\_\_\_

Department/Division \_\_\_\_\_ Job Title/Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Date of Employment\_\_\_\_\_

The following items are to be discussed with the new employee upon his/her successful completion of the post-offer physical examination:

**Required Forms and Personal Papers**

\_\_\_ Application for Employment

\_\_\_ Signed Offer Letter

\_\_\_ I-9 Employment Eligibility Verification

\_\_\_ Social Security Card

\_\_\_ Educational Diplomas

\_\_\_ Birth Certificate or Passport

\_\_\_ Work Permit (Non U.S Citizen)

- DD214 Separation from Service       Other
- Drivers License
- W-4 Form Federal
- W-4 Form State

**Introduction to the Organization: Policies and Culture**

- History and General Information about the Village of Lombard
- Human Resource Manual
- Other Village of Lombard Policies and Procedures
  - Anti-harassment policies
  - Drug-Free Workplace Policy
  - Workplace Violence Policy
  - Loss Prevention Manual
  - Technology Policies Manual
  - Introductory Period (probationary period)
  - Union Contract (if applicable)

**Personnel Checklist**

**Payroll/Human Resources System Sign-up Information (HTE)**

- New Hire Form
- Emergency Contact Information Form
- Beneficiary Designation Form
- Company ID Card and Picture

**Benefit Information /Packets**

- Health Insurance Coverage and Enrollment
  - Blue Cross/Blue Shield PPO Option-pre-existing coverage limitations
  - ~~Blue Cross/Blue Shield HMO Illinois Option~~
  - Blue Cross/Blue Shield ~~Blue Advantage~~-HMO Option
- Life Insurance Coverage and Enrollment (Village of Lombard provided amount)
- Additional Life Insurance (IMRF/N~~C~~PERSationwide)

- Dental Insurance Coverage and Enrollment
- Flexible Spending Plan
  - Health Care
  - Dependent Care
  - Premium
- Pension Plan (I.M.R.F., [Fire or Police](#))
- Deferred 457 Plan
  - I.C.M.A. (Deferred Compensation)
  - Nationwide (Deferred Compensation)

[ROTH IRA – ICMA-RC](#)

- RHS Plan (Group Participation)
- Tuition Reimbursement
- Vacation Leave
- Sick Leave
- Personal Days
- Holidays
- Crisis/Funeral/Bereavement Time
- Family Medical Leave Act (FMLA)/ Personal Leaves

**Personnel Checklist**

**Village of Lombard Records**

- Personnel file
- Changes in personal information

**Services Available to Village Employees**

- Direct Deposit
- DuPage Credit Union (packet available)
- Employee Assistance Program (brochure)
- Wellness Program

**Authorization for Village of Lombard Property/Procurement (if applicable)**

- Business Cards
- Cellular Telephone
- Credit Card Access
- Computer Access (AS400 and HTE) Supervisor completes form based on position need.
- Keys (VH & PW)
- Name Plaque
- ~~Pager Access~~
- Security Alarm Access (VH & PW)
- Telephone Access/Voice Mail Access
- Uniforms/Clothing

### Compensation

- Application for Time Off
- Payment of Salary – when and how
- Pay Periods
- Payment of Overtime & Overtime Reporting
- Salary Increases (Personnel Record Changes)
- Timesheet Procedures

### General

- Hours of Work
- Lunch Period
- Breaks
- Performance Evaluation System
- Deductions (Union dues, United Way, etc.)
- C.O.B.R.A.
- HIPAA
- IDES Report of New Hire
- Services Available at the Front Desk:
  - Personal Check Cashing up to \$25
  - Books of Postage Stamps
  - Refuse/Yard Waste Stickers
  - Dog Tags
  - Pay Water Bills
  - Voter Registration

**Village Rules**

- \_\_\_ Proper method of answering the telephone and voice mail messages
- \_\_\_ Personal calls
- \_\_\_ Smoking, eating at work station, etc.
- \_\_\_ Personal appearance and dress
- \_\_\_ Reporting absences
- \_\_\_ Entrance to facilities during off hours

**Safety and Health**

- \_\_\_ Importance of safety on the job
- \_\_\_ Reporting safety hazards
- \_\_\_ Reporting On-the-Job injuries/illnesses
- \_\_\_ Safety - Village Vehicle Orientation for all employees.
- \_\_\_ Departmental Training
- \_\_\_ Fire Evacuation from Village Buildings
- \_\_\_ Tornado Sheltering

**General Tour of Facilities**

- \_\_\_ Introduction to all employees
- \_\_\_ Introduction to Village Manager, Department Heads, and HR Staff
- \_\_\_ Location of lunchroom
- \_\_\_ Local eating places

**Orientation Completed by**

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

HR Signature \_\_\_\_\_ Date \_\_\_\_\_

My signature above indicates that the items checked have been covered with me during my new employee orientation.

If taking PPO/Indemnity health plan, ask for certificate of insurance from prior group insurance plan. (This should be submitted to Blue Cross/Blue Shield to alter their pre-existing clause)

---

(Employee Signature)

(Date)

NewHireChecklist

Revised ~~11/14/05~~9/20/11

**NEW EMPLOYEE ORIENTATION  
SUPERVISOR'S CHECKLIST**

Employee Name(Print) \_\_\_\_\_

Department/Division \_\_\_\_\_ Job Title/Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

The following items are to be discussed with the new employee:

**Introduction to the Village of Lombard**

- \_\_\_ Welcome the New Employee
- \_\_\_ Tour the department (Point out restrooms, exits, eating areas, drinking fountains, parking area and public telephones)
- \_\_\_ Introduce to co-workers
- \_\_\_ Introduce to training instructor
- \_\_\_ Show work area
- \_\_\_ Show the new employee what he/she will be doing, possibly observe a co-worker
- \_\_\_ Tour the Village Facilities
- \_\_\_ Locker designation
- \_\_\_ Bulletin boards and posting of information
- ~~\_\_\_ [Make an appointment with the Fleet Maintenance Supervisor for safe driving training](#)~~

**Policies and Procedures**

- \_\_\_ Departmental rules and regulations
- \_\_\_ Hours of Work and Overtime Policy
- \_\_\_ Rest Periods – Lunch Period
- \_\_\_ Attendance and Punctuality Policy
- \_\_\_ Departmental safety rules and good housekeeping rules
- \_\_\_ Reporting of Injuries
- \_\_\_ First Aid

**Job Requirements**

- \_\_\_ Review job description and discuss in detail what the employee will be doing and what is expected of him/her
- \_\_\_ Type of on-the-job training to be expected
- \_\_\_ Tools needed
- \_\_\_ Clothing required – Clothing Allowance –Where to purchase clothing
- \_\_\_ Discuss the performance evaluation form and objectives the new employee may be assigned. Give the employee a copy of the form with the objectives and required responsibilities assigned to him/her.
- \_\_\_ Answer any questions



**Supervisor's Checklist**

The following items should be discussed and issued only if the particular position being filled requires them:

- Building keys
- Security Code (This code is available from the Operations Superintendent and must be issued if building keys are issued.)
- ~~Pager~~
- Cell Phone
- Password/Code from Central Garage for gas pump

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Supervisor Signature)

\_\_\_\_\_  
(Date)

Return completed and signed form to the Human Resources Department

Word/Checklists/New employee-Supervisor

Revised ~~11/17/05~~9/21/11

VILLAGE OF LOMBARD

CHARITABLE COMMUNITY SERVICE FORM

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Charitable Organization Name: \_\_\_\_\_

Community Service Request Date: \_\_\_\_\_

Charitable Hour Amount \_\_\_\_\_

Approval: \_\_\_\_\_  
Department Head Signature Date

\_\_\_\_\_ Date  
Charitable Organization Director

**TUITION REIMBURSEMENT PROGRAM**

**DEPARTMENT** \_\_\_\_\_ **ACCOUNT CODE** \_\_\_\_\_

**EMPLOYEE (print)** \_\_\_\_\_

<b>Course Title and School</b>	<b>Course Cost</b>	<b>Start Date – Completion Date</b>	<b>Amount Reimbursed</b>

**CERTIFICATION OF EMPLOYEE:**

I certify: (1) that education funds are not available to me through other sources, excluding V.A. Subsistence Benefits, which will duplicate the reimbursement offered by the Village; (2) that should I receive duplicated funds other than V.A. Subsistence Benefits, I will repay the Village the entire amount of the duplicated aid; and (3) that I have read and fully understand Chapter 5, Section M, of the Human Resource Manual and hereby agree to abide by all conditions contained therein.

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DEPARTMENT HEAD JUSTIFICATION:**

**REQUIRED SIGNATURES FOR APPROVAL:**

**DEPARTMENT HEAD:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**VILLAGE MANAGER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**HUMAN RESOURCES:** \_\_\_\_\_ **DATE** \_\_\_\_\_

FINANCE:

DATE

~~Rev10/01~~REV 9/11

**Exhibit 7**

**REQUEST FOR EDUCATIONAL INCENTIVE PAY**

DATE: \_\_\_\_\_

TO: Human Resource Department

FROM: \_\_\_\_\_  
(Print Name)

THROUGH: Police Chief/Fire Chief

SUBJECT: Request for Educational Incentive Pay

I hereby submit the attached certified transcript(s) as proof of my attending \_\_\_\_\_ (semester, trimester, quarter) hours of approved college courses and request that the additional pay, commensurate with those hours, be processed.

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

Fire/Police Chief Signature: \_\_\_\_\_

Amount Due: \_\_\_\_\_

**Exhibit 8**

**Village of Lombard**  
**Request For Outside Employment**

In accordance with the Human Resources Manual and other applicable departmental requirements, I am requesting to engage in part-time employment with the business whose identifying information is provided below.

I agree that I will not exceed twenty (20) hours of part-time employment per week if I'm full-time and forty (40) hours per week if I work part-time. And, I fully understand that any violation will result in the immediate loss of permission for part-time employment and possible disciplinary action.

Employee Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

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

Part-time Employer's Business Name \_\_\_\_\_

Street \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_

Nature of  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Schedule \_\_\_\_\_

**Authorization:**

This request is approved / denied (circle one)

Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

Please forward a copy of this form to the Human Resources Office for the employee file.

**Exhibit 9**

**VILLAGE OF LOMBARD  
Application For Leave**

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

Name: \_\_\_\_\_

Job Classification: \_\_\_\_\_

Department: \_\_\_\_\_

Division: \_\_\_\_\_

Dates of Requested Leave: \_\_\_\_\_

(Do not include Village holidays or regular days off)

Total Hours Requested: \_\_\_\_\_

Reason for Leave:

- VACATION                       SICK LEAVE\*
- PERSONAL LEAVE               CRISIS DAY\*
- KELLY DAY                       OTHER\*
- COMP TIME                       JURY DUTY
- FLOATING HOLIDAY               DUTY INJURY

\*Please explain: \_\_\_\_\_

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Verified – Human Resources)

\_\_\_\_\_  
(Approved – Supervisor)

\_\_\_\_\_  
(Department Head or Designee)

(If requested time is available)

The entering of false data on this application constitutes grounds for dismissal from Village employment.  
Rev5/96

Page 1 of 2

**POLICE  
GRIEVANCE**

**Exhibit 10A**

(use additional sheets where necessary)

Department: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Grievant's Name: \_\_\_\_\_

Last

First

M.I.

**STEP ONE**

Date of incident or date knew of facts giving rise to grievance: \_\_\_\_\_

Article(s) and Sections(s) of contract violated: \_\_\_\_\_

Briefly state the facts \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remedy sought: \_\_\_\_\_

\_\_\_\_\_

Given to: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Grievant's Signature

FOP Representative Signature

**EMPLOYER'S STEP ONE RESPONSE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer Representative Signature

Position

Person to Whom Response Given

Date

**STEP TWO**

Reasons for advancing grievance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Given to: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Grievant's Signature

FOP Representative Signature

LODGE NO. / YEAR / GRIEVANCE #

**EMPLOYER'S STEP TWO RESPONSE**

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\_\_\_\_\_  
Employer Representative Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Person to Whom Response Given

\_\_\_\_\_  
Date

**Page 2 of 2**

**STEP THREE**

Reasons for advancing grievance:

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Given to: \_\_\_\_\_ Date/Time: \_\_\_\_\_

\_\_\_\_\_  
Grievant's Signature

\_\_\_\_\_  
FOP Representative Signature

**EMPLOYER'S STEP THREE RESPONSE**

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\_\_\_\_\_  
Employer Representative Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Person to Whom Response Given

\_\_\_\_\_  
Date

**STEP FOUR**

Reasons for advancing Grievance: \_\_\_\_\_

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Given to: \_\_\_\_\_ Date/Time: \_\_\_\_\_

\_\_\_\_\_  
Grievant's Signature

\_\_\_\_\_  
FOP Representative Signature

**EMPLOYER'S STEP FOUR RESPONSE**

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\_\_\_\_\_  
Employer Representative Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Person to Whom Response Given

\_\_\_\_\_  
Date

**REFERRAL TO ARBITRATION by Illinois FOP Labor Council**



Person to Whom Response Given	Date
FOP Labor Council Representative	

Exhibit 10B

**PUBLIC WORKS  
VILLAGE OF LOMBARD**

**CONTRACT GRIEVANCE**

Employee Name: \_\_\_\_\_

Job Classification: \_\_\_\_\_

Date Filed: \_\_\_\_\_

**Step 1** (Date grievance presented orally to immediate supervisor)

Statement of grievance (include facts of the complaint, section of the Agreement violated and relief requested):

Union Representative: \_\_\_\_\_ Employee: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**Step 2** (To be submitted within 5 working days after Step 1 was given or was due.)

Date received by Operations Superintendent or Village Engineer:

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Answer (To be submitted within 10 working days of receipt):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted by Union       Rejected by Union (state reason)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Page 2

**Public Works**

**Step 3:** (To be submitted within 5 working days after Step 2 answer was given or was due.)

Date received by Public Works Director: \_\_\_\_\_ Initials: \_\_\_\_\_

Answer (To be given within 10 working days of receipt):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted by Union       Rejected by Union (state reason)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Step 4** (To be submitted within 5 working days after Step 3 answer was given or was due.):

Date received by Village Manager’s Office \_\_\_\_\_ Initials: \_\_\_\_\_

Answer (To be given within 15 calendar days after meeting):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted by Union       Rejected by Union (state reason)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Step 5** (To be submitted within 15 calendar days after Step 4 answer was given or was due.):

As an official Union Representative for the above named employee(s) of the Union I am hereby appealing the grievance stated herein to Step 5.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE; IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH ON SEPARATE SHEETS(S).

**Exhibit 10C**

**LOMBARD FIRE DEPARTMENT  
GRIEVANCE FORM**

An employee covered by this Agreement and/or the Union Steward desiring to present a grievance under the contractual procedure (Article IX) must present this completed form to the employee's shift lieutenant within ten (10) calendar days of its occurrence or within ten (10) calendar days of when the employee or the Union Steward knew or should have reasonably known of the occurrence, for the grievance to be considered.

STEP ONE

A. Date grievance occurred: \_\_\_\_\_

Date presented orally/written to supervisor(s): \_\_\_\_\_

B. Name(s) of employee(s) involved:

\_\_\_\_\_  
\_\_\_\_\_

C. Sections(s) of Agreement violated:

\_\_\_\_\_  
\_\_\_\_\_

D. Facts supporting claim of violation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Specific relief requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. \_\_\_\_\_  
Supervisor's Signature Date

G. Supervisor's answer: Accepted: \_\_\_\_\_ Rejected: \_\_\_\_\_

State Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. \_\_\_\_\_

Supervisor's Signature

Date

**LOMBARD FIRE DEPARTMENT**

**GRIEVANCE FORM**

**STEP II**

A. Date grievance received at Step II: \_\_\_\_\_  
(Must be presented within seven (7) days of when Step I answer given or was due.)

B. Date Deputy Chief meets with the employee and/or the Union Steward: \_\_\_\_\_  
\_\_\_\_\_ (Must be done within seven (7) calendar days of receipt of Step II.)

C. Attach Step I Correspondence.

D. Deputy Chief's answer at Step II: (Must be given within seven (7) calendar days of date of meeting above.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

F. Answer Accepted: \_\_\_\_\_ Answer Rejected: \_\_\_\_\_

State Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Employee/Union)

**LOMBARD FIRE DEPARTMENT**  
**GRIEVANCE FORM**  
**STEP III**

- A. Date grievance received at Step III: \_\_\_\_\_  
(Must be presented within seven (7) days of when Step II answer was given or was due.)
- B. Date Fire Chief or his designee meets with the employee and/or the Union Representative at Step III: \_\_\_\_\_. (Must be done within seven (7) calendar days of receipt of Step III.)
- C. Attach correspondence from previous steps.
- D. Fire Chief or his designee's answer at Step III: (Must be given within seven (7) calendar days of meeting above.)

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E. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

F. Answer accepted: \_\_\_\_\_ Answer Rejected: \_\_\_\_\_

State Reason: \_\_\_\_\_

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G. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LOMBARD FIRE DEPARTMENT  
GRIEVANCE FORM  
STEP IV**

A. Date grievance received at Step IV: \_\_\_\_\_

B. Date Village Manager or his designee meets with the employee and the Union Representative at Step IV: \_\_\_\_\_  
(Must be done within seven (7) calendar days of receipt of Step IV.)

C. Attach correspondence from previous steps.

D. Village Manager or his designee's answer at Step IV: (Must be given within fourteen (14) calendar days of date of meeting above.)

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E Signature: \_\_\_\_\_ Date: \_\_\_\_\_

F. Answer Accepted: \_\_\_\_\_ Answer Rejected: \_\_\_\_\_

State Reason: \_\_\_\_\_

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G. Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Employee/Union)

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

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



OMB Control Number: 1215-0181 Expires: 12/31/2011

SECTION I: For Completion by the EMPLOYER

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

Employer name and contact: \_\_\_\_\_

Employee's job title: \_\_\_\_\_ Regular work schedule: \_\_\_\_\_

Employee's essential job functions: \_\_\_\_\_

Check if job description is attached: \_\_\_\_\_

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 20 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name: \_\_\_\_\_  
First Middle Last

SECTION III: For Completion by the HEALTH CARE PROVIDER

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

Provider's name and business address: \_\_\_\_\_

Type of practice / Medical specialty: \_\_\_\_\_

Telephone: ( ) Fax: ( )



**PART A: MEDICAL FACTS**

1. Approximate date condition commenced: \_\_\_\_\_

Probable duration of condition: \_\_\_\_\_

**Mark below as applicable:**

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?  
\_\_\_ No \_\_\_ Yes. If so, dates of admission:

\_\_\_\_\_

Date(s) you treated the patient for condition:

\_\_\_\_\_

Will the patient need to have treatment visits at least twice per year due to the condition? \_\_\_ No \_\_\_ Yes.

Was medication, other than over-the-counter medication, prescribed? \_\_\_ No \_\_\_ Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?  
\_\_\_ No \_\_\_ Yes. If so, state the nature of such treatments and expected duration of treatment:

\_\_\_\_\_

2. Is the medical condition pregnancy? \_\_\_ No \_\_\_ Yes. If so, expected delivery date: \_\_\_\_\_

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART B: AMOUNT OF LEAVE NEEDED**

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery?  No  Yes.

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

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition?  No  Yes.

If so, are the treatments or the reduced number of hours of work medically necessary?  
 No  Yes.

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

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

\_\_\_\_\_ hour(s) per day; \_\_\_\_\_ days per week from \_\_\_\_\_ through \_\_\_\_\_

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions?  No  Yes.

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

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

Frequency: \_\_\_\_\_ times per \_\_\_\_\_ week(s) \_\_\_\_\_ month(s)

Duration: \_\_\_\_\_ hours or \_\_\_\_\_ day(s) per episode

**ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.**

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**Signature of Health Care Provider**

**Date**

**PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**

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



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

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



OMB Control Number: 1215-0181  
Expires: 12/31/2011

**SECTION I: For Completion by the EMPLOYER**

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

Employer name and contact: \_\_\_\_\_

**SECTION II: For Completion by the EMPLOYEE**

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

Your name: \_\_\_\_\_  
First Middle Last

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

Relationship of family member to you: \_\_\_\_\_

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

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

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

**SECTION III: For Completion by the HEALTH CARE PROVIDER**

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

Provider's name and business address: \_\_\_\_\_

Type of practice / Medical specialty: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

**PART A: MEDICAL FACTS**

1. Approximate date condition commenced: \_\_\_\_\_

Probable duration of condition: \_\_\_\_\_

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?  
\_\_\_ No \_\_\_ Yes. If so, dates of admission: \_\_\_\_\_

Date(s) you treated the patient for condition: \_\_\_\_\_

Was medication, other than over-the-counter medication, prescribed? \_\_\_ No \_\_\_ Yes.

Will the patient need to have treatment visits at least twice per year due to the condition? \_\_\_ No \_\_\_ Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?  
\_\_\_ No \_\_\_ Yes. If so, state the nature of such treatments and expected duration of treatment:

\_\_\_\_\_  
\_\_\_\_\_

2. Is the medical condition pregnancy? \_\_\_ No \_\_\_ Yes. If so, expected delivery date: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

4. Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery?  No  Yes.

Estimate the beginning and ending dates for the period of incapacity: \_\_\_\_\_

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

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

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5. Will the patient require follow-up treatments, including any time for recovery?  No  Yes.

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

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

---

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

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

\_\_\_\_\_ hour(s) per day; \_\_\_\_\_ days per week from \_\_\_\_\_ through \_\_\_\_\_

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

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

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



OMB Control Number: 1215-01 Expires: 12/31/2011

SECTION I: For Completion by the EMPLOYER

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

Employer name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

SECTION II: For Completion by the EMPLOYEE

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

Your Name: \_\_\_\_\_
First Middle Last

Name of covered military member on active duty or call to active duty status in support of a contingency operation
First Middle Last

Relationship of covered military member to you: \_\_\_\_\_

Period of covered military member's active duty: \_\_\_\_\_

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a covered military member's active duty or call to active duty status in support of a contingency operation. Please check one of the following:

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



**PART A: QUALIFYING REASON FOR LEAVE**

1. Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason you are requesting leave):  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_
2. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming an appointment with a counselor or school official, or a copy of a bill for services for the handling of legal or financial affairs. Available written documentation supporting this request for leave is attached.  Yes  No  None Available

**PART B: AMOUNT OF LEAVE NEEDED**

1. Approximate date exigency commenced: \_\_\_\_\_  
Probable duration of exigency: \_\_\_\_\_
  2. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency?  No  Yes.  
If so, estimate the beginning and ending dates for the period of absence:  
  
\_\_\_\_\_
  3. Will you need to be absent from work periodically to address this qualifying exigency?  No  Yes.  
Estimate schedule of leave, including the dates of any scheduled meetings or appointments:  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_
- Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (i.e., 1 deployment-related meeting every month lasting 4 hours):
- Frequency: \_\_\_\_\_ times per \_\_\_\_\_ week(s) \_\_\_\_\_ month(s)
- Duration: \_\_\_\_\_ hours \_\_\_\_\_ day(s) per event.

**PART C:**

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

Name of Individual: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Describe nature of meeting: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART D:**

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

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

\_\_\_\_\_  
Date

**PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**

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

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

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



OMB Control Number: 1215-0 Expires: 12/31/2011

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

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

SECTION II: For Completion by a UNITED STATES DEPARTMENT OF DEFENSE ("DOD") HEALTH CARE PROVIDER or a HEALTH CARE PROVIDER who is either: (1) a United States Department of Veterans Affairs ("VA") health care provider; (2) a DOD TRICARE network authorized private health care provider; or (3) a DOD non-network TRICARE authorized private health care provider INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed on Page 2 has requested leave under the FMLA to care for a family member who is a member of the Regular Armed Forces, the National Guard, or the Reserves who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness. For purposes of FMLA leave, a serious injury or illness is one that was incurred in the line of duty on active duty that may render the servicemember medically unable to perform the duties of his or her office, grade, rank, or rating.

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

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

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



**SECTION I: For Completion by the EMPLOYEE and/or the COVERED SERVICEMEMBER for whom the Employee Is Requesting Leave:** (This section must be completed first before any of the below sections can be completed by a health care provider.)

**Part A: EMPLOYEE INFORMATION**

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

---

Name of Employee Requesting Leave to Care for Covered Servicemember:

\_\_\_\_\_  
First Middle Last

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

\_\_\_\_\_  
First Middle Last

Relationship of Employee to Covered Servicemember Requesting Leave to Care:

Spouse  Parent  Son  Daughter  Next of Kin

**Part B: COVERED SERVICEMEMBER INFORMATION**

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

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

---

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

---

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

**Part C: CARE TO BE PROVIDED TO THE COVERED SERVICEMEMBER**

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

---

**SECTION II: For Completion by a United States Department of Defense (“DOD”) Health Care Provider or a Health Care Provider who is either: (1) a United States Department of Veterans Affairs (“VA”) health care provider; (2) a DOD TRICARE network authorized private health care provider; or (3) a DOD non-network TRICARE authorized private health care provider. If you are unable to make certain of the military-related determinations contained below in Part B, you are permitted to rely upon determinations from an authorized DOD representative (such as a DOD recovery care coordinator). (Please ensure that Section I above has been completed before completing this section.) Please be sure to sign the form on the last page.**

**Part A: HEALTH CARE PROVIDER INFORMATION**

Health Care Provider’s Name and Business Address:

\_\_\_\_\_

Type of Practice/Medical Specialty: \_\_\_\_\_

Please state whether you are either: (1) a DOD health care provider; (2) a VA health care provider; (3) a DOD TRICARE network authorized private health care provider; or (4) a DOD non-network TRICARE authorized private health care provider: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**PART B: MEDICAL STATUS**

(1) Covered Servicemember’s medical condition is classified as (Check One of the Appropriate Boxes):

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

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

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

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

(2) Was the condition for which the Covered Service member is being treated incurred in line of duty on active duty in the armed forces?  Yes  No

(3) Approximate date condition commenced: \_\_\_\_\_

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

(5) Is the covered servicemember undergoing medical treatment, recuperation, or therapy?  Yes  No. If yes, please describe medical treatment, recuperation or therapy:

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

- (1) Will the covered servicemember need care for a single continuous period of time, including any time for treatment and recovery?  Yes  No  
If yes, estimate the beginning and ending dates for this period of time: \_\_\_\_\_
- (2) Will the covered servicemember require periodic follow-up treatment appointments?  
 Yes  No If yes, estimate the treatment schedule: \_\_\_\_\_
- (3) Is there a medical necessity for the covered servicemember to have periodic care for these follow-up treatment appointments?  Yes  No
- (4) Is there a medical necessity for the covered servicemember to have periodic care for other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of medical condition)?  Yes  No If yes, please estimate the frequency and duration of the periodic care:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**

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

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



OMB Control Number: 1218-0046  
Expires: 12/31/2011

In general, to be eligible an employee must have worked for an employer for at least 12 months, have worked at least 1,250 hours in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. While use of this form by employers is optional, the fully completed Form WH-381 provides employees with the information required by 29 C.F.R. § 825.300(b), which must be provided to the employee five business days of the employee notifying the employer of the need for FMLA leave. Part B provides employees with information regarding their rights and responsibilities for taking FMLA leave, as required by 29 C.F.R. § 825.300(b), (c).

### [Part A – NOTICE OF ELIGIBILITY]

TO: \_\_\_\_\_  
Employee

FROM: \_\_\_\_\_  
Employer Representative

DATE: \_\_\_\_\_

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

- The birth of a child, or placement of a child with you for adoption or foster care;
- Your own serious health condition;
- Because you are needed to care for your \_\_\_\_\_ spouse; \_\_\_\_\_ child; \_\_\_\_\_ parent due to his/her serious health condition.
- Because of a qualifying exigency arising out of the fact that your \_\_\_\_\_ spouse; \_\_\_\_\_ son or daughter; \_\_\_\_\_ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- Because you are the \_\_\_\_\_ spouse; \_\_\_\_\_ son or daughter; \_\_\_\_\_ parent; \_\_\_\_\_ next of kin of a covered servicemember with a serious injury or illness.

This Notice is to inform you that you:

- Are eligible for FMLA leave (See Part B below for Rights and Responsibilities)
- Are **not** eligible for FMLA leave, because (only one reason need be checked, although you may not be eligible for other reasons):
  - You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you have worked approximately \_\_\_\_\_ months towards this requirement.
  - You have not met the FMLA's 1,250-hours-worked requirement.
  - You do not work and/or report to a site with 50 or more employees within 75-miles.

If you have any questions, contact \_\_\_\_\_ or view the FMLA poster located in \_\_\_\_\_

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

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

- Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request \_\_\_\_\_ is/ \_\_\_\_\_ is not enclosed.
- Sufficient documentation to establish the required relationship between you and your family member.
- Other information needed: \_\_\_\_\_

No additional information requested

|



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

- \_\_\_ Contact \_\_\_\_\_ at \_\_\_\_\_ to make arrangements to continue to make your of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day (or, in longer period, if applicable) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.
- \_\_\_ You will be required to use your available paid \_\_\_ sick, \_\_\_ vacation, and/or \_\_\_ other leave during your FMLA absence. \_\_\_ means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA entitlement.
- \_\_\_ Due to your status within the company, you are considered a "key employee" as defined in the FMLA. As a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to the operations of the employer. We \_\_\_ have/\_\_\_ have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us.
- \_\_\_ While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every \_\_\_\_\_. (Indicate interval of periodic reports, as appropriate for the particular leave situation).

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

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

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

\_\_\_ For a copy of conditions applicable to sick/vacation/other leave usage please refer to \_\_\_\_\_ available at: \_\_\_\_\_

\_\_\_ Applicable conditions for use of paid leave: \_\_\_\_\_

Once we obtain the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement. If you have any questions, please do not hesitate to contact:

\_\_\_\_\_ at \_\_\_\_\_.

**PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**

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

**Village of Lombard  
Approval for FMLA Leave**

To: \_\_\_\_\_

From: ~~Human Resources Division~~

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

Subject: Request for Family/Medical Leave  
\_\_\_\_\_  
\_\_\_\_\_

**On \_\_\_\_\_, we became aware of your need to take family/medical leave due to:**

~~\_\_\_\_\_ birth of a child, or the placement of a child with you for adoption  
\_\_\_\_\_ or foster care; or~~

~~\_\_\_\_\_ a serious health condition that makes you unable to perform the  
\_\_\_\_\_ essential functions of your job; or~~

~~\_\_\_\_\_ a serious health condition affecting your  
\_\_\_\_\_ spouse, \_\_\_\_\_ child, \_\_\_\_\_ parent  
\_\_\_\_\_ for which you are needed to provide care.~~

**FMLA Leave is to begin on \_\_\_\_\_ and is expected to continue until on or about  
\_\_\_\_\_ (if known).**

---

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

---

**This is to inform you that** *(check appropriate spaces):*

1. You are \_\_\_\_\_ eligible \_\_\_\_\_ not eligible for leave under the FMLA

2. ~~The requested leave \_\_\_\_\_ will \_\_\_\_\_ will not be counted against your annual FMLA leave entitlement.~~

8/2/02

FMLA\Approval Form.doc

Village of Lombard

FMLA Approval Form

Page 2 of 2

3. ~~You \_\_\_\_\_ will \_\_\_\_\_ will not be required to furnish medical certification of a serious health condition. If required, you must furnish certification by \_\_\_\_\_ (date must be at least 15 days after you are notified of this requirements), or the Village may deny the continuation of the leave.~~

4~~The Village of Lombard requires that employees use all accrued paid time (i.e., sick leave, vacation, personal days) during FMLA leave and before any unpaid hours, with the exception that an employee may choose to bank 40 vacation hours for later use. Any Human Resource policy limitations and restrictions on the usage of different types of leave continue to apply.~~

5~~If you normally pay a portion of the premiums for health insurance and other benefits, these payments will continue during the period of FMLA leave if you remain in pay status. You will receive information concerning continuation of insurance and benefit enrollments and premium payments from Human Resources, should you go on a non-pay status during FMLA. Failure to follow instructions provided may cause your health care and benefits coverage to be cancelled.~~

6. ~~You will be required to present a medical statement from your health care provider prior to being restored to employment, stating that you are fit to return to work. If such a statement is required but not received, your return to work may be delayed until the statement is provided.~~

**BY:** \_\_\_\_\_  
\_\_\_\_\_ **Human Resources Signature** \_\_\_\_\_ **Printed Name**

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

---

**Date given to employee:** \_\_\_\_\_

**By:** \_\_\_\_\_

Exhibit 14

**Village of Lombard**  
**Notice of Intention to Return from Leave**

Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date leave began: \_\_\_\_\_

Date of planned return: \_\_\_\_\_

I understand that my restoration to employment is subject to the following conditions:

1. As a condition of restoration, each employee must provide a written certification from his or her health care provider that the employee is able to resume working.
2. Every attempt will be made to restore an employee returning from leave to his or her original position. If the employee's original position is unavailable, the employee will be placed in an equivalent position with equivalent pay and benefits.
3. An employee returning from family and medical leave shall not be entitled to the accrual of any seniority or employment benefits during the period of leave.

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

---

I have examined \_\_\_\_\_ and can verify that she/he is fully  
\_\_\_\_\_ (employee name)  
able to resume working.

Health care provider's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Employee Exit Survey

**Exhibit**

**1516**

The purpose of this survey is to provide a means to evaluate areas of job satisfaction and dissatisfaction. This information will be helpful for the Village of Lombard to make continuous improvements. Please complete and return this form to Human Resources by \_\_\_\_\_. Thank you.

**Before you leave, we would like to find out about your experience with the Village of Lombard. Please answer the following questions by placing a circle around the appropriate number from 1 through 4 at the end of each statement or question in the space provided. Also, please take a few minutes to answer the questions requesting comments.**

Name: \_\_\_\_\_ Location \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Exit Date: \_\_\_\_\_ Latest Position Title: \_\_\_\_\_

Length of Service with Lombard: \_\_\_\_\_ Length of Time in Latest Position: \_\_\_\_\_

Reasons for Leaving and Relative Importance: (Check any reasons that apply and the relative importance of that reason in affecting your decision.)

Pay _____%	Supervision: _____%		
Opportunity for Advancement _____%	Fellow Employees _____%		
Different Opportunity _____%	Working Conditions _____%		
Relocation _____%	Other (describe): _____%		
Retirement _____%	_____		
To Continue Education _____%	_____		

Poor	Fair	Good	Excellent
------	------	------	-----------

1. The following questions concern working conditions:
  - The orientation I received in my first months at the Village was..... 1    2    3    4
  - The on-the job training I received in my department was..... 1    2    3    4
  - Workload distribution in my department was..... 1    2    3    4
  - The cooperation in my department was..... 1    2    3    4
  - The cooperation with other departments was ..... 1    2    3    4
  - I felt my chances for advancement at the Village of Lombard were..... 1    2    3    4
  - I feel my skills and abilities were sufficiently utilized..... 1    2    3    4
  - The working conditions (lighting, noise, etc.) in my department were..... 1    2    3    4
  - Overall, as an employer, I would rate the Village of Lombard..... 1    2    3    4

2. What things do you like the most about the Village of Lombard?

---



---

3. In what ways do you think the Village of Lombard can improve?

---



---

	Poor	Fair	Good	Excellent
1. The following questions concern management in your departments				
• Provided recognition on the job.....	1	2	3	4
• Provided guidance and direction concerning my job.....	1	2	3	4
• Resolved complaints and problems fairly.....	1	2	3	4
• Communicated appropriate company and department changes and news.....	1	2	3	4
• Discussed performance appraisals on time.....	1	2	3	4
• Set reasonable yet challenging work goals.....	1	2	3	4
• Was willing to listen to employee opinions and ideas.....	1	2	3	4
• Provided feedback on performance throughout the year.....	1	2	3	4

3. How would you evaluate the overall effectiveness of your supervisor?

---



---

	Poor	Fair	Good	Excellent
1. The following questions concern insurance and other benefits				
• Rate of pay for your job.....	1	2	3	4
• Paid Holidays.....	1	2	3	4
• Paid Floaters.....	1	2	3	4
• Paid Vacations.....	1	2	3	4
• Paid Sick Leave.....	1	2	3	4
• Medical Insurance.....	1	2	3	4
• Dental Insurance.....	1	2	3	4
• Life Insurance.....	1	2	3	4
• Personal Days.....	1	2	3	4
• Deferred 457 Plan.....	1	2	3	4
• Tuition Reimbursement Plan.....	1	2	3	4
• Performance Review System.....	1	2	3	4
• Job Opportunity.....	1	2	3	4
• Employee Assistance Program.....	1	2	3	4
• Flexible Spending Account.....	1	2	3	4

- Pension Plan..... 1 2 3 4

3. How would you evaluate the overall effectiveness of your insurance and benefit plans?

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Poor	Fair	Good	Excellent
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1. How well did your performance appraisals function in the following areas:

- Reflected my performance fairly and accurately..... 1 2 3 4
- Accurately described my strengths and weaknesses..... 1 2 3 4
- Helped me in improving my performance..... 1 2 3 4

If you are leaving to work for another employer, please answer the following:

1. In what way do you consider your new position better?

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2. Will you receive better benefits? (Please describe)

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4. Did you attempt to resolve any work-related dissatisfaction or personal problems prior to termination? (Please explain)

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5. Did you find your work rewarding? (Please explain)

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6. Please describe any other issue that you consider to be significant in your decision to leave the Village.

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Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_