



# **EMPLOYEE INFORMATION HANDBOOK**

**Effective  
January 1, 2010**

**SECTION ONE: CORNER COUNTIES EMPOWERMENT AREA  
EMPLOYEE HANDBOOK**

*The Term “Corner Counties Empowerment Area Board (CCEA) has been used throughout this handbook to refer to the Employer.*

**INTRODUCTION**

**1.1**

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This handbook was written to explain some of the Corner Counties Empowerment Area’s policies, procedures, employment benefits, and other matters concerning your employment for the Corner Counties Empowerment Area Board.

This handbook was developed by the Corner Counties Empowerment Area Board Processes Committee and approved by the Corner Counties Empowerment Area Board. The policies described in this handbook are presented as a matter of information only. While the Corner Counties Empowerment Area Board believes wholeheartedly in the plans, policies, and procedures described here, they are not conditions of employment. The statements contained in this handbook are subject to change and may be revised from time to time, without prior notice, by the Corner Counties Empowerment Area Board. Any suggestions you may have for changes in the policies explained in the handbook are welcomed.

All Corner Counties Empowerment Area employees are covered by this handbook.

**The policy prohibiting sexual harassment in the workplace applies to all Corner Counties Empowerment Area employees, even those otherwise excluded from coverage.**

## **DISCLAIMER**

**This handbook is provided for informational purposes only. The policies, procedures, benefits, and plans described in the handbook may be revised by the Corner Counties Empowerment Area Board without prior notice. The Corner Counties Empowerment Area Board retains the exclusive right to revise the handbook at any time. When changes are made, you will receive a supplement or a new handbook.**

**Any promises, representations, or actions by a Corner Counties Empowerment Area Board member or employee which are contrary to this handbook are not the official policy of the Corner Counties Empowerment Area Board and are of no force or effect. This handbook supersedes and cancels the effect of any previous versions of a Corner Counties Empowerment Area handbook.**

**This employee handbook is not intended to create any contractual rights in favor of you or the Corner Counties Empowerment Area Board. This handbook is not to be construed as an employment contract or as a promise that you will be employed for any specified period of time. Employment can be terminated at any time at the will of either you or the Corner Counties Empowerment Area Board. Nothing in this handbook changes the at-will nature of your employment with the Corner Counties Empowerment Area Board.**

## **SECTION TWO: EMPLOYMENT POLICIES**

### **EQUAL EMPLOYMENT OPPORTUNITY, HARASSMENT AND ADA COMPLIANCE**

**2.1**

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#### **Equal Employment Opportunity**

Corner Counties Empowerment Area Board is dedicated to equal employment and advancement opportunities. It is the Corner Counties Empowerment Area's Board policy to hire and promote qualified individuals on the basis of their qualifications, interest and aptitude, without unlawful regard to race, religion, color, sex, age, national origin, disability, or any other characteristic protected by local, state, or federal law. This policy applies to all terms, conditions, and privileges of employment, including but not limited to recruiting, hiring, training, transfers, promotions, and benefits.

#### **ADA Compliance**

The Americans with Disabilities Act (ADA) prohibits discrimination against qualified individuals on the basis of disability. It is the policy of the Corner Counties Empowerment Area Board to comply with the ADA. Corner Counties Empowerment Area Board will not discriminate against any qualified employee or job applicant with respect to any terms, privileges, or conditions of employment because of that person's physical or mental disability. In compliance with the ADA, the Corner Counties Empowerment Area Board will consider reasonable accommodations that do not pose undue hardship to the Corner Counties Empowerment Area Board to enable qualified applicants or employees with disabilities to perform the essential functions of the position. The Corner Counties Empowerment Area Board encourages applicants or employees to make suggestions regarding reasonable accommodations to the Corner Counties Empowerment Area Board.

#### **Harassment**

Harassment, retaliation, coercion, interference, or intimidation of any employee due to that employee's race, religion, color, sex, age, national origin, disability or any other characteristic protected by local, state, or federal law is strictly forbidden. Harassing conduct in the workplace includes, but is not limited to: epithets, slurs, or negative stereotyping, threatening, intimidating, or hostile acts or words; and written

or printed materials that denigrate or show hostility to an individual or group made or posted in the workplace or in the course of employment for the Corner Counties Empowerment Area Board. Such conduct is a prohibited form of discrimination under state and federal employment laws and is also considered misconduct subject to disciplinary action.

If you believe that you are being harassed or subjected to discrimination of any kind, you should use the complaint procedure for sexual harassment allegations.

## **PREVENTING SEXUAL HARASSMENT IN THE WORKPLACE**

## **2.2**

**Purpose:** It is the policy of the Corner Counties Empowerment Area Board that all employees are responsible for maintaining a workplace free from sexual harassment. Submission to sexual harassment shall not be a condition of employment or advancement with the Corner Counties Empowerment Area Board. The Corner Counties Empowerment Area Board strongly disapproves of offensive or inappropriate sexual behavior in the workplace, and all employees must avoid any conduct which could be viewed as sexual harassment. This policy has been prepared in accordance with the Equal Employment Opportunity Commission's directive and reaffirms that sexual harassment in the workplace is an unlawful employment practice under Title VII of the Civil Rights Act of 1964.

**Definitions:** Sexual harassment is illegal discrimination on the basis of sex. It can consist of unwelcome sexual advances, requests for sexual favors, or other physical or verbal conduct of a sexual or harassing nature by supervisors, managers, co-workers, or others in the workplace. Sexual harassment exists when:

1. Submission to such conduct is made explicitly or implicitly a term or condition of your employment;
2. Submission to or rejection of the conduct is used as the basis for decisions affecting your employment; or
3. The conduct has the purpose or effect of creating an intimidating, hostile, or offensive working environment.

Sexual harassment may consist of a variety of behaviors, including, but not limited to the following examples:

1. Verbal conduct such as sexual innuendo, speculation, suggestive comments, jokes of a sexual nature, sexual propositions, or threats;
2. Non-verbal or visual material such as sexually explicit posters, photography, graffiti, cartoons, drawings, or gestures;
3. Physical conduct such as unwelcome touching, hugging, kissing, coerced sexual contact or assault;
4. Requests, threats, or demands to submit to sexual requests in order to keep your job or receive some job-related benefit;
5. Conditioning job-related benefits on submission to sexual advances or tolerance of a sexually hostile work environment, or giving preferential treatment because of submission to sexual advances or tolerance of a sexual hostile work environment; or
6. Retaliation for reporting or threatening to report harassment.

### **Procedures:**

1. Any employee who has a complaint of sexual harassment at work, by anyone, including supervisors, department heads, co-workers, or visitors to the workplace, should immediately bring the problem to the attention of the Board Chair. Employees are assured that they will not be retaliated against as a result of reporting a complaint about sexual harassment.
2. The person receiving a complaint of sexual harassment shall immediately notify the Board Chair, who shall promptly name an impartial investigator. With respect to complaints of harassment other than sexual harassment, an impartial investigator may be named at the discretion of the Corner Counties

Empowerment Area Board. Investigations will be conducted in a timely manner. Confidentiality will be maintained to the extent that is possible.

3. Investigation of a complaint normally will include conferring with the parties involved and any named or apparent witnesses. All employees shall be protected from coercion, intimidation, retaliation, interference, or discrimination for filing a complaint under this policy, participating in an investigation, or filing a complaint with a state or federal agency.
4. Any employee determined after investigation to have harassed another employee will be subject to appropriate disciplinary procedures depending on the severity of the behavior, up to and including termination. The Corner Counties Empowerment Area Board will take appropriate action intended to punish the offender and to prevent further harassment.
5. In the event a non-employee subjects an employee to sexual harassment in the workplace, the employee's supervisor or manager will inform the non-employee of the Corner Counties Empowerment Area Board's policy against sexual harassment. Other action will be taken as appropriate.

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### **PROOF OF EMPLOYABILITY**

**2.3**

To comply with the Immigration Reform and Contract Act of 1986, the Corner Counties Empowerment Area Board requires all employees to present documented proof of identity and eligibility to the work in the United States. You are required to complete Section 1 of the Form I-9 on the first day of employment and to submit proof of employability and identity within three working days of hire.

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### **MEDICAL EXAMINATIONS**

**2.4**

The Corner Counties Empowerment Area Board may require you to submit to a job-related medical examination by a physician designated by the Corner Counties Empowerment Area Board or by your own physician if approved by the Board Chair. Medical examinations will be conducted after you have been offered a position and before you start work if the medical examination is required of all entering employees in the classification.

You may also be required to submit to a job-related medical examination when necessary to determine if you are still able to perform the essential functions of your position, and to any fitness for duty examinations required by federal, state or local law or Corner Counties Empowerment Area policy.

All medical information collected by the Corner Counties Empowerment Area Board will be maintained in a confidential, file separate from other personnel files.

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### **EMPLOYMENT OF RELATIVES**

**2.5**

It is the Corner Counties Empowerment Area Board's policy to hire the best qualified person available for each position. Relatives of current employees are eligible for employment with the Corner Counties Empowerment Area Board, subject to limitations of state law governing the employment of relatives of public officials and employees and the terms of this policy.

The policy applies to all categories of employment, including full-time, part-time, and temporary classifications. Only employees engaged in a supervisory subordinate relationship with a relative as defined in this policy on or before the effective date of this handbook are exempt from the policy.

To avoid the appearance of favoritism and difficulties in administering discipline, the Corner Counties Empowerment Area Board will not hire, appoint, transfer, promote, or otherwise place an individual in a position that involves the supervision of, or by, a family member. For purposes of this policy, "family member" includes the individual's mother, father, mother-in-law, father-in-law, brother, sister,

grandparent, spouse, son, daughter, grandchild, great-grandchild, niece, nephew, aunt, uncle, brother-in-law, sister-in-law, son-in-law, daughter-in-law, step-child, or step-parents.

If a supervisory relationship between family members is created by the marriage of two employees the two employees will be given the option of deciding who will transfer, if possible, or who will terminate employment. If the decision cannot be made by the two employees in a timely manner, length of service in the department will be the deciding factor and the least senior employee will be transferred if possible. Otherwise, the employment of the least senior employee will be terminated.

## **JOB POSTING**

**2.6**

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Whenever a position becomes available, a notice of such opening will be posted at the Fremont and Page County Courthouses for at least ten calendar days before the deadline for filling the position. The notice will contain the position title, a brief job description, and minimum hiring specifications. The notice will also be posted on the Corner Counties Empowerment Area's website.

Applicants, including current employees, shall be considered on the basis of job-related factors including qualifications, attitude, skills, ability, past performance, efficiency, disciplinary record and length of service. Military service may also be a factor in hiring decisions, as provided by Iowa's Veteran's Preference law.

## **PERSONNEL FILES and REFERENCES**

**2.7**

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The Corner Counties Empowerment Area Board maintains personnel files on each employee in accordance with recordkeeping requirements established by State and Federal Law. These files contain job-related information including performance appraisals and disciplinary records. The Corner Counties Empowerment Area Board will release confidential personnel information only upon your written request and release. The Corner Counties Empowerment Area Board will release non-confidential personnel information in accordance with applicable State Law. The Corner Counties Empowerment Area Board will release any information relating to the results of federally required drug tests in accordance with the applicable law.

If you are interested in reviewing the contents of your personnel file, you may do so at a time mutually agreed upon by you and the Corner Counties Empowerment Area Board. You will not have access to or be able to review letters of reference received or furnished by the employer or any reference check performed by the Corner Counties Empowerment Area Board. A representative of the Corner Counties Empowerment Area Board may be present during your review. You may, at your own expense, request and receive copies of the contents of your file, except as provided above. The Corner Counties Empowerment Area Board may charge a reasonable fee for copying the requested items.

To assure that our records are current, please notify the Board Chair whenever there are any changes in your home address, telephone number, marital status, emergency contact, beneficiary designations, and number of dependents.

## **PROBATIONARY PERIOD AND EMPLOYEE EVALUATIONS**

**2.8**

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The first six months of employment is a probationary period during which the employee and employer have an opportunity to determine the compatibility of the employee and their job. During this time, the employee will accrue vacation, sick leave, holidays and other applicable benefits. Probationary employees may also be eligible for leaves without pay, including military leave, at the discretion of the Corner Counties Empowerment Area Board; in such cases the probationary period would be extended by the amount of time gone.

In addition to less severe discipline measures, the Corner Counties Empowerment Area Board may discharge an employee during the probationary period without a statement of reason and without right of appeal.

If an employee accepts a promotion, a six-month probationary period may begin again on the date the promotion becomes effective.

Employees nearing the end of the six-month probationary period shall receive a performance evaluation to determine if regular status shall be granted. In some cases, a probationary period may be extended by the Corner Counties Empowerment Area Board once for up to an additional three months.

Successful completion of the probationary period does not mean that an employee cannot be disciplined or discharged for misconduct, poor job performance, or any other proper cause, nor does it guarantee that an employee will not be subject to termination.

Upon successful completion of the probationary period the employee shall receive a performance evaluation on an annual basis.

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**TERMINATION OF EMPLOYMENT****2.9**

The Corner Counties Empowerment Area Board expects you to provide written notice to the Board Chair at least two weeks before the effective date of your resignation. Employment records will reflect the last day worked as the date of termination. You will receive pay through the last day of employment.

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**REIMBURSABLE EXPENSES****2.10**

In accordance with Internal Revenue Service regulations, the Corner Counties Empowerment Area Board will reimburse mileage to meetings at the rate established by the federal government each year according to the following provisions. All approved meeting mileage for Corner Counties Empowerment Area Board employees will be paid as a reimbursement. The employee shall receive reimbursement for meals when required to be out of town to attend meetings. Receipts are required for reimbursement of mileage, parking fees, lodging, and meal expenses.

**SECTION THREE: EARNINGS AND HOURS OF WORK**

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**DEFINITION OF EMPLOYEE STATUS****3.1**

**“Full-time regular employee”** means an employee hired to work for the Corner Counties Empowerment Area’s Board normal full-time 37.5 to 40 hour work week on a regular basis. Such employees may be exempt or nonexempt under the Fair Labors Standard Act (FLSA).

**“Part-time regular employee”** means an employee hired to work fewer than 37.5 hours per week on a regular basis. Such employees may be exempt or nonexempt under the FLSA.

**“Temporary employee”** means an employee who works full or part-time on behalf of the Corner Counties Empowerment Area Board with the understanding that his or her employment will be terminated no later than upon completion of a specific assignment. Temporary employees are not eligible for any benefits described in this handbook.

**Nothing in this or any other section of this handbook shall be construed as a guarantee of the number of hours an employee will be scheduled to work.**

**Work Schedules**

The number of hours the employee is to work will be determined by the Corner Counties Empowerment Area Board at the beginning of each fiscal year. Due to the Empowerment environment the work schedule will provide flexibility to meet the needs of the local area. The employee will provide notice to the Board Chair of any extraordinary changes that may need to be made in regard to the number of hours worked per week.

**Paydays**

Employees working on behalf of the Corner Counties Empowerment Board will be paid according to the pay schedule established by the "Record of Employer".

**Recording Work Hours**

All employees must accurately record their hours worked for each pay period on a form provided by the "Record of Employer".

**Deductions**

All required deductions, including those for the state and federal taxes and all authorized voluntary deductions, will be automatically withheld from the employee's paycheck.

**Overtime and Compensatory Time**

Periodically, overtime work may be necessary to maintain the Corner Counties Empowerment Area operations and services. The Board Chair shall determine whether it is necessary for employees to work overtime hours (over 40 hours per week). All overtime hours must have prior approval from the Board Chair. The Board Chair will notify Board members of any such decision.

The employee will receive compensation for approved overtime work either in the form of monetary compensation or compensatory time. The Board Chair may elect to grant compensatory time in lieu of overtime pay. In accordance with the FLSA, if the Board Chair elects to grant compensatory time in lieu of overtime pay, compensatory time will be granted at the rate of one and one-half hours for each hour of authorized overtime (over 40 hours per week) worked.

Employees may accumulate no more than 30 hours of compensatory time. An employee who has accrued the maximum number of compensatory time hours shall be compensated in wages for any additional overtime hours of work.

An employee shall be permitted to use accrued compensatory time within a reasonable period after requesting to use compensatory time if use of compensatory time would not unduly disrupt the Empowerment Area operations. Upon termination, payment for accrued compensatory time shall be calculated at the employee's final regular rate of pay.

**SECTION FOUR: TIME OFF BENEFITS/HOLIDAYS, VACATIONS, AND SICK LEAVE****HOLIDAYS****4.1**

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**Holidays Observed**

The Corner Counties Empowerment Area Board recognizes days of importance as holidays and pays the employee for time off on those days if the holiday falls within the regular work schedule of the employee. The Corner Counties Empowerment Board will observe the following holidays:

New Years Day (January)  
 President's Day (February)  
 Memorial Day (May)  
 Independence Day (July)  
 Labor Day (September)  
 Veteran's Day (November)  
 Thanksgiving Day (November)  
 Day after Thanksgiving (November)  
 Christmas Day (December)  
 Christmas Eve or the day following Christmas (December)

**Vacation**

Employees who are actively employed are eligible for paid vacation based upon years of continuous service.

**Years of Services**

**Vacation Hours per year**

End of successful 6 month probationary period	Hours equal to one week of established work hours
End 1 <sup>st</sup> through 5 <sup>th</sup> year of employment	Hours equal to two weeks of established work hours
6 <sup>th</sup> year through end of 10 <sup>th</sup> year of employment	Hours equal to three weeks of established work hours
11 <sup>th</sup> year of employment and beyond	Hours equal to four weeks of established work hours

**Carryover**

Vacation leave may be accumulated to twice the annual entitlement.

**When a Holiday Falls on a Saturday or Sunday**

If a recognized holiday falls on a Saturday, the preceding Friday will usually be the recognized holiday for employees who normally work on a Friday. If a recognized holiday falls on a Sunday, the following Monday will usually be the recognized holiday for employees who normally work on a Monday.

**Vacation Pay upon Termination**

If your employment for the Corner Counties Empowerment Area Board is terminated for any reason, including retirement, you will be paid for any accrued and unused vacation.

**Hospitalization during Vacation**

If you are hospitalized during your vacation, the time you spend as a bed patient in the hospital and any period of recuperation immediately following your hospitalization are not considered part of your vacation if you have unused sick leave available. To ensure that your vacation record is changed, verification may be required by the Board Chair.

**Sick Leave**

Sick leave is earned at the rate of .031 hours of sick leave earned per each hour worked per month. The maximum amount of sick hours that an employee may accumulate is 192 hours or 24 days.

**Use of Sick Leave and Medical Certification**

Sick leave is to be used for any non-work-related illness, injury, or temporary disability, including pregnancy that prevents you from performing your job duties. Medical certification may be required to determine that an employee claiming sick leave is unable to work.

Medical certification satisfactory to the Board Chair may be required to verify fitness for duty following the employee's use of sick leave.

### **If a Family Member is Sick**

Subject to the following restrictions, employees may also use accrued sick leave for the care of and necessary attention to the mental or physical health of immediate family members. For purposes of this section “immediate family member” means the employee’s spouse, children, parents, sister, brother, grandchild, grandparent, mother-in-law, father-in-law, daughter-in-law, son-in-law, sister-in-law, or brother-in-law. Use of accrued sick leave for the care of and attention to the mental or physical health of immediate family members is limited to 16 hours (2 days) per calendar year. The Board Chair may require medical certification for such use.

### **Payment for Sick Leave upon Termination**

If your employment for the Corner Counties Empowerment Area Board is terminated for any reason, including retirement, you will be paid for eight hours of unused, accrued sick leave for each full year of continuous employment up to a maximum of 48 hours (6 days).

## **WORK-RELATED INJURIES**

**4.2**

### **Coverage**

To provide for payment of your medical expenses and partial salary continuation in the event of a work-related injury or illness, you are covered by workers’ compensation insurance. The workers’ compensation laws of the State of Iowa determine how employees receive medical care and how they are paid for lost work time as a result of work-related injury or illness.

### **Employee’s Reporting Requirement**

An employee must report a work-related injury or illness to the Board Chair immediately following the injury, or as soon as the employee has knowledge of the injury or illness. Your failure to report a job-related injury or illness may result in the appropriate workers’ compensation report not being filed in accordance with the law, which may consequently jeopardize your right to benefits in connection with the injury or illness. Following submission of a claim that an illness or injury is work-related, the employee must maintain regular contact with the Board Chair for purposes of reporting changes in condition.

The employee is expected to keep all physician appointments, follow physician’s prescribed treatment and adhere to restriction both at and away from work. Failure to do so may jeopardize workers compensation benefits. The employee shall furnish the Board Chair proof of any services received upon request of the department head.

### **Income Replacement**

When an employee is not working as a result of an illness or injury covered by workers’ compensation, the employee shall receive payment from the insurance carrier at the established rate in lieu of receiving a regular payroll check. During this time, the employee

- a. Earns no compensation from the Corner Counties Empowerment Area;
- b. earns no vacation or sick leave;
- c. uses no vacation or sick leave benefits;
- d. does not contribute to pension plans; and

The employee may use sick leave for the first three calendar days following the job-related injury or illness. If a portion of the first three days fall on days not normally worked, the Corner Counties Empowerment Area Board will only pay for whatever portion of those three days that would normally be paid. Workers’ compensation will begin paying on the fourth day following the illness or injury. If the employee is off work for more than 14 calendar days, the insurance carrier will then pay for the first three days following the illness or injury. The Corner Counties Empowerment Area Board will then deduct the pay for those first three days from the employee’s next regular payroll check and restore 3 days of sick leave to the employee’s sick leave bank.

## **Workers' Compensation and FMLA**

A workers' compensation absence may constitute a leave covered by the Family and Medical Leave Act (FMLA). Workers' compensation leaves will run concurrently with applicable Family and Medical Leave Act leaves in cases where a temporary light duty assignment is not available, or where the employee has refused a temporary light duty assignment.

## **Return to Work**

Before returning to work, an employee who has been receiving Workers' Compensation benefits must submit evidence satisfactory to the Corner Counties Empowerment Area Board that the employee is safely able to return to work.

## **TEMPORARY LIGHT DUTY**

**4.3**

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### **Eligibility**

Temporary light duty assignments may be made by the Corner Counties Empowerment Area Board for employees with work-related injuries or illnesses who are covered by workers' compensation or for qualified individuals with disabilities that prevent them from performing their normal job duties. In either case, eligibility for light duty is limited to employees for whom the assignment would be a progressive step in their return to work.

An employee with a job-related injury or illness who refuses a light duty assignment will lose workers' compensation payments and will be placed on an unpaid Family and Medical Leave Act (FMLA) leave if the employee's condition qualifies as a serious health condition and the employee is eligible for leave under that policy. At that point, the employer may require or the employee may elect to substitute accrued paid leave from the date the Workers' compensation benefits cease.

### **Duration of Light Duty Assignments**

Assignment of light duty tasks within an employee's medical restrictions is intended to be for a temporary duration determined by the Corner Counties Empowerment Area Board. Light duty assignments will be documented with a list of the functions assigned and the duration of the assignment. Temporary light duty assignments are not intended to become regular assignments.

### **Medical Certification**

Before assigning temporary light duty, the Corner Counties Empowerment Area Board will require medical certification from the employee's physician or other health care provider that the employee is unable to perform his or her normal job duties within medical restrictions, and that the employee is able to perform the proposed light duty assignment within medical restrictions. At the conclusion of the light duty assignment, the Corner Counties Empowerment Area Board will require fitness-for-duty medical certification to determine whether the employee is able to return to his or her normal job duties.

### **Return to Work After Light Duty**

If, at the end of the temporary light duty assignment, the employee is able to perform his or her normal job duties without posing significant risk of harm to his or her health or the safety or health of others, the employee may return to his or her normal position. If, at the end of the temporary light duty assignment, the employee is not able to perform his or her normal job duties without posing significant risk of harm to his or her health or the health or safety of others, the Corner Counties Empowerment Area Board will review the employee's medical condition and determine whether the individual is a qualified individual with a disability and whether the employee's work restrictions can be reasonably accommodated to allow the employee to return to work. Possible reasonable accommodations include job restructuring or unpaid leaves of absence. If no reasonable accommodation is available to return the employee to his or her

previous position, the Corner Counties Empowerment Area Board will then consider transferring the employee to a vacant position for which the employee is qualified

## **FAMILY AND MEDICAL LEAVE**

**4.4**

### **Leaves Available**

It is the policy of the Corner Counties Empowerment Area Board to provide unpaid family and medical leave in accordance with the federal Family and Medical Leave Act (FMLA) of 1993. An eligible employee will be granted up to twelve (12) work weeks of unpaid, job-protected leave each twelve-month period for any of the following qualifying reasons:

1. The birth of and/or need to care for your newborn child;
2. The placement of a child with you for adoption or foster care;
3. The need to care for your spouse, child, or parent with a serious health condition; or
4. A serious health condition that makes you unable to perform the functions of your job.

### **Eligibility Requirements**

To be eligible for family and medical leave, you must have worked for the Corner Counties Empowerment Area Board for at least twelve (12) months, and for at least 1,250 hours during the twelve (12) months immediately preceding the start of the leave. Employees applying for and granted a family or medical leave of absence are required to meet notification and documentation requires as outlined in this policy. Failure to meet these requirements may result in the delay or denial of family or medical leave.

### **General Provisions**

For purposes of administering the Family and Medical Leave Act policy:

**“Child”** means son or daughter under 18 years of age, or a child 18 years of age or older who is incapable of self-care because of a mental or physical disability. An employee’s child is one for whom the employee has actual daily responsibility for care and includes a biological, adopted, foster or step-child.

**“Parent”** does not include parents-in-law.

**“Serious health condition”** means an illness, injury, impairment, or physical or mental condition that involves

- Inpatient care in a hospital, hospice, or residential medical care facility; or
- A period of incapacity that requires absence from work for more than three consecutive calendar days AND involves either two or more treatments by a health care provider, or at least one treatment by a health care provider plus a regimen of continuing treatment; or
- Pregnancy or prenatal care;
- Chronic serious health condition;
- Long-term conditions for which treatment may not be effective; or
- Multiple treatments and recovery there from.

**“Spouse”** does not include an unmarried domestic partner.

The **“twelve month period”** during which the leave entitlement occurs is designated as the twelve (12) month calendar year.

**Married employees:** If you and your spouse are both employed by the Corner Counties Empowerment Board, and are both eligible for family and medical leave, you and your spouse will be limited to a combined total of twelve (12) weeks of family and medical leave a year taken for any one or all of the

following reasons: birth of a child or to care for the child after birth, placement of a child with you for adoption or foster care, or to care for the child after placement; or to care for the child after placement; or to care for your parent with a serious health condition. This limitation does not apply in cases of leave to care for the serious health condition of your spouse or child, or because of your own serious health condition.

### **How and When Leave May Be Taken**

Family and medical leave is taken either in consecutive workweeks: intermittently in separate blocks of time; or by reducing the number of days you work per week, or hours per day.

**Intermittent or reduced schedule** leave may be taken when medically necessary to care for your spouse, child, or parent with a serious health condition, or because of your own serious health condition. You must provide the Corner Counties Empowerment Area Board with medical certification of the need for intermittent or reduced schedule leave, and must attempt to schedule your intermittent or reduced schedule leave so as not to disrupt Corner Counties Empowerment Area Board operations.

Leave for childbirth, adoption or foster care may be taken intermittently or on a reduced leave schedule only if the Corner Counties Empowerment Area Board agrees to the proposed intermittent or reduced leave schedule.

Leave for the birth of a child or placement of a child for adoption or foster care must be taken within twelve (12) months of the birth, adoption for placement.

### **Notice Requirements**

If you know in advance that you will be taking leave because of birth, adoption or placement of a foster child in your home, or because of planned medical treatment for you or a covered family member, you must notify your supervisor in writing at least thirty (30) days in advance.

If circumstances require that the leave begin in less than 30 days, you must notify the Board Chair as soon as is practicable.

When the need for leave is foreseeable based on planned medical treatment for you or your covered family member, the Corner Counties Empowerment Area Board expects you to consult with the Board Chair and to make a reasonable effort to schedule the treatment so as not to unduly disrupt the Corner Counties Empowerment Area operations.

### **Medical Certification**

When leave is requested to care for a child, spouse, or parent with a serious health condition, or because of your own serious health condition, you must provide the Corner Counties Empowerment Area Board with written medical certification from the appropriate health care provider using a physician certification form. This certification will include the date of onset, the probable duration, type of treatment, and other appropriate medical facts concerning the condition. If you are seeking leave for your own health condition, the certification must also state that you are unable to perform the functions of your position. For leave to care for a family member, the certification must state that you are needed to care for the family member, and an estimate of the amount of time you will be needed. Other certification requirements apply in the case of intermittent or reduced schedule leave.

Generally, employees should provide the certification before the leave begins if the need for leave is foreseeable. Otherwise, employees have fifteen days from the date of the Corner Counties Empowerment Area Board's request to furnish medical certification.

The Corner Counties Empowerment Area Board may also require periodic medical recertification, and/or periodic reports from the employee during FMLA.

Medical certification may also be required when an employee is returning to work after leave for the employee's own serious health condition.

### **Use of Paid Leave**

You may choose to use paid leave as part of your family and medical leave as follows:

1. You may use any accrued vacation, and available family illness sick leave for any portion of an FMLA leave for birth, adoption, foster placement, or to care for a child, spouse, or parent with a serious health condition.
2. You may use any accrued vacation, or sick leave for any portion of an FMLA leave to care for your own serious health condition.

### **Rights and Benefits during Leave**

Seniority, sick leave and vacation will accrue only during periods of paid leave. All benefits which you had accrued before taking leave will be retained after returning from an approved FMLA leave, if not depleted during the leave.

### **Returning to Work**

At the conclusion of your FMLA leave, you will be restored to your former position, if that position is vacant, or one with equivalent pay, benefits, and conditions of employment, provided you have complied with the requirements of this policy. Upon returning to work from leave due to your own serious health condition, you may be required to provide certification from your health care provider that you are able to resume work and are fit for duty.

## **UNPAID LEAVES OF ABSENCE**

**4.5**

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Unpaid leaves of absence may be granted in certain circumstances. If you have exhausted all applicable sick leave, vacation, personal, compensatory time, and FMLA leave, you may request an unpaid leave of absence. Applications for unpaid leave must be made in writing and shall state the reasons for the leave and inclusive dates. Approval of unpaid leave is at the discretion of the Corner Counties Empowerment Area Board Chair.

Employees who are disabled because of pregnancy, childbirth or related medical conditions who are not eligible for leave under the Corner Counties Empowerment Area Board's sick leave or Family and Medical Leave Act policies, or who do not have sufficient leave available under those policies, may apply for an unpaid leave for the period of the disability, or up to eight weeks, whichever is less, as provided in Iowa Code section 216.6(2) (3), as it currently exists or is hereafter amended. The Corner Counties Empowerment Area Board may require medical certification stating that the employee is not able to perform the duties of employment.

During an unpaid leave granted under this section, you do not receive compensation, do not accrue length of service, vacation or sick leave, and are not eligible for paid holidays. The Corner Counties Empowerment Area Board does not make contributions to retirement programs for the duration of the leave. You may continue in the group health and life insurance programs during an unpaid leave under this section by paying the full cost of the premiums by the 1<sup>st</sup> of the month. Failure to pay the premium on time will result in termination of coverage.

If you plan to return to work following an unpaid leave taken under this section, you must notify the Board Chair before the end of your leave. The Corner Counties Empowerment Area Board will attempt to restore you to the position you held at the start of the leave, or in a comparable position, if possible. If no such position is available, your employment will be terminated.

If the unpaid leave was for medical reasons, you may be required to submit to fitness-for-duty testing before returning to work. If, at the end of the unpaid leave of absence, you are not able to perform your job duties, the Board Chair will review your medical condition and determine whether you are a qualified individual with a disability and whether your work restrictions can be reasonably accommodated to allow you to return to work.

If the unpaid leave was for military service, reinstatement will be governed by applicable state and federal law.

Requests for extension of an unpaid leave must be submitted in writing to the Board Chair. Approval of the extension is at the discretion of the Board Chair.

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**JURY OR WITNESS DUTY****4.6**

Any full-time or part-time regular employee required to report for jury duty shall receive a paid leave of absence for the time spent on duty subject to the requirements of this policy. Any full-time or part-time regular employee subpoenaed to appear as a witness in a civil or criminal proceeding in which that employee is not directly involved as a plaintiff or defendant shall be granted a leave without pay. Employees who must appear as a witness in a civil or criminal proceeding in which they are directly involved as a plaintiff or defendant may apply for an unpaid leave of absence under Section 4.5 of this handbook. If an employee is summoned as a plaintiff or a defendant in a proceeding involving or arising from outside employment (including Empowerment employment outside the employee's regular job duties), the employee shall not be entitled to a leave with pay, but may use accrued vacation to offset the lost time.

All employees summoned to jury duty or witness duty must submit a copy of the summons to the Board Chair within two working days after receiving the summons. Employees on jury or witness duty are expected to promptly return to work when released from service by 12:00 noon, either permanently or temporarily.

Hours spent by an employee appearing as a witness in any job-related legal proceeding at the direction of the Board shall be considered to be work time.

While on paid leave for jury duty, the Corner Counties Empowerment Area Board will continue your regular salary, but you must submit certification of the number of hours spent in such service and assign any compensation you receive in connection with the duty, less any reimbursement for travel or meal expenses, to the Corner Counties Empowerment Area Board.

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**MILITARY LEAVE****4.7****Leaves Available**

The Corner Counties Empowerment Area Board will grant leaves of absence for military service to full-time and part-time regular employees in accordance with applicable state and federal law. A full-time or part-time regular employee, who is a member of the uniformed services, when ordered by proper authority to serve in the uniformed services, shall be granted leave for the period of service. The first thirty (30) calendar days of military leave each calendar year shall be without loss of pay. Any amount of military leave taken during any part of an employee's scheduled workday, regardless of the number of hours taken, shall count as one day toward the thirty calendar days without loss of pay. Absences required for military service that exceed thirty (30) calendar days shall be granted in accordance with the Corner Counties Empowerment Area Board's policies on vacation, personal, compensatory time, or unpaid leave, and with applicable state and federal law.

### **Reemployment Rights – Eligibility**

Your eligibility for reemployment for the Corner Counties Empowerment Area Board after you complete military service will be determined in accordance with applicable state and federal law. Conditions for reemployment are briefly explained as follows:

1. You, or an appropriate officer of the uniformed service in which you serve, must give advance written or verbal notice of your service to your immediate supervisor, unless military necessity prevents you from giving notice or if it is otherwise impossible or unreasonable;
2. The cumulative length of the absence and all previous absences from your employment for the Corner Counties Empowerment Area Board for reason of military service must not exceed five years;
3. Your discharge from military service must be honorable; and
4. When you return from military service, you must report to work or submit a timely application for reemployment. Employees on active duty training assignments or inactive duty training drills or other service of less than thirty (30) days must report to work by the beginning of their first regularly scheduled work day that would fall eight hours after you return home. Employees on longer military leave must apply for reemployment in accordance with applicable state and federal law.

## **SECTION FIVE: WORK REGULATIONS AND DISPLINE**

### **GENERAL EMPLOYEE OBLIGATIONS**

**5.1**

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Employees are expected to maintain good work habits including regular attendance and punctuality, and to conduct their job duties in an ethical fashion. Employees must avoid any activity outside of their employment for the Corner Counties Empowerment Area Board that would adversely affect their performance on the job or involve a possible conflict of interest. Employees must maintain the confidentiality of any protected information revealed to them during the course of their employment for the Corner Counties Empowerment Area Board.

### **EMPLOYEE LICENSES AND CERTIFICATIONS**

**5.2**

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It is the employee's responsibility to keep their licenses and/or certifications current. All required licenses and certificates shall be copied and placed within the employee's personnel file. Failure to keep required licenses and certifications current may result in termination.

### **GUIDELINES FOR EMPLOYEE CONDUCT AND DISCIPLINE**

**5.3**

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In order to maintain safe, efficient and harmonious operations, and to continue to provide the highest standard of public service, the Corner Counties Empowerment Area Board has adopted the following rules outlining examples of unacceptable employee conduct. Each rule reflects a common understanding of what behavior is acceptable in the workplace.

These rules can be modified by the Corner Counties Empowerment Area Board as changing conditions warrant. The Corner Counties Empowerment Area Board may take whatever disciplinary action it deems appropriate in response to an offense, even if it not included in the following list. You must understand that any offense, whether or not it is included in these work rules, may result in disciplinary action, up to and including discharge, without prior warning.

The Corner Counties Empowerment Area Board expects your complete cooperation in observing these rules which have been designed for our common protection and benefit.

## Employee Conduct

While it is not possible to list all the offenses for which you will be disciplined, the following are examples of inappropriate, unacceptable conduct:

1. Unsatisfactory work performance.
2. Falsifying employment or other job-related records.
3. Violating the Corner Counties Empowerment Area Board's policy against workplace harassment of any kind.
4. Establishing an unacceptable pattern of tardiness or absenteeism, or failing to report for work without notification to the Board Chair.
5. Unauthorized failure to return from a leave of absence.
6. Engaging in excessive, unnecessary, or unauthorized use of the Corner Counties Empowerment Area Board's property or supplies, particularly for personal use.
7. Reporting to work intoxicated or under the influence of nonprescribed drugs, alcohol, or other substances.
8. Illegally manufacturing, possessing, using, selling, distributing, or transporting drugs.
9. Bringing or using alcoholic beverages to or in the Corner Counties Empowerment Area workplaces or using alcoholic beverages while engaged in Corner Counties Empowerment Area business away from the workplace.
10. Fighting or using obscene, abusive, or threatening language.
11. Stealing property of coworkers, customers, clients, or the Corner Counties Empowerment Area Board.
12. Having unauthorized firearms or other weapons on workplace premises or while on Corner Counties Empowerment Area business.
13. Disregarding smoking, safety or security regulations.
14. Engaging in insubordination or failing to cooperate with assigned employees, co-workers, supervisor, or managers.
15. Failing to follow the Corner Counties Empowerment Area Board job instructions or to perform work requested.
16. Violating a Corner Counties Empowerment Area safety rule or practice or creating or contributing to unsafe, unhealthy, or unsanitary conditions.
17. Failing to maintain confidentiality of the Corner Counties Empowerment Area Board, client, patient, or customer information.
18. Failing to maintain necessary licenses and/or certifications.
19. Failing to maintain motor vehicle insurability.

## Discipline

If your performance, work habits, attitude, or demeanor becomes unsatisfactory in the judgment of the Corner Counties Empowerment Area Board, based on violations of either the rules listed above, or other Corner Counties Empowerment Area policies, rules, procedures, or expectations, you will be subject to disciplinary action, up to and including discharge. Certain offenses can be corrected using progressive discipline. Situations that the Corner Counties Empowerment Area Board believes will respond to corrective discipline will normally be handled as follows:

1. **Counseling:** The Board will normally give the employee a verbal warning.
2. **Written warning:** If the unsatisfactory conduct continues, the Board Chair will normally issue a written warning.
3. **Suspension:** If sufficient improvement has not been made, or if the conduct continues, the employee may be suspended without pay.
4. **Termination:** If the conduct continues, the Corner Counties Empowerment Area Board may terminate the employment of the employee.

The Corner Counties Empowerment Area Board reserves the right to use whatever discipline it decides is appropriate in any situation, up to and including discharge, without regard to the progressive discipline guidelines explained above.

Employees are free to resign their employment for the Corner Counties Empowerment Area Board at any time and for any reason and the Corner Counties Empowerment Area Board retains the same right regarding termination of employment.

## **DRUG AND ALOCHOL USE IN THE WORKPLACE**

**5.4**

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The Corner Counties Empowerment Area Board requires all employees to report to work on time and in the appropriate mental and physical condition for work. Employees using alcohol or drugs without medical authorization in the workplace or in the course of their employment are subject to discipline up to and including termination.

### **Drug Free Workplace**

It is the policy of the Corner Counties Empowerment Area Board to create a drug-free workplace in keeping with the spirit and intent of the Drug-Free Workplace Act of 1988. The use of controlled substances is inconsistent with the behavior expected of employees, subjects all employees and visitors to our facilities to unacceptable safety risks, and threatens the Corner Counties Empowerment Area Board's ability to function effectively and efficiently, and undermines the public's trust in our operations. In this connection, the unlawful manufacture, distribution, dispensation, possession, sale or use of a controlled substance in the workplace or while engaged in Corner Counties Empowerment Area business is strictly prohibited. Such conduct is also prohibited during nonworking time to the extent that in the opinion of the Board, it impairs an employee's ability to perform on the job or threatens the reputation or integrity of the Corner Counties Empowerment Area Board.

Employees directly engaged in work performed pursuant to a federal grant or contract are required to report any conviction under a criminal drug statue for violations occurring on the employer's premises or off the employer's premises while conducting employer business to the employee's supervisor or other appropriate Board members within five days of such conviction. Employees who violate any aspect of this policy may be subject to disciplinary action up to and including termination. At its discretion, the Corner Counties Empowerment Area Board may require employees who violate this policy to successfully complete a drug abuse assistance or rehabilitation program as a condition of continued employment.

### **Drug Testing of Employees Required to Maintain a Commercial Driver's License**

Federal law requires drug testing of certain employees required to have a commercial driver's license (CDL). Employees covered by those federal regulations will receive a supplement to this substance abuse policy.

## **INVESTIGATIONS**

**5.5**

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All employees are required to fully cooperate with any member of management who is conducting a work-related investigation. Employees will be disciplined for lying to any member of management, or providing information to any member of management that is dishonest, misleading, inaccurate, or incomplete.

Employees will also be disciplined for impeding, obstructing, or failing to cooperate with an inquiry or investigation conducted by any member of management. "Obstructing" includes, but is not limited to, threatening, intimidating, or coercing other individuals who may be contacted by management, and discouraging other individuals who may be contacted by management from responding to or cooperating

with management. "Failing to cooperate" includes, but is not limited to, failing to provide information, documents, or materials requested by management, and providing information, documents, or materials to management that are dishonest, misleading, inaccurate, or incomplete.

## **WORKPLACE PRIVACY AND SEARCHES**

### **5.6**

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The Corner Counties Empowerment Area Board attempts to maintain equipment and supplies that permit work to be accomplished in the most efficient and effective manner possible. While employees are encouraged to use these items, it is important to understand that they are the property of the Corner Counties Empowerment Area Board and are to be used to conduct Corner Counties Empowerment Area business.

As part of your employment, a desk or work space may be made available to you. The desk and work space are the property of the "Record of Employer" for use by the Corner Counties Empowerment Area Board. Because the desk and work space are not your personal property, the desk and work space are subject to being inspected by the "Record of Employer" or any member of the Corner Counties Empowerment Area Board at any time, with or without notice.

The Record of Employer or the Corner Counties Empowerment Area Board assumes no responsibility or liability for any items of personal property which are placed in the desk or work space that is provided to you.

If the Record of Employer or the Corner Counties Empowerment Area Board conducts an examination or inspection under the terms of this policy, there will be at least two individuals present at the time of the examination or inspection.

## **USE OF WORKPLACE TECHNOLOGY**

### **5.7**

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The Corner Counties Empowerment Area Board may provide electronic mail systems, computers, telephone systems, voice mail, fax machines, and other technology to employees at the Board's expense for their use in performing their duties for the Corner Counties Empowerment Area. The purpose of this policy is to prevent misuse of the workplace technology and to ensure appropriate, efficient and effective use of such technology. These machines and systems are business equipment owned by the Record of Employer and/or The Corner Counties Empowerment Area Board to be used for business purposes. Exceptions are limited to necessary personal phone calls, and authorized personal use of the Internet and e-mail systems during nonworking time as approved by the Board Chair.

Employees shall maintain the highest professional ethics and conduct while using the workplace electronic communication systems. Employees must restrict personal use to occasional use that does not interfere with the Corner Counties Empowerment Area Board's business. Occasional, incidental personal use of the workplace technology must not interfere with job activities nor result in any expense to the Record of Employer or the Corner Counties Empowerment Area Board.

Obscene, demeaning, defamatory, or disruptive messages are prohibited. This includes, but is not limited to, messages that are inconsistent with the Corner Counties Empowerment Area Board's policies concerning workplace harassment and sexual harassment. Any use of the Internet or other technology to obtain, transfer, download, or send sexually explicit material for personal use is expressly prohibited.

All communications over and activity conducted on the workplace systems are property of the Record of Employer and/or the Corner Counties Empowerment Area Board. The Corner Counties Empowerment Area Board may access, review, audit, and disclose all matters sent over its systems or placed into their storage.

Employees should have no expectation or right of privacy when using the workplace systems. The Internet is an open, unsecured network. Also, some electronic communications such as electronic mail and computer files may exist on back-up tapes after the user deletes them. Simply deleting a message or file may not fully eliminate the message from the system. The use of personal passwords or access codes does not restrict the Corner Counties Empowerment Area Board's ability to access electronic communications or files.

The Corner Counties Empowerment Area Board may retrieve an employee's voice and electronic mail messages and computer files for non-investigative reasons (such as to retrieve a needed computer file or message) and as part of a valid investigative search relating to workplace misconduct.

The Corner Counties Empowerment Area Board may review a record of an employee's internet usage. An employee's use of the electronic mail, internet, voice mail or other computer systems constitute consent to the Corner Counties Empowerment Area Board's review of the employee's electronically stored e-mail, files or messages. All messages should be composed with the expectation that they will be made public.

Employees must inform the Corner Counties Empowerment Area Board of voice mail, e-mail and computer passwords or access codes. Employees shall not use unauthorized codes, passwords, or other means to gain access to others' files.

Loading, copying or installing any software, including commercial software, shareware, freeware, games, screen savers, or any other type of software, is prohibited without authorization from the Corner Counties Empowerment Area Board. Employees who are authorized to download information from the internet must comply with disk scanning procedures established by the Corner Counties Empowerment Area Board to minimize the risk of contracting a computer virus. Employees are prohibited from deactivating software designed to detect and destroy computer viruses.

Use of the electronic communication system to copy and/or transmit any documents, images, software or other information protected by a copyright owned by someone other than the Corner Counties Empowerment Area Board, without proper authorization from the copyright owner, is prohibited. Copyright protection applies to any document, image, software or information unless it is specifically marked as public, not copyrighted, or freeware. In the absence of any specific copyright markings, material or information should be considered copyright protected. The Corner Counties Empowerment Area Board assumes the responsibility for reviewing, ascertaining or policing copyright material that may be transmitted to or from the electronic communication system by employees.

Employees will be disciplined, up to and including termination, for violating the Corner Counties Empowerment Area Board's technology policy. Employees who are terminated, laid off, or extended leave of absence have no right to access e-mail or other Corner Counties Empowerment Area electronic communications system.

## **USE OF MOTOR VEHICLES**

**5.8**

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### **Driver's license required; driving record checks**

Employees whose job duties require the operation of a motor vehicle must possess a valid Iowa Driver's License. All current employees for the Corner Counties Empowerment Area Board whose job duties require the operation of a motor vehicle will be required to submit to a Department of Motor Vehicles (DMV) Driving Records check as a condition of their employment. A record of the driving record check will be kept in each employee's personnel file. A record check indicating a suspension, revocation, or expiration of an employee's driver's license may result in termination of employment.

All new applicants seeking employment for the Corner Counties Empowerment Area Board for positions which require the operation of a motor vehicle will be required to submit a Department of Motor Vehicles Driving Records check prior to employment. A report indicating a suspension or revocation may result in denial of employment.

The Corner Counties Empowerment Area Board will make periodic checks of an employee's driver's license through visual and formal DMV records checks. Any employee who does not possess a valid driver's license will not be allowed to operate a motor vehicle during employment hours until such time as he or she obtains a valid driver's license.

Any employee who does not possess a valid driver's license because of revocation, suspension, or expiration must notify the Board Chair immediately. An employee who fails to immediately report such revocation, suspension, or expiration and continues to operate a motor vehicle during working hours will be subject to disciplinary action, up to and including discharge.

#### **Use of personal vehicles for Corner Counties Empowerment Area Business**

All Corner Counties Empowerment Area employees who use their personal vehicles to perform Corner Counties Empowerment Area business as part of their job duties must provide personal vehicle insurance coverage indicating that all personally owned vehicles driven by the employee in the course of performing job duties have insurance coverage. The personal insurance policy issued by a company licensed to do business in the State of Iowa shall show a minimum limit of liability coverage in the amounts of:

Bodily injury each person:	\$100,000
Bodily injury each accident:	\$300,000
Property damage each accident:	\$100,000
Or/Combined single limit:	\$300,000

Employees for the Corner Counties Empowerment Area Board must maintain these limits of liability coverage at all times while employed for the Board and must provide notice of any change in insurance coverage. The Corner Counties Empowerment Area Board does not provide any coverage for the employee while operating their personal motor vehicle while performing Corner Counties Empowerment Area business. The employee's personal vehicle insurance coverage will be the primary insurance coverage for the employee in the event of loss. Corner Counties Empowerment Area Board will provide coverage that protects the Corner Counties Empowerment Area Board only in the event of a loss.

In the event the employee cancels or materially changes their vehicle insurance coverage they are required to notify the Corner Counties Empowerment Area Board Chair and immediately cease operating their personal vehicle while performing official Corner Counties Empowerment Area business until the required insurance is reinstated.

**Employees for the Corner Counties Empowerment Area Board who use their personal vehicles to perform Corner Counties Empowerment Area business as part of their job duties must provide a copy of their personal vehicle insurance coverage upon request by the Corner Counties Empowerment Area Board.**

## **SECTION SIX: COMPLAINT RESOLUTION PROCEDURE**

### **COMPLAINT RESOLUTION PROCEDURE**

### **6.1**

Misunderstandings, conflicts, problems, or other questions about your job can arise in any workplace. To ensure effective working relations, it is important that such matters be resolved before serious problems

develop. If your concern relates to sexual harassment or another type of workplace harassment, follow the procedure in the sexual harassment policy contained in this handbook. Also, certain complaints may fall under resolution procedures established by state law. For other complaints, the Corner Counties Empowerment Area Board has adopted the following procedure to respond to your concerns.

**Step One: Corner Counties Empowerment Area Board Chair**

First see the Corner Counties Empowerment Area Board Chair. He or she is in the best position to resolve your problems or concerns. In an effort to resolve the problem, he or she will consider the facts and conduct an investigation, if necessary. You will normally receive a response regarding your problem within five days of meeting with the Board Chair. If you are not satisfied with the response, or if the Board Chair fails to respond to your complaint within five working days you may proceed to Step 2.

**Step Two: Governing Body**

You may prepare a written summary of your concerns and request that the matter be reviewed by the Corner Counties Empowerment Area Board.

After a full examination of the facts (which may include a review of the written summary of your statement, discussions with all individuals concerned, and a further investigation if necessary), the Corner Counties Empowerment Area Board will normally advise you of its decision within 15 days. The decision of the Corner Counties Empowerment Area Board shall be final.

**Appendix A: Employee Acknowledgments**

**Employee Acknowledgement of Receipt of Handbook**

I have received my copy of the Corner Counties Empowerment Area Employee Handbook. I understand that the handbook has been provided to me for informational purposes only and that the Corner Counties Empowerment Area Board may change or withdraw any policies, procedures, or benefit programs at any time. I acknowledge that this handbook is not a contract of employment, express or implied, and that I am not guaranteed employment for any specific duration. Either the Corner Counties Empowerment Area Board or I may terminate my employment at any time with or without notice or cause.

**Drug Free Workplace Policy Acknowledgement**

I have received a copy of the employer’s policy regarding the maintenance of a drug-free workplace. I realize that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited on this employer’s premises or while conducting the employer’s business. A violation of this policy can subject me to discipline up to and including termination. I realize I must abide by the terms of this policy and that if I am directly engaged in work performed pursuant to a federal grant or contract, as a condition of employment, I must notify the employer of any criminal drug conviction for a violation occurring in the workplace no later than five days after such conviction. I further realize that federal law mandates that the employer communicate this conviction to the federal agency, and I hereby waive any and all claims that may arise for conveying this information to the federal agency.

**Acknowledgment of Receipt of Workplace Technology Policy**

I have received a written copy of the Corner Counties Empowerment Area Board’s Workplace Technology policy. I fully understand the terms of this policy and agree to abide by them. I understand that the Corner Counties Empowerment Area Board’s computer and electronic communications systems are to be used for business purposes only, with limited exceptions and only as approved by the Board Chair, and that all information stored in, transmitted, or received through the Corner Counties Empowerment Area Board’s systems is the property of the Corner Counties Empowerment Area Board. I acknowledge that I have no expectation of privacy in connection with the use of this equipment. I acknowledge and consent to the Corner Counties Empowerment Area Board monitoring my use of this equipment at any time at its discretion. Such monitoring may include, but is not limited to, printing and reading E-mail entering, leaving, or stored in these systems; listening to my voice mail messages; recording the Internet address of any site that I visit; and recording any network activity in which I transmit or receive any kind of file. I acknowledge that any message I send or receive may be recorded and stored in an archive file for management use. I know that any violation of this policy could lead to discipline, up to and including termination.

\_\_\_\_\_  
Employee’s signature

\_\_\_\_\_  
Date