**Exhibit B**

###### **Municipal Excess Liability**

**Joint Insurance Fund**

##### MODEL PERSONNEL

**POLICIES AND PROCEDURES**

**MANUAL**

**With Additions and Deletions Incorporated**

**DRAFT DATED February 15, 2016**

**These sample policies and procedures are not intended to be all encompassing and are believed to conform to current law and practice at the time of preparation. However, municipalities and authorities are cautioned to seek legal advice from a qualified employment attorney before adopting any employment policies and procedures.**

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**Permission is hereby granted to any New Jersey local unit to utilize this model.**

 **Drafting Instructions:**

To assist municipalities and authorities to upgrade their personnel practices, the MEL Safety and Education Committee has developed this Model Personnel Policies and Procedures Manual. Many of these practices are required for member local units to qualify for the MEL’s deductible and premium rate incentives under the Employment Practices Liability (EPL) coverage, although changes can be made to conform to the local unit’s particular circumstances. **These required policies and procedures are marked with a \*.** This model also includes examples of other policies often included in local unit personnel manuals but are not required for the incentives.

Each local unit must adapt these models for their particular organization. Where the model uses the term “local unit type”, insert Township, Borough, Village, Authority, etc. as appropriate.

For most local units, the “CEO title” is the full-time Manager, Administrator or Executive Director and not an elected official except in a few municipalities such as Strong-Mayor Faulkner Act or Commissioner forms. Even many of these towns have a full-time professional CEO with the title of Manager or Administrator. In small local units, the CEO may be the Clerk.

All members are also required to designate a Personnel Administrator to assist the CEO in the implementation of personnel practices. This is typically the Human Resources Director, the Clerk, the CFO or the CEO’s assistant. Insert the appropriate title in the model. With advance written approval of the MEL Fund Office, this requirement may be waived for members with relatively few employees or special circumstances.

Advice concerning personnel matters is usually provided by an Employment Attorney or an Employment Advisor. However, the local unit may designate its General Counsel if experienced in employment matters. Where the model uses the term “Employment Attorney/Advisor title” insert the appropriate title.

Bracketed sentences and clauses are included to assist local units in adapting the models to special circumstances, for example where the local unit operates pursuant to the Civil Service Act or the local unit has a Police Department. The bracketed sentences and clauses also address variances in benefits, compensating time and similar personnel terms and conditions.

The final copy of the manual should be paginated and the cover should include the statement, “The (local unit name) is an Equal Opportunity Employer, M/F.”

The MEL Executive Director and Fund Attorney are available to assist members modifying these models. However, members are strongly advised to consult with their Employment Attorney or Advisor in this process.

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**GENERAL PERSONNEL POLICY:\***

It is the policy of the (local unit type) to treat employees and prospective employees in a manner consistent with all applicable employment laws and regulations. The personnel policies and procedures of the (local unit type) shall apply to all employees, volunteers, (elected or) appointed officials and independent contractors. In the event there is a conflict between these rules and any collective bargaining agreement, personnel services contract, or Federal or State law (including) (the Attorney General’s guidelines with respect to Police Department personnel matters) (and) (the New Jersey Civil Service Act), the terms and conditions of that contract or law shall prevail. In all other cases, these policies and procedures shall prevail.

All employees, officers and Department Heads shall be appointed and promoted by the (governing body name) (CEO title). No person shall be employed or promoted unless there exists a position created by an ordinance adopted by the (governing body name) as well as the necessary budget appropriation and salary ordinance.

The (CEO title) and all managerial/supervisory personnel are authorized and responsible for personnel policies and procedures. The (governing body name) has appointed the (Personnel Administrator title) to assist the (CEO title) implement personnel practices. The (CEO title) and (Personnel Administrator title) shall also have access to the (Employment Attorney/Advisor title) appointed by the (governing body name) for guidance in personnel matters.

As a general principle, the (local unit type) has a “no tolerance” policy towards workplace wrongdoing. (Local unit type) officials, employees and independent contractors are to report anything perceived to be improper. The (local unit type) believes strongly in an Open Door Policy and encourages employees to talk with their supervisor, Department Head, (CEO title), the (Personnel Administrator title) or the (Employment Attorney/Advisor title) concerning any problem

The Personnel Policies and Procedures Manual adopted by the (governing body name) is intended to provide guidelines covering public service by (local unit type) employees and is not a contract. This manual contains many, but not necessarily all of the rules, regulations, and conditions of employment for (local unit type) personnel. The provisions of this manual may be amended and supplemented from time to time without notice and at the sole discretion of the (local unit type).

To the maximum extent permitted by law, the employment practices of the (local type) shall operate under the legal doctrine known, as “employment at will.” Within Federal and State law, (including the New Jersey Civil Service Act) and any applicable bargaining unit agreement, the (local unit type) shall have the right to terminate an employee at any time and for any reason, with or without notice, except the (local unit type) shall comply with all Federal and State legal requirements requiring notice and an opportunity to be heard in the event of discipline or dismissal.

#### SECTION ONE

**Policies Relating to Employee Rights and Obligations:**

Drafting Note: The model policies marked \* in this section are required to be eligible for the MEL’s deductible and premium rate incentives under the Employment Practices Liability coverage, although changes may be made to conform to the local unit’s particular circumstances and form of government. The other model policies are examples of issues covered in local unit personnel policies manuals.

Anti-Discrimination Policy:\*

The (local unit type) is committed to the principle of equal employment opportunity and anti-discrimination pursuant to Title VII of the 1964 Civil Rights Act as amended by the Equal Opportunity Act of 1972 and the New Jersey Law Against Discrimination as amended by the New Jersey Pregnant Worker’s Fairness Act (LAD). Under no circumstances will the (local unit type) discriminate on the basis of sex, race, creed, color, religion, national origin, ancestry, age, marital or political status, affectional or sexual orientation, domestic partnership status, civil union status, atypical heredity, cellular or blood trait, genetic information, disability (including AIDS or HIV infection), pregnancy (including pregnancy related medical condition), childbirth, liability for service in the United States armed forces, gender identity or expression, and/or any other characteristic protected by law. Decisions regarding the hiring, promotion, transfer, demotion or termination are based solely on the qualifications and performance of the employee or prospective employee. If any employee or prospective employee feels they have been treated unfairly, they have the right to address their concern with their supervisor, or if they prefer their Department Head, (CEO title), the (Personnel Administrator title) or the (Employment Attorney/Advisor title).

Americans with Disabilities Act Policy/ New Jersey Pregnant Worker’s Fairness Act:\*

In compliance with the Americans with Disabilities Act, the ADA Amendments Act and the New Jersey Law Against Discrimination as amended by the New Jersey Pregnant Worker’s Fairness Act (LAD), the (local unit type) does not discriminate based on disability, pregnancy, pregnancy related medical condition or childbirth. The (local unit type) will endeavor to make every work environment handicap assessable and all future construction and renovation of facilities will be in accordance with applicable barrier-free Federal and State regulations and the Americans with Disabilities Act Accessibility Guidelines, as well as the ADA Amendments Act.

It is the policy of the (local unit type) to comply with all relevant and applicable provisions of the Americans with Disabilities Act, the ADA Amendments Act and LAD. We will not discriminate against any employee or job applicant with respect to any terms, conditions, or privileges of employment on the basis of a known or perceived disability, pregnancy, childbirth or pregnancy related medical condition. We will also make reasonable accommodations to known physical or mental limitations of all employees and applicants with disabilities or pregnant, provided that the individual is otherwise qualified to safely perform the essential functions of the job and also provided that the accommodation does not impose undue hardship on the (local unit type).

The (CEO title) shall engage in an interactive dialogue with disabled/pregnant employees and prospective disabled/pregnant employees to identify reasonable accommodations or their respective physician. All decisions with regard to reasonable accommodation shall be made by the (CEO title). Employees who are assigned to a new position as a reasonable accommodation will receive the salary for their new position. The Americans with Disabilities Act does not require the (local unit type) to offer permanent “light duty”, relocate essential job functions, or provide personal use items such as eyeglasses, hearing aids, wheelchairs, etc.

Employees should also offer assistance, to the extent possible, to any member of the public who requests or needs an accommodation when visiting (local unit type) facilities. Any questions concerning proper assistance should be directed to (CEO Title).

Contagious or Life Threatening Illnesses Policy:\*

The (local unit type) encourages employees with contagious diseases or life-threatening illnesses to continue their normal pursuits, including work, to the extent allowed by their condition. The (local unit type) shall make reasonable accommodations to known physical and mental limitations of all employees, provided that the individual is otherwise qualified to safely perform the essential functions of the job and also provided that the accommodation does not impose an unreasonable hardship on the (local unit type).

The (local unit type) will take reasonable precautions to protect such information from inappropriate disclosure, including the following:

* Medical information may be disclosed with the prior written informed consent of the person who is the subject of the information.
* Information may be disclosed without the prior written consent to qualified individuals for the purpose of conducting management audits, financial audits, and program evaluations, but these individuals shall not identify, either directly or indirectly, the person who is the subject of the record in a report or evaluation, or otherwise disclose the person’s identity in any manner. Information shall not be released to these individuals unless it is vital to the audit or evaluation.
* Information may be disclosed to the Department of Health as required by State or Federal law.

Managers and other employees have a responsibility to maintain the confidentially of employee medical information. Anyone inappropriately disclosing such information shall be subject to disciplinary action.

**Safety Policy:**

The (local unit type) will provide a safe and healthy work environment and shall comply with the Public Employees Occupational Safety and Health Act (PEOSHA). The (local unit type) is equally concerned about the safety of the public. Consistent with this policy, employees will receive periodic safety training and will be provided with appropriate safety equipment. Employees are responsible for observing safety rules and using available safety devices including personal protective equipment. Failure to do so constitutes grounds for disciplinary action. Any occupational or public unsafe condition, practice, procedure or act must be immediately reported to the supervisor or Department Head. Any on-the-job accident or accident involving (local unit type) facilities, equipment or motor vehicles must also be immediately reported to the supervisor or Department Head.

The (local unit type) has appointed a Safety Committee that meets on a regular basis to discuss and recommend solutions to safety problems. Employees are encouraged to discuss safety concerns with their Safety Committee Representative.

**Transitional Duty Policy:**

The (local unit type) will endeavor to bring employees with temporary disabilities back on the job as soon as possible and may assign transitional duty to employees who temporarily cannot perform the essential functions of their positions because of injury or illness. Transitional duty is not guaranteed and will not exceed \_\_\_\_\_ workdays. (Typically forty-five) If a department already has one employee on transitional duty, it is unlikely that another employee from that department will be assigned transitional duty.

An employee requesting transitional duty or the Workers Compensation Physician shall notify the (CEO title) as soon as the temporarily disabled employee is able to return to work with restrictions. Transitional duty will only be assigned if the employee will probably be able to perform the essential functions of the position after the transitional duty period. The (CEO title) will consult with the Department Head to determine if there is any meaningful work that can be performed consistent with the restrictions. Transitional duty assignments may be in any department and not just the employee’s normal department. The (CEO title) will decide if it is in the best interest of the (local unit type) to approve a transitional duty request and will notify the employee of the decision. The (local unit type) reserves the right to terminate the transitional duty assignment at any time without cause.

Employees may not refuse transitional duty assignments that are recommended by the Workers Compensation Physician. In such cases, failure to report to work as directed shall constitute immediate grounds for dismissal. If the employee believes that the transitional duty assignment is beyond the employee’s abilities, the employee may request a meeting with the (CEO title) who will render a written response within 24 hours.

Employees on transitional duty will receive their regular salaries and are prohibited from engaging in any outside employment of any kind unless they receive prior written approval from the (CEO title). If transitional duty is approved, the employee or Workers Compensation Physician must keep the (CEO title) informed of the medical progress. (Employees assigned to transitional duty will be allotted time off to attend medical or physical therapy appointments but must request leave time for any other reason.) If at the end of transitional duty period the employee is not able to return to work without restrictions, the (local unit type) reserves the right at its sole discretion to extend the transitional duty or place the employee back on Workers Compensation or disability. This policy does not affect an employee’s rights under the Americans with Disabilities Act, the Family and Medical Leave Act, the Fair Labor Standards Act, the Contagious or Life Threatening Illnesses Policy or other Federal or State law.

Drugs and Alcohol Policy:\*

The (local unit type) recognizes that the possession or use of unlawful drugs and the abuse of alcohol pose a threat to the health and safety of all employees. Any employee who is observed by a supervisor or department head to be intoxicated or under the influence of alcohol or drugs during working hours or is under reasonable suspicion of same shall be immediately tested and is subject to discipline up to and including termination. The supervisor or Department Head will immediately report any reasonable suspicions to the (CEO title).

An employee will be required to submit to alcohol, drug or controlled substance testing when the employee’s work performance causes a reasonable suspicion that that employee is impaired due to current intoxication, drug or controlled substance use, or in cases where employment has been conditioned upon remaining alcohol, drug, or controlled dangerous substance free following treatment. Refusal to submit to testing when requested may result in immediate disciplinary action, including termination. Supervisors or Department heads that observe behavior constituting reasonable suspicion are required to institute testing and do not have the option of sending the employee home as an alternative.

The manufacturing, distribution, dispensation, possession, and use of alcohol or unlawful drugs on (Local unit type) premises or during work hours by employees is strictly prohibited.

Employees must notify their supervisor within five (5) days of conviction for a drug or alcohol related violation, whether or not the violation occurred in the workplace.

Employees who are required to maintain a Commercial Driver’s License (CDL) are subject to random drug testing as required by the federal government.

Employees using prescription drugs that may affect job performance or safety must notify (CEO title, personnel administrator, or other designee of the local unit) who is required to maintain the confidentiality of any information regarding an employee’s medical condition in accordance with the Health Insurance Portability and Protection Act. (Local unit type) personnel who hold a Commercial Driver’s License (CDL) are subject to the provisions of the Commercial Driver’s Licenses Drug and Alcohol Testing Policy. (A program to assist employees who may have a drug/alcohol problem is provided through the (local unit type)’s Employee Assistance Program.)

No prescription drug should be used by any person other than the individual to whom it is prescribed. Such substances or non-prescription (over-the-counter) drugs should be used only as prescribed or indicated. Employees are prohibited from consuming prescription drugs that are not prescribed in their name on (local unit type) property or while performing (local unit type) business. Soliciting or distributing prescription drugs for or to other employees is also strictly prohibited.

Workplace Violence Policy:\*

The (local unit type) will not tolerate workplace violence. Violent acts or threats made by an employee against another person or property are cause for immediate dismissal and will be fully prosecuted. This includes any violence or threats made on (local unit type) property, at (local unit type) events or under other circumstances that may negatively affect the (local unit type)’s ability to conduct business.

Prohibited conduct includes:

* Causing physical injury to another person;
* Making threatening remarks;
* Aggressive, hostile, or bullying behavior that creates a reasonable fear of injury to another person or subjects another individual to emotional distress;
* Intentionally damaging employer property or property of another employee;
* Possession of a weapon while on (local unit type) property or while on (local unit type) business except with the authority of the Police Chief; and
* Committing acts motivated by, or related to, sexual harassment or domestic violence.

Any potentially dangerous situations must be immediately reported. The (local unit type) will actively intervene in any potentially hostile or violent situation.

General Anti-Harassment Policy:\*

It is the [local unit type’s] policy to prohibit harassment of an employee by another employee, management representative, supplier, volunteer, or business invitee on the basis of actual or perceived sex, race, creed, color, religion, national origin, ancestry, age, marital or political status, affectional or sexual orientation, domestic partnership status, civil union status, atypical heredity, cellular or blood trait, genetic information, disability (including AIDS or HIV infection), gender identity or expression, liability for service in the United States armed forces, and/or any other characteristic protected by law. Harassment of non-employees by our employees is also prohibited. While it is not easy to define precisely what harassment is, it includes slurs, epithets, threats, derogatory comments, unwelcome jokes, teasing, caricatures or representations of persons using electronically or physically altered photos, drawings or images, and other similar verbal, written, printed or physical conduct.

If an employee is witness to or believes to have experienced harassment, immediate notification of the supervisor or other appropriate person should take place. See the Employee Complaint Policy.

Harassment of any employees, in connection with their work, by non-employees may also be a violation of this policy. Any employee who experiences harassment by a non-employee, or who observes harassment of an employee by a non-employee should report such harassment to the supervisor. Appropriate action will be taken against any non-employee.

Notification of appropriate personnel of any harassment problem is essential to the success of this policy and the [local unit type] generally. The (local unit type) cannot resolve a harassment problem unless it knows about it. Therefore, it is the responsibility of all employees to bring those kinds of problems to attention of the appropriate officials so that steps are taken to correct them.

Violation of this harassment policy will subject employees to disciplinary action, up to and including immediate discharge.

**Anti-Sexual Harassment Policy:\***

It is the [local unit type’s] policy to prohibit sexual harassment of an employee by another employee, management representative, supplier, volunteer, or business invitee. The (local unit type) prohibits sexual harassment from occurring in the workplace or at any other location at which (local unit type) sponsored activity takes place. Sexual harassment of non-employees by our employees is also prohibited. The purpose of this policy is not to regulate personal morality or to encroach upon one’s personal life, but to demonstrate a strong commitment to maintaining a workplace free of sexual harassment.

Unwelcome sexual advances, requests for sexual favors and other verbal, physical or visual conduct of a sexual nature constitute harassment when:

* Submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment;
* Submission to or rejection of such conduct by an individual is used as the basis for an employment decision affecting the individual; or
* Such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or creating an intimidating, hostile or offensive work environment.

Regarding unwelcome sexual advances toward non-employees, requests for sexual favors and other verbal, physical or visual conduct of a sexual nature constitute harassment when:

* Submission to such conduct is made either explicitly or implicitly in exchange for a benefit;
* Submission to or rejection of such conduct by an individual is used as the basis for a decision affecting the individual; or
* Such conduct has the purpose or effect of unreasonably interfering with an individual’s activities or creating an intimidating, hostile or offensive environment.

Sexual harassment may include unwanted sexual advances; offering employment benefits in exchange for sexual favors; visual conduct (leering, making sexual gestures, displaying of sexually suggestive objects or pictures, cartoons or posters); verbal sexual advances, propositions or requests; verbal abuse of a sexual nature; graphic verbal commentaries about an individual’s body; sexually degrading words used to describe an individual; suggestive or obscene letters, caricatures or representations of persons using electronically or physically altered photos, drawings, or images; notes or invitations; and/or, physical conduct (touching, assault, impeding or blocking movements).

If an employee is witness to or believes that the employee has experienced sexual harassment, they must immediately notify their supervisor or other appropriate person. See the Employee Complaint Policy.

Harassment of (local unit type) employees, in connection with their work, by non-employees may also be a violation of this policy. Any employee who experiences harassment by a non-employee, or who observes harassment of an employee by a non-employee should report such harassment to their supervisor. Appropriate action will be taken against any non-employee.

Notification by employee to appropriate personnel of any harassment problem is essential to the success of this policy and the (local unit type) generally. The (local unit type) cannot resolve a harassment problem unless it is reported. Therefore, it is the responsibility of all employees to bring those kinds of problems to the attention of management so that steps are necessary to correct them.

Violation of this sexual harassment policy will subject employees to disciplinary action, up to and including immediate discharge.

**“Whistle Blower” Policy:\***

Employees have the right under the “Conscientious Employee Protection Act (CEPA)” to complain about any activity, policy or practice that the employees reasonably believe is in violation of a law, rule, or regulation promulgated pursuant to law without fear of retaliation or reprisal. This right shall be communicated to all employees in an annual letter outlining the specific employee complaint procedure and in a posted notice. A written acknowledgement that the employee received, read, and understood this letter will be included in the employee’s official personnel file. The annual notice shall be in English and Spanish and must contain the name of the person who is designated to receive written notification of policies or practices that might violate CEPA. This right will also be communicated in the Employee Handbook. All complaints will be taken seriously and promptly investigated.

The (local unit type) shall not take any retaliatory action or tolerate any reprisal against an employee for any of the following:

* Disclosing or threatening to disclose to a supervisor, Department Head, the (CEO title), other official or to a public body, as defined in the Conscientious Employee Protection Act (N.J.S.A. 34:19-1 et seq.) an activity, policy or practice that the employee reasonably believes is in violation of a law, a rule or regulation promulgated pursuant to law;
* Providing information to, or testifying before any public body conducting an investigation, hearing, an inquiry into any violation of law, or a rule or regulation promulgated pursuant to law; or
* Objecting to, or refusing to participate in any activity, policy, or practice that the employee reasonably believes is a violation of a law, rule or regulation promulgated pursuant to law; is fraudulent or criminal; or is incompatible with a clear public policy mandate concerning the public health, safety, or welfare.

In accordance with the statute, the employee must bring the violation to the attention of the (CEO title, personnel administrator, or other person designated by the local unit). However, disclosure is not required where (1) the employee is reasonably certain that the violation is known to one or more officials; (2) where the employee reasonably fears physical harm; or (3) the situation is emergency in nature. Employees are encouraged to complain in writing using the Employee Complaint form. See Employee Complaint Policy. Under the law, the employee must give the (local unit type) a reasonable opportunity to correct the activity, policy or practice. The administration of whistle blower complaints is not subject to the limitations in the Grievance Policy.

**Employee Complaint Policy:\***

Employees who observe actions they believe to constitute harassment, sexual harassment, or any other workplace wrongdoing should immediately report the matter to their supervisor, or, if they prefer, or do not think that the matter can be discussed with their supervisor, they should contact the Department Head, the (CEO title), the (Personnel Administrator title) or the (Employment Attorney/Advisor title). Reporting of such incidents is encouraged both when an employee feels that he or she is subject to such incidents, or observes such incidents in reference to other employees. Employees should report incidents in writing using the Employee Complaint form, but may make a verbal complaint at their discretion. If the employee has any questions about what constitutes harassment, sexual harassment, or any other workplace wrongdoing, they may ask their supervisor or one of the individuals listed above. All reports of harassment, sexual harassment, or other wrongdoing will be promptly investigated by a person who is not involved in the alleged harassment or wrongdoing.

No employee will be penalized in any way for reporting a complaint. There will be no discrimination or retaliation against any individual who files a good‑faith harassment complaint, even if the investigation produces insufficient evidence to support the complaint, and even if the charges cannot be proven. There will be no discrimination or retaliation against any other individual who participates in the investigation of a complaint.

If the investigation substantiates the complaint, appropriate corrective and/or disciplinary action will be swiftly pursued. Disciplinary action up to and including discharge will also be taken against individuals who make false or frivolous accusations, such as those made maliciously or recklessly. Actions taken internally to investigate and resolve harassment complaints will be conducted confidentially to the extent practicable and appropriate in order to protect the privacy of persons involved. Any investigation may include interviews with the parties involved in the incident, and if necessary, with individuals who may have observed the incident or conduct or who have other relevant knowledge. The complaining employee will be notified of a decision at the conclusion of the investigation within a reasonable time from the date of the report an incident.

**Grievance Policy:**

A grievance is any formal dispute concerning the interpretation, application and enforcement of any personnel policy or procedure of the (local unit type). Grievances from union employees will be handled pursuant to the terms of the applicable bargaining unit agreement. All grievances from non-union employees must be presented within five working dates after arising and failure to report a grievance within such time shall be deemed as a waiver of the grievance. In the event of a settlement or ruling that results in a determination of monetary liability, such liability shall not exceed more than thirty working days prior to the date the grievance was first presented in writing.

* **Step One:** Any employee or group of employees with a grievance shall verbally communicate the grievance to the supervisor or Department Head who will discuss the matter with the (CEO title) and the (Personnel Administrator title). The supervisor or Department Head will communicate the decision to the employee within two working days.
* **Step Two:** If the employee is not satisfied with the decision, the employee must submit a written grievance to the (CEO title) detailing the facts and the relief requested. The decision in step one will be deemed final if the employee fails to submit a written grievance within five days working days of the step one decision. After consulting the (Personnel Administrator title) and the (Employment Attorney/Advisor title) as appropriate, the (CEO title) will render a written decision to the employee within five working days after receipt of the written grievance.

These limitations do not apply to employee complaints made under the General Anti-Harassment Policy, the Anti-Sexual Harassment Policy or the Whistle Blower Policy.

Access to Personnel Files Policy:\*

The official personnel file for each employee shall be maintained by the (Personnel Administrator title). Personnel files are confidential records that must be secured in a locked cabinet and will only be available to authorized managerial and supervisory personnel on a need-to-know basis. Records relating to any medical condition will be maintained in a separate file. Electronic personnel and medical records must be protected from unauthorized access.

Upon request, employees may inspect their own personnel files at a mutually agreeable time on the (local unit type) premises in the presence of the (Personnel Administrator title) or a designated supervisor. The employee will be entitled to see any records used to determine his or her qualification for employment, promotion or wage increases and any records used for disciplinary purposes. Employees may not remove any papers from the file. Employees will be allowed to have a copy of any document they have signed relating to their obtaining employment. Employees may add to the file their versions of any disputed item.

Personnel files do not contain confidential employee medical information. Any such information that the (local unit type) may obtain will be maintained in separate files and treated at all times as confidential information. Any such medical information may be disclosed under very limited circumstances in accordance with any applicable legal requirements.

The (local unit type) endeavors to maintain the privacy of personnel records. There are limited circumstances in which the (local unit type) will release information contained in personnel or medical records to persons outside the (the local unit type). These circumstances include:

* In response to a valid subpoena, court order or order of an authorized administrative agency;
* To an authorized governmental agency as part of an investigation of the (local unit type’s) compliance with applicable law;
* To the (local unit type’s) agents and attorneys, when necessary;
* In a lawsuit, administrative proceeding, grievance or arbitration in which the employee and the (local unit type) are parties;
* In a workers’ compensation proceeding;
* To administer benefit plans;
* To an authorized health care provider;
* To first aid or safety personnel, when necessary; and
* To a potential future employer or other person requesting a verification of your employment as described in the following section titled, “Requests for Employment Verification and Reference Procedure.”

**Conflict of Interest Policy:\***

Employees including (local unit type) officials must conduct business according to the highest ethical standards of public service. Employees are expected to devote their best efforts to the interests of the (local unit type). Violations of this policy will result in appropriate discipline including termination.

The (local unit type) recognizes the right of employees to engage in outside activities that are private nature and unrelated to (local unit type) business. However, business dealings that appear to create a conflict between the employee and the (local unit type)’s interests are unlawful under the New Jersey Local Government Ethics Act. Under the Act, certain employees and officials are required to annually file with the (local unit type) Clerk a state mandated disclosure form. The (local unit type) Clerk will notify employees and (local unit type) officials subject to the filing requirements of the Act.

A potential or actual conflict of interest occurs whenever an employee including a (local unit type) official is in a position to influence a (local unit type) decision that may result in a personal gain for the employee or an immediate relative including a spouse or significant other, child, parent, stepchild, sibling, grandparents, daughter-in-law, son-in-law, grandchildren, niece, nephew, uncle, aunt, or any person related by blood or marriage residing in an employee’s household. Employees are required to disclose possible conflicts so that the (local unit type) may assess and prevent potential conflicts. If there are any questions whether an action or proposed course of conduct would create a conflict of interest, immediately contact the (CEO title) or the (General Counsel title) to obtain clarification.

Employees are allowed to hold outside employment as long as it does not interfere with their (local unit type) responsibilities. Employees are prohibited from engaging in outside employment activities while on the job or using (local unit type) time, supplies or equipment in the outside employment activities. The (CEO title) may request employees to restrict outside employment if the quality of (local unit type) work diminishes. Any employees who holds an interest in, or is employed by, any business doing business with the (local unit type) must submit a written notice of these outside interests to the (CEO title).

Employees may not accept donations, gratuities, contributions or gifts that could be interpreted to affect their (local unit type) duties. Under no circumstances accept donations, gratuities, contributions or gifts from a vendor doing business with or seeking to do business with the (local unit type) or any person or firm seeking to influence (local unit type) decisions. Meals and other entertainment valued in excess of $\_\_\_\_\_\_ are also prohibited. Employees are required to report to the (CEO title) any offer of a donation, gratuity, contribution or gift including meals and entertainment that is in violation of this policy.

**Political Activity Policy:\***

Employees have exactly the same right as any other citizen to join political organizations and participate in political activities, as long as they maintain a clear separation between their official responsibilities and their political affiliations. Employees are prohibited from engaging in political activities while performing their public duties and from using (local unit type) time, supplies or equipment in any political activity. Any violation of this policy must be reported to the supervisor, Department Head, (CEO title), (Personnel Administrator title) or the (General Counsel title).

**Employee Evaluation Policy:\***

The Department Head will complete a written evaluation and appraisal form for every employee to measure progress and to encourage self-improvement at least (once) (twice) a year. The evaluation will also record additional duties performed, educational courses completed as well as a plan to correct any weak points using the Employee Counseling form. After completing the evaluation, the supervisor or Department Head will review the results with the employee and return the form(s) with the signed acknowledgement to the (CEO title). After review by the (CEO title), the form(s) are to be forwarded to the (Personnel Administrator title) for inclusion in the employee’s official personnel file. As a part of the evaluation, employees have the right to request a conference with the (CEO title) or (Personnel Administrator title).

**Employee Discipline Policy:\***

An employee may be subject to discipline for any of the following reasons:

* Falsification of public records, including attendance and other personnel records.
* Failure to report absence.
* Harassment of co-workers and/or volunteers and/or visitors.
* Theft or attempted theft of property belonging to the (local unit type), fellow employees, volunteers or visitors.
* Failure to report to work day or days prior to or following a vacation, holiday and/or leave, and/or any other unauthorized day of absence.
* Fighting on (local unit type) property at any time.
* Being under the influence of intoxicants (e.g., liquor) or illegal drugs (e.g., cocaine or marijuana) on (local unit type) property and at any time during work hours.
* Possession, sale, transfer or use of intoxicants or illegal drugs on [local unit type] property and at any time during work hours.
* Insubordination.
* Entering the building without permission during non-scheduled work hours.
* Soliciting on (local unit type) premises during work time. This includes but is not limited to distribution of literature or products or soliciting membership in fraternal, religious, social or political organizations, and/or sales of products, such as those from Avon, Amway, etc.
* Careless waste of materials or abuse of tools, equipment or supplies.
* Deliberate destruction or damage to (local unit type) or suppliers’ property.
* Sleeping on the job.
* Carrying weapons of any kind on (local unit type) premises and/or during work hours, unless carrying a weapon is a function of your job duties.
* Violation of established safety and fire regulations.
* Unscheduled absence, and chronic or excessive absence.
* Chronic tardiness.
* Unauthorized absence from work area, and/or roaming or loitering on the premises, during scheduled work hours.
* Defacing walls, bulletin boards or any other [local unit type] or supplier property.
* Failure to perform duties, inefficiency or substandard performance.
* Unauthorized disclosure of confidential [local unit type] information.
* Gambling on (local unit type) premises.
* Horseplay, disorderly conduct and use of abusive and/or obscene language on (local unit type) premises.
* Deliberate delay or restriction of your work effort, and/or incitement of others to delay or restrict their work effort.
* Conviction of a crime or disorderly persons offense.
* Violating any (local unit type) rules or policies.
* Conduct unbecoming a public employee.
* Violation of (local unit type) policies, procedures and regulations.
* Violation of Federal, State or (local unit type) laws, rules, or regulations concerning drug and alcohol use and possession.
* Misuse of public property, including motor vehicles.
* Unauthorized use of computers, Internet, and email.
* Other sufficient cause.

Major disciplinary action includes termination, disciplinary demotion or suspension or fine exceeding five working days. Minor discipline includes a formal, written reprimand or a suspension or fine of five working days or less. Employees who object to the terms or conditions of the discipline are entitled to a hearing under the applicable grievance procedure (and Civil Service procedure). In every case involving employee discipline, employees will be provided with an opportunity to respond to charges either verbally or in writing.

In cases of employee misconduct, the (local unit type) believes in corrective action for the purpose of correcting undesirable behavior and preventing a recurrence of that behavior. The corrective action taken will be related to the gravity of the situation, the number and kind of previous infractions and other circumstances. In every case, employees will be given an opportunity to state the situation from their point of view.

In order to correct undesirable behavior, supervisors and managers may utilize the following corrective tools: verbal reprimand; (CEO title) review; written reprimand; suspension; fines, and, dismissal. At the discretion of (local unit type), action may begin at any step, and/or certain steps may be repeated or by-passed, depending on the severity and nature of the infraction and the employee’s work/disciplinary record.

Neither this manual nor any other (local unit type) guidelines, policies or practices create an employment contract. Employment with (local unit type) may be terminated at any time with or without cause or reason by the employee or (local unit type).

**Resignation Policy:**

An employee who intends to resign must notify the Department Head in writing at least two weeks in advance. After giving notice of resignation, employees are expected to assist their supervisor and co-employees by providing information concerning their current projects and help in the training of a replacement. During the last two weeks, the employee may not use paid time off except paid holidays. The Department Head will prepare an Employee Action form showing any pay or other money owed the employee. The (Personnel Administrator title) will conduct a confidential exit interview to discuss benefits including COBRA options, appropriate retirement issues and pay due. A COBRA notification letter will be sent to the employee’s home address. The exit interview will also include an open discussion with the employee. On the last day of work, and prior to receiving the final paycheck, the employee must return the Employee Identification Card, all keys and equipment. At this time, the employee will sign the termination memo designating all money owed and this memo will be retained in the official personnel file.

**Work Force Reduction Policy:\***

(For local units under Civil Service) Pursuant to N.J.A.C. 4A: 8-1.1 the (local unit type) may institute layoff actions for economy, efficiency or other related reasons, but will first consider voluntary alternatives. (Seniority, lateral or other re-employment rights for employees in Career Service titles will be determined by the New Jersey Department of Personnel.)

(For local units not under Civil Service) The (local unit type) may institute layoff actions for economy, efficiency or other related reasons, but will first consider voluntary alternatives. (Seniority, lateral or other re-employment rights for employees will be determined by the (CEO title).

**Driver’s License Policy:\***

Any employee whose work requires that the operation of (Local Unit Type) vehicles must hold a valid New Jersey State Driver's License.

All new employees who will be assigned work entailing the operating of a (Local Unit Type) vehicle will be required to submit to a Department of Motor Vehicles driving records check as a condition of employment. A report indicating a suspended or revoked license status may be cause to deny or terminate employment.

Periodic checks of employee's drivers' licenses through visual and formal Department of Motor Vehicles review checks shall be made by Department Heads or Division Supervisors. Any employee who does not hold a valid driver's license will not be allowed to operate a (Local Unit Type) vehicle until such time as a valid license is obtained.

Any employee performing work which requires the operation of a (Local Unit Type) vehicle must notify the immediate supervisor in those cases where a license is expired, suspended or revoked and/or who is unable to obtain an occupational permit from the State Department of Licensing. An employee that fails to report such an instance, is subject to disciplinary action, including demotion or termination. An employee who fails to immediately report such revocation or suspension to their supervisor and continues to operate a (Local Unit Type) vehicle shall be subject to possible termination.

Any information obtained by the (Local Unit Type) in accordance with this section shall be used by the (Local Unit Type) only for carrying out its lawful functions and for other lawful purposes in accordance with the Driver’s Privacy Protection Act (18 U.S.C. S 2721 et seq.)

**SECTION TWO**

**Workplace Policies:**

Drafting Note: The model policies marked \* in this section are required to be eligible for the MEL’s deductible and premium rate incentives under the Employment Practices Liability coverage, although changes may be made to conform to the local unit’s particular circumstances and form of government. The other model policies are examples of issues covered in local unit personnel policies manuals.

**Job Description Policy:\***

A job description including qualifications shall be maintained for each position (pursuant to New Jersey Department of Personnel guidelines if the position is subject to Civil Service.) All job descriptions must be approved by the (CEO title). The (Personnel Administrator title) will make copies available upon request.

**Attendance Policy:**

All employees are expected to be at work and ready to assume their duties at the beginning of the scheduled workday. Lateness and absence will be tolerated only in emergencies or when the supervisor gives prior approval. All absences must be reported to the supervisor prior to the start of the normal workday. The normal working hours for administrative departments are \_\_\_\_ AM to \_\_\_\_ PM. The working hours for other departments are established by departmental procedures and bargaining unit agreements.

**Early Closing and Delayed Opening Policy:**

In the event of unsafe conditions, the (CEO title) may authorize Department Heads to close operations earlier than the normal working hours. If conditions exist prior to scheduled openings, the (CEO title) shall notify Department Heads of a delayed opening and a new opening time. Each Department will have a calling system in place. If the employee chooses not to report to work, a full vacation day or compensating time will be charged. Sick time will only be charged for a legitimate illness. If work is called off for the day, no time will be charged for the day. This provision does not apply to (the Department of Public Works,) (Police,) (Fire,) (Water,) (Sanitation,) (Emergency Services) (or) any personnel who may be required to assist in an emergency.

**Breaks:**

Administrative personnel are entitled to a \_\_\_\_hour lunch that is to be arranged by the supervisor so that offices continue to function. Other employees are entitled to a \_\_\_\_hour lunch break, which will be scheduled by the supervisor. All employees are entitled to a \_\_\_\_ minute break in the morning and in the afternoon. Administrative personnel must arrange breaks so that offices continue to function. The supervisor will schedule breaks for other employees.

**Dress Code Policy:**

Dress, grooming and personal hygiene must be appropriate for the position. Uniforms are required for certain jobs and are to be worn in accordance with applicable departmental standards. All other employees are required to dress in a manner that is normally acceptable in similar business establishments and consistent with applicable safety standards. Employees shall not wear suggestive attire, jeans, athletic clothing, shorts, sandals, T-shirts, novelty buttons, baseball hats and similar items of casual attire that do not present a businesslike appearance. Hair, sideburns, moustaches and beards must be clean, combed and neatly trimmed. Shaggy, unkempt hair is not permissible regardless of length. Tattoos and body piercings, other than earrings, may not be visible. With the advance approval of the (CEO title), the (local unit type) will make reasonable religious accommodations that do not violate safety standards. Employees violating this policy shall be required to take corrective action or will be sent home without pay.

**No Smoking Policy:**

The New Jersey Legislature has declared that in all governmental buildings the rights of non-smokers to breathe clean air supersedes the rights of smokers. In accordance with State law, the (local unit type) has adopted a smoke-free policy for all buildings. (Local unit type) facilities shall be smoke-free and no employee or visitor will be permitted to smoke anywhere in (local unit type) buildings. Employees are permitted to smoke only outside (local unit type) buildings and such locations as not to allow the re-entry of smoke into building entrances. Smoking inside vehicles owned by the (local unit type) and near equipment that may be sensitive to smoke is also prohibited. This policy shall be strictly enforced and any employee found in violation will be subject to disciplinary action.

**Use of Vehicles Policy:**

Unless an employee receives permission from the (CEO title) (Local unit type) owned vehicles shall be used only on official business and all passengers must be on (local unit type) business.

Vehicles may be taken home only with the advance approval of the (CEO title) except a (mayor or chief operatory officer)may also grant temporary approval to facilitate responses to after-hours emergency calls. When an employee takes home a (local unit type) vehicle, it is to be used only for official (local unit type) business; any other use is not permitted. At no time shall children be in the (local unit type) vehicle when responding to an emergency. Any violation of this policy constitutes cause for disciplinary action.

**Telephone Usage Policy:**

(Local unit type) telephones are for official business and employees may make a personal call only to inform their family of unexpected overtime. Charges for all other personal calls must be reimbursed to the (local unit type). The use of hand-held cell phones while driving (local unit type) vehicles or while driving on (local unit type) business is prohibited.

**Communication Media Policy: \***

The (local unit type’s) Communication Media are the property of the (local unit type) and, as such, are to be used for legitimate business purposes only. For purposes of this Communication Media Policy, “Communication Media” includes all electronic media forms provided by the (local unit type), such as cell phones, smart phones, computers, electronic tablets, access to the internet, voicemail, email, and fax.

All data stored on and/or transmitted through Communication Media is the property of the (local unit type). For purposes of this policy, “Data” includes “electronically-stored files, programs, tables, data bases, audio and video objects, spreadsheets, reports and printed or microfiche materials which serve a (local unit type) business purpose, regardless of who creates, processes or maintains the data, or whether the data is processed manually or though any of the (local unit type’s) mainframe, midrange or workstations; servers, routers, gateways, bridges, hubs, switches and other hardware components of the (local unit type’s) local or wide-area networks.”

The (local unit type) respects the individual privacy of its employees. However, employee communications transmitted by the (local unit type’s) Communication Media are not private to the individual. **All Communication Media and all communications and stored information transmitted, received, or contained in or through such media may be monitored by the (local unit type). The (local unit type) reserves the absolute right to access, review, audit and disclose all matters entered into, sent over, placed in storage in the (local unit type’s) Communication Media.** By using the (local unit type’s) equipment and/or Communication Media, employees consent to have such use monitored at any time, with or without notice, by (local unit type) personnel. The existence of passwords does not restrict or eliminate the (local unit type’s) ability or right to access electronic communications. However, the (local unit type) cannot require the employee to provide its password to his/her personal account.

All email, voicemail and Internet messages (including any technology-based messaging) are official documents subject to the provisions of the Open Public Records Act (NJSA 47:1A-1). Employees of the (local unit type) are required to use the assigned municipal email account for ALL (local unit type) business and correspondence. The use of private email accounts for ANY (local unit type) business or during business hours is strictly prohibited.

Employees can only use the (local unit type’s) Communication Media for legitimate business purposes. Employees may not use (local unit type’s) Communication Media in any way that is defamatory, obscene, or harassing or in violation of any (local unit type) rules or policy. Examples of forbidden transmissions or downloads include sexually-explicit messages; unwelcome propositions; ethnic or racial slurs; or any other message that can be construed to be harassment or disparaging to others based on their actual or perceived age, race, religion, sex, sexual orientation, gender identity or expression, genetic information, disability, national origin, ethnicity, citizenship, marital status or any other legally recognized protected basis under federal, state or local laws, regulations or ordinances.

All employees, who have been granted access to electronically-stored data, must use a logon ID assigned by (local unit type). Certain data, or applications that process data, may require additional security measures as determined by the (local unit type). Employees must not share their passwords; and each employee is responsible for all activity that occurs in connection with their passwords.

All employees may access only data for which the (local unit type) has given permission. All employees must take appropriate actions to ensure that (local unit type) data is protected from unauthorized access, use or distribution consistent with these policies. Employees may not access or retrieve any information technology resource and store information other than where authorized.

Employees must not disable anti-virus and other implemented security software for any reason, in order to minimize the risk of introducing computer viruses into the (local unit type’s) computing environment.

Employees may not install ***or Modify*** ANY hardware device, software application, program code, either active or passive, or a portion thereof, without the express written permission from the (local unit type). Employees may not upload, download, or otherwise transmit commercial software or any copyrighted materials belonging to parties outside of the (local unit type), or licensed to the (local unit type). Employees shall observe the copyright and licensing restrictions of all software applications and shall not copy software from internal or external sources unless legally authorized.

Social Media and its uses in government and daily life are expanding each year however, information posted on a website is available to the public; therefore, employees must adhere to the following guidelines for their participation in social media. Only those Employees directly authorized by (CEO) may engage in social media activity during work time through the use of the (local unit type’s) Communication Media, as it directly relates to their work and it is in compliance with this policy.

Employees must not reveal or publicize confidential (local unit type) information. Confidential proprietary or sensitive information may be disseminated only to individuals with a need and a right to know, and where there is sufficient assurance that appropriate security of such information will be maintained. Such information includes, but is not limited to the transmittal of personnel information such as medical records or related information. In law enforcement operations, confidential, proprietary or sensitive information also includes criminal history information, confidential informant identification, and intelligence and tactical operations files.

No (Local Unit) employee shall post internal working documents to social media sites. This includes, but is not limited to, screenshots of computer stations, pictures of monitors and/or actual documents themselves without the prior approval of the (Local Unit CEO). In addition employees are prohibited from releasing or disclosing any photographs, pictures, digital images of any crime scenes, traffic crashes, arrestees, detainees, people or job related incident or occurrence taken with the (local unit type’s) Communication Media to any person, entity, business or media or Internet outlet whether on or off duty without the express written permission of the (CEO Title). Except in “emergency situations, “Employees are prohibited from taking digital images or photographs with media equipment not owned by the (local unit type).

For purposes of this section, an “emergency situation” involves a sudden and unforeseen combination of circumstances or the resulting state that calls for immediate action, assistance or relief, and may include accidents, crimes and flights from accidents or crimes and the employee does not have access to the (local unit type’s) Communication Media. If such situation occurs, employee agrees that any images belong to the (local unit type) and agree to release the image to the (local unit type) and ensure its permanent deletion from media device upon direction from the (local unit type).

No media advertisement, electronic bulletin board posting, or any other communication accessible via the Internet about the (local unit type) or on behalf of the (local unit type), whether through the use of the (local unit type’s) Communication Media or otherwise, may be issued unless it has first been approved by the (CEO of the local unit type). Under no circumstances may information of a confidential, sensitive or otherwise proprietary nature be placed or posted on the Internet or otherwise disclosed to anyone outside the (local unit type). Such unauthorized communications may result in disciplinary action.

Because (authorized) postings placed on the Internet through use of the (local unit type’s) Communication Media will display on the (local unit type’s) return address, any information posted on the Internet must reflect and adhere to all of the (local unit type’s) standards and policies.

All users are personally accountable for messages that they originate or forward using the (local unit type’s) Communication Media. Misrepresenting, obscuring, suppressing, or replacing a user’s identity on any Communication Media is prohibited. “Spoofing” (constructing electronic communications so that it appears to be from someone else without a legitimate authorized purpose and authorized by the (CEO) ) is prohibited

Employees must respect the laws regarding copyrights, trademarks, rights of public (local unit type) and other third-party rights. Any use of the (local unit type’s) name, logos, service marks or trademarks outside the course of the employee’s employment, without the express consent of the (local unit type), is strictly prohibited. To minimize the risk of a copyright violation, employees should provide references to the source(s) of information used and cite copyrighted works identified in online communications.

To the extent that employees use social media outside of their employment and in so doing employees identify themselves as (local unit type’s) employees, or if they discuss matters related to the (local unit type) on a social media site, employees must add a disclaimer on the front page, stating that it does not express the views of the (local unit type), and the employee is expressing only their personal views. For example: “The views expressed on this website/web log are mine alone and do not necessarily reflect the views of my employer.” Place the disclaimer in a prominent position and repeat it for each posting that is expressing an opinion related to the (local unit type) or the (local unit type’s) business. Employees must keep in mind that, if they post information on a social media site that is in violation of (local unit type) policy and/or federal, state or local laws, the disclaimer will not shield them from disciplinary action.

Nothing in these policies is designed to interfere with, restrain or prevent employee communications regarding wages, hours or other terms and conditions of employment. (local unit type)employees have the right to engage in or refrain from such activities.

**Video Surveillance**

The (local unit type) may install video surveillance camera systems within public buildings and throughout public areas within the (local unit type), primarily as visual deterrents of criminal behavior and for the protection of employees and municipal assets. In implementing these video camera systems, the (local unit type) will ensure compliance with federal, state and local laws governing such usage.

The (local unit type’s) video surveillance camera systems are a significant tool to which the employees of the (local unit type) will avail themselves in order to complete the goals and objectives of the (local unit type). Employees are only permitted to use the video surveillance camera systems for a legitimate purpose and with proper authorization. The (local unit type’s) designee will be responsible for authorization of users. The improper use of these systems can result in discipline up to and including termination.

No employee is permitted to view, continually watch, search, copy or otherwise use one of the (local unit type’s) video surveillance camera systems or tamper with access, archive, alter, add to, or make copies of any data that has been recorded and stored within any of these systems without (1) a specific legitimate purpose and (2) permission for the designee of the (local unit type).

The (local unit type) shall designate a person to be responsible for the maintenance and administration of the video surveillance camera system. Such designee will be responsible for maintaining a user access log detailing the date and name of individuals who view/access a stored recording.

Any employee who becomes aware of any unauthorized disclosure of a video record in a contravention of this policy and/or a potential privacy breach has the responsibility to ensure that (insert contact of the local unit type) are immediately informed of such breach.

**Bulletin Board Policy:\***

The bulletin boards located in the (local unit type) administrative building and other facilities are intended for official notices regarding policies, procedures, meetings and special events. Only personnel authorized by the (CEO title) may post, remove, or alter any notice.

**Employee Dating Policy:**

The [local entity type] recognizes the right of employees to engage in social relationships with each other, including relationships of a romantic or intimate nature. However, the municipality also recognizes that such relationships can be a problem in the workplace. They may result in favoritism, discrimination, unfair treatment, friction among coworkers, or the perception that they generate such problems.

To try to achieve a balance between employee rights and workplace needs, the [local entity type] has adopted the following policy on the subject of supervisor/subordinate dating.

If such a relationship exists or develops, both parties involved shall report the fact to A) their immediate supervisor or B) human resources.

For the purposes of this policy, a supervisor/subordinate status means a situation where one employee, irrespective of job title [or civil-service classification], makes or has the authority to make decisions or to take action concerning another employee’s compensation, promotion, demotion, discipline, daily tasks, or any other terms, conditions or privileges of employment with the municipality.

If the employees involved in the relationship are also in a supervisor/subordinate status, management may take any action which it deems appropriate, up to and including transferring one of the parties so that there is no longer a supervisor/subordinate relationship between them.

In Addition, management reserves the right to address any workplace issues that may result from that relationship in the manner it deems appropriate.

Any employee who violates this policy will be subject to disciplinary action, up to and including discharge. The municipality regards a violation of this policy as particularly serious because such workplace relationships can cause favoritism, discrimination, unfair treatment for other interference with municipal operations.

Nothing in this policy alters an employee’s at will status.

**SECTION THREE**

**Paid and Unpaid Time Off Policies:**

Drafting Note: The model policies marked \* in this section are required to be eligible for the MEL’s deductible and premium rate incentives under the Employment Practices Liability coverage, although changes may be made to conform to the local unit’s particular circumstances and form of government. The other model policies are examples of issues covered in local unit personnel policies manuals.

**Scope:**

These policies cover non-union employees. They also cover union employees to the extent that their collective bargaining agreements do not cover these issues.

**Paid Holiday Policy:**

Employees are entitled to the following paid holidays:

* New Year’s Day
* Martin Luther King’s Birthday
* Lincoln’s Birthday
* President’s Day
* Good Friday
* Memorial Day
* Independence Day
* Labor Day
* Columbus Day
* Veterans Day
* Thanksgiving Day
* Day after Thanksgiving (except Sanitation personnel who receive one extra day)
* Christmas Day

A holiday falling on a Saturday will be observed on the preceding Friday, and a holiday falling on a Sunday will be observed on the following Monday.

**Vacation Leave Policy:**

Vacation is an accrued benefit based on the following schedule:

* One day for each full month of service during the first calendar year;
* Twelve days for the second through \_\_\_\_ year;
* Thirteen days after the completion of \_\_\_ years through \_\_ years; and
* Sixteen days after the completion of \_\_\_\_ years through \_\_\_\_ years.

An additional vacation day will be added for each year of service at the completion of \_\_\_\_ years, up to a maximum of \_\_\_\_ days. Employees must receive their supervisor’s approval at least two weeks in advance of the first vacation day. Employees who do not use all of their vacation allowance may add their unused days to their allowance for the following year. However, if these days are not used in the second year, they will be forfeited.

**Personal Leave Policy:**

Employees are entitled to \_\_\_\_ personal days per year and any unused days are forfeited at the end of each calendar year.

**Sick Leave Policy:**

Employees are entitled to \_\_\_\_ working days of sick leave per calendar year. Sick leave is to be used only in cases where the employee is ill and unable to work, or in cases of the serious illness of a family member. Employees absent on sick leave for five or more consecutive working days must submit a doctor’s verification of illness or injury. If an employee is attending to an immediate family member, including civil union partner, a doctor’s verification of that individual is required. After the tenth day of absence on sick leave in one calendar year, a doctor’s verification must be submitted for all sick leave absences, regardless of duration. Prior to the return to work, the (local unit type) may require an employee to be examined by a physician designated by the (local unit type) to verify fitness to return to normal duties. An employee will not be permitted to return to work until the verification is received.

At the end of each calendar year, an employee’s unused sick time is added to the allotment for the following year. The accumulation continues indefinitely and employees will be paid for one-half of their total accumulated unused sick time, or six months salary, whichever is less, at the time the employee resigns or retires from employment. if such time is accumulated prior to (insert date). The (local unit type) shall not compensate employees for accrued unused sick time that is accrued after (insert date).

**Bereavement Leave Policy:**

Employees are entitled to \_\_\_\_ consecutive calendar days leave of absence for each death of an employee’s immediate relative. Bereavement Leave shall not extend beyond \_\_\_ consecutive calendar days immediately following the death of a family member. “Immediate relative” includes spouse or significant other, civil union partner, child, parent, stepchild, sibling, grandparents, daughter-in-law, son-in-law, grandchildren, niece, nephew, uncle, aunt, or any person related by blood or marriage residing in an employee’s household. Employees are paid for all working days during the Bereavement Leave.

**Jury Duty Policy:**

An employee required to render jury service shall be entitled to be absent from work during that service and will be paid the difference between any payment received for jury duty and the employee’s regular salary.

**Leave of Absence Policy:\***

Employees may be granted a personal leave of absence for up to six months at the sole discretion of the (CEO title) if the leave does not cause undue operational disruption. The leave must include the use of any accrued vacation and sick leave time, regardless of the length of leave requested. The portion of the leave that runs beyond the exhaustion of vacation and sick leave will be without pay or longevity credit. In exceptional circumstances, the (CEO title) may extend a leave of absence for an additional six months, if such extension is considered in the best interests of the (local unit type).

Personal leaves are not granted for the purpose of seeking or accepting employment with another employer, or for extended vacation time. Employees on personal leave of absence for more than two weeks in any month will not receive holiday pay, and will not accrue personal leave, sick leave or vacation time for that month. Health benefits may also be impacted. Refer to the (local unit type) Health Benefits Policy. A personal leave is granted with the understanding that the employee intends to return to work for the (local unit type). If the employee fails to return within five business days after the expiration of the leave, the employee shall be considered to have resigned.

**Family and Medical Leave Act Policy:\***

Employees may be eligible for an unpaid family and medical leave under the federal Family and Medical Leave Act (“FMLA”). Employees also may be eligible for family and/or medical leave pursuant to the New Jersey Family Leave Act (“FLA”). In order to be eligible for such leave, employees must have: one (1) year of service with [the local unit type]; and, at least 1,000 hours of work (for New Jersey leave) and 1,250 hours of work (for Federal leave) during the previous twelve (12) months and is employed at a worksite where 50 or more employees are employed by the employer within 75 miles of the worksite (for Federal leave). Eligible employees may receive up to twelve (12) weeks of leave per year (FMLA) or twelve (12) weeks every twenty-four (24) months (FLA).

During the leave period, the employee’s health benefits will be continued on the same conditions as coverage would have been provided had the employee been employed continuously during the entire leave. The employee will not continue to accrue vacation, sick or personal days for the period of the leave. The employee will receive seniority credit for the time that the employee has been on leave under this section. At the conclusion of the leave period, an eligible employee is entitled to reinstatement to the position the employee previously held or to an equivalent one with the same terms and benefits that existed prior to the exercise of leave.

Upon written notice, eligible employees are entitled to a family or medical leave for up to twelve weeks to care for a newly born or adopted child or a seriously ill immediate family member, including civil union partner, or for the employee’s own serious health condition that makes the employee unable to perform the functions of the employee’s position. Eligible employees who take leave under this policy must use all accrued available vacation and personal days during the leave. The use of accrued time will not extend the leave period. After exhausting accrued time, the employee will no longer be paid for the remainder of the leave.

The period of leave must be supported by a physician’s certificate. An extension past twelve weeks can be requested, but medical verification of the need must be submitted prior to the expiration of the leave. The (local unit type) reserves the right to deny any request for extended leave. Additional information concerning the Family Leave Policy and eligibility requirements are available from the (Personnel Administrator title).

Commencing July 1 2009, Family Temporary Disability (“FTD”) payments for up to six (6) weeks in a twelve (12) month period will become available for eligible employees who are caring for a seriously ill immediate family member who is incapable of self-care or care of a newborn or adopted child. To be eligible, the employee must have worked at least 20 weeks at minimum wage within the last 52 weeks or earned 1000 times the minimum wage. The weekly benefit is 2/3 of weekly compensation up to a maximum of $524 per week (this amount is subject to change). FTD will run concurrently with FMLA and/or FLA leaves and there is a one week waiting period. Employees may also be required to use accrued sick, vacation or personal leave for up to two weeks.

Employees taking paid family leave in connection with a family member’s serious health condition may take leave intermittently or consecutively. Intermittent leave is not available for the care of a newborn or adopted child. Intermittent leave may be taken in increments necessary to address the circumstances that precipitated the need for leave. An employee seeking intermittent paid family leave is required to provide the (local unit type) with 15 days notice unless an emergency or other unforeseen circumstance precludes prior notice. The employee seeking intermittent leave shall make a reasonable attempt to schedule leave in a non-disruptive manner. Employees requesting such leave shall provide the (local unit type) with a regular schedule of days for intermittent leave.

Employees may also be eligible for an unpaid leave for up to twenty-six (26) workweeks in a year to care for a family member on active duty in the military or a covered veteran (a covered veteran is an individual who was discharged or released under conditions other than a dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran) with a serious injury or illness incurred in the line of duty on active duty for which the service member is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, or up to twelve (12) weeks in a year for a qualifying exigency. A qualifying exigency occurs when a military member is called to covered active duty (requires deployment to a foreign country)and a close member of his/her family must attend official ceremonies or family support or assistance meetings, there is a short-notice deployment, to attend to childcare matters, attend to financial and/or legal matters, or counseling. . A serious injury or illness means an injury or illness incurred by a covered servicemember in the line of duty on active duty that may render the servicemember medically unfit to perform the duties of his or her office, grade, rank, or rating.

A serious injury or illness also means an injury or illness that was incurred by the covered veteran in the line of duty on active duty in the Armed Forces or that existed before the veteran’s active duty and was aggravated by service in the line of duty on active duty, and that is either:

1. a continuation of a serious injury or illness that was incurred or aggravated when the veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember’s office, grade, rank, or rating; *or*

2. a physical or mental condition for which the veteran has received a U.S. Department of Veterans Affairs Service-Related Disability Rating (VASRD) of 50 percent or greater, and the need for military caregiver leave is related to that condition; *or*

3. a physical or mental condition that substantially impairs the veteran’s ability to work because of a disability or disabilities related to military service, or would do so absent treatment; *or*

4. an injury that is the basis for the veteran’s enrollment in the Department of Veterans Affairs Program of Comprehensive Assistance for Family Caregivers.

Any *one* of these definitions meets the FMLA’s definition of a serious injury or illness for a covered veteran regardless of whether the injury or illness manifested before or after the individual became a veteran.

Upon employer’s request, an employee must provide a copy of the covered military member’s active duty orders to support request for qualifying exigency leave. In addition, upon an employer’s request, certification for qualifying exigency leave must be supported by a certification containing the following information:

* statement or description of appropriate facts regarding the qualifying exigency for which leave is needed;
* approximate date on which the qualifying exigency commenced or will commence;
* beginning and end dates for leave to be taken for a single continuous period of time;
* an estimate of the frequency and duration of the qualifying exigency if leave is needed on a reduced scheduled basis or intermittently; and
* if the qualifying exigency requires meeting with a third party, the contact information for the third party and description of the purpose of the meeting.

Eligible employees may also take leave to care for a military member’s parent who is incapable of self-care when the care is necessitated by the member’s covered active duty. Such care may include arranging for alternative care, providing care on an immediate basis, admitting or transferring the parent to a care facility, or attending meetings with staff at a care facility.

Employees who request qualifying exigency leave to spend time with a military member on Rest & Recuperation may take up to a maximum of 15 calendar days. Upon an employer’s request, an employee must provide a copy of the military member’s Rest and Recuperation leave orders, or other documentation issued by the military setting forth the dates of the military member’s leave.

**Domestic Violence Leave:\*** (if local unit type has 25 or more employees)

The New Jersey Security and Financial Empowerment Act, also known as the "NJ SAFE Act" provides protection for employees and their family members who have been the victim of domestic violence or sexual assault. Employees are entitled to twenty (20) days of unpaid protected leave from work to:

* Seek medical attention for physical or psychological injuries;
* Obtain services from a victim services organization, pursue psychological or other counseling;
* Participate in safety planning for temporary or permanent relocation;
* Seek legal assistance to ensure health and safety of the employee or the employee’s relative; or
* Attend, participate in, or prepare for a criminal or civil court proceeding relating to an incident of domestic or sexual violence.

To be eligible for the leave, an employee must meet the following criteria:

* The employee or their child, parent, spouse or domestic partner must be a victim of domestic violence or a sexually violent offense;
* The employee must have worked for the employer for at least twelve months and for at least 1,000 hours during the twelve (12) month period immediately preceding the requested leave; and
* The twenty (20) day leave must be taken within one (1) year of the qualifying event.

Employees may take leave on an intermittent basis but such leave can not be shorter than one (1) full day. To the extent the leave is foreseeable, employees must provide advice notice. In addition, employee seeking leave must provide proof that they qualify for the leave. Such proof may include restraining order, letter from a prosecutor, proof of conviction, medical documentation or a certification from an agency or professional involved in assisting the employee.

In certain circumstances, the basis for the leave may also qualify under the federal Family and Medical Leave Act and/or the New Jersey Family Leave act. If so, the (local unit type) will treat the leave concurrently with the leave under those statutes. Employees may be required to use accrued paid vacation leave, personal time or sick leave concurrently.

The (local unit type) shall protect the privacy of employees who seek leave by holding the request for leave, the leave itself or the failure to return to work "in the strictest confidence."

The (local unit type) shall not retaliate, harass or discriminate against any employee exercising his/her right to take the leave provided by this policy.

**Military Leave Policy:\***

When a full-time employee (either permanent or temporary) who is a member of the reserve component of any United States armed force or the National Guard of any state including the Naval Militia and Air National Guard is required to engage in field training or is called for active duty, the employee will be granted a military leave of absence for the duration of the service. The first thirty (30) workdays of the leave shall be with full pay except that a member of the New Jersey National Guard shall receive full pay for the first ninety (90) days. (Thereafter, the leave shall be without pay but without loss of time.) or (Thereafter, the employee shall be paid the difference between military salary and the employee’s regular salary.) The paid leave will not be counted against any available time off including but not limited to vacation, sick or personal time. A full-time temporary employee who has served less than one-year shall not be entitled to paid leave but shall be granted non-paid military leave without loss of time.

Employees on military service will also continue to receive paid health insurance coverage during the period of the paid leave plus an additional thirty days calendar days after the paid leave is exhausted. After this period has expired, employees may continue coverage for themselves or their dependents under the (local unit type) group plan by taking advantage of the COBRA provision. Members of the State administered retirement systems (PERS and PFRS) will continue accruing service and salary credit in the system during the period of paid leave.

Pursuant to the Uniformed Services Employment and Reemployment Rights Act, any employee released from active duty under honorable circumstances shall return to work without loss of privileges or seniority within the following time limits: for service less than thirty-one (31) calendar days, the employee must return to work on the beginning of the first regularly scheduled workday or eight (8) hours after the end of military duty, with reasonable allowances for commuting; for service of thirty-one (31) to one hundred eighty (180) calendar days, the employee must submit an application for reinstatement within fourteen (14) calendar days after completing military duty; for service greater than one hundred and eighty (180) calendar days, the employee must submit an application for reinstatement within ninety (90) calendar days after completing military duty.

**SECTION FOUR**

**Compensation & Employee Benefits Policies:**

Drafting Note: These model policies are examples of issues covered in personnel policies manuals and should be adapted to the specific policies of the local unit.

**Scope:**

These policies cover non-union employees. They also cover union employees to the extent that their collective bargaining agreements do not cover these issues.

**Payroll Policy:**

Salary ranges are established by ordinance, and the salary must fall within the minimum and maximum ranges for the employee’s title. Employees are paid every \_\_\_\_ weeks, with overtime being held back for \_\_\_ weeks in order to compute payment of the amount due. Employees who are going on vacation and would like their checks in advance must make a written request at least two weeks in advance of the vacation.

The (local unit title) will not accept responsibility for any employee’s personal finances. The (local unit) will acknowledge judgments against an employee’s pay, but will not act as a mediator between the employee and creditors.

**Overtime Compensation Policy:**

Under the Federal Fair Labor Standards Act, certain employees in managerial, supervisory, administrative, computer or professional positions are exempt from the provisions of the Act. There are also employees who may be exempt because their compensation exceeds $100,000 per year depending upon their job duties. The (Personnel Administrator title) shall notify all Exempt employees of their status under the Act. Exempt employees are not eligible to receive overtime compensation and are required to work the normal workweek and any additional hours needed to fulfill their responsibilities. Time off consideration for large amounts of additional hours may be provided with the (CEO title)’s prior approval and at the sole discretion of the (CEO title).

All other employees are classified as Non-Exempt and are subject to the provisions of the Act. Depending on work needs, Non-Exempt employees may be required to work overtime. Non-Exempt employees are not permitted to work overtime unless the overtime is budgeted and approved by the Department Head and the (CEO title). Non-Exempt employees working overtime without prior approval will be subject to disciplinary action.

Non-Exempt employees will receive overtime compensation for hours worked in excess of forty in a weekly period. Employees may choose overtime compensation in the form of overtime pay at their regular hourly salary or compensating time off. The maximum number of hours that an employee may accrue for future compensating time off is(insert number of days). Once this maximum has been accumulated, all additional hours will be compensated by overtime pay. Accrued and taken overtime compensating hours must be noted on the employee’s time sheet.

Non-Exempt employees will receive one and one-half hours of overtime compensation for each hour worked in excess of forty hours in a weekly period. For purposes of overtime compensation, hours worked are computed to the nearest one-half hour per day. Previously scheduled vacation time and holiday time are considered time worked for purposes of determining overtime compensation, but sick time and personal time are not.

(In addition to the requirements of the Federal Fair Labor Standards Act, Non-Exempt employees will also receive overtime compensation for work in excess of thirty-five hours but not greater than forty hours in a weekly period. This other compensation will be one hour for each hour worked in excess of thirty-five hours.) (If a Non-Exempt employee works on Sunday or a paid holiday, the employee will receive overtime compensation of \_\_\_ hour(s) for each hour worked less the number of hours of overtime compensation received under any other provision of the policy.) (If a Non-Exempt employee not on regular call out duty is required to return to work in an emergency or because of unusual circumstance, the employee will receive overtime compensation of the greater of (1) \_\_\_ hours or (2) the actual number of hours worked (3) less the number of hours of overtime compensation received under any other provision of this policy.)

Employees must make a request to their supervisor at least two days in advance when they want to take compensating time off. The supervisor will approve the request if the absence does not cause undue hardship to the department.

**Timesheets:**

Non-exempt employees are required to accurately record their work time on the designated time record, sign it and return into his/her supervisor. Non-exempt employees and exempt employees are required to report their sick time, vacation time and holiday time on the designated time record. Non-exempt and exempt employees should turn the time record into his/her supervisor.

The supervisor shall review the record for accuracy and approve it and submit it to the designated payroll representative.

**Payment for Accumulated Absence:**

To the extent that a local ordinance, collective bargaining agreement, or an employment agreement provides for the payment of compensation for pay while absent from work, the (local unit type) shall only make such payment if the chief financial officer or Executive Director certifies that such amount is due and that proper documentation establishing that the amount of the accumulated absence has been provided and funds are available to pay. Proper Documentation includes:

* A copy of the agreement, ordinance and/or resolution;
* Documentation of the amount of accumulated absence time; and
* The total value of the compensation due.

Nothing in this section grants employees compensation for absences from work.

**Health Insurance Policy:**

##  The following is an example of a typical policy. . Members should review closely with their actual plan.

Employees and their immediate family members, including civil union partner, are provided health insurance coverage administered by (a health insurance fund) (an authorized insurer) (the State Health Benefits Plan) (a self-insurance plan). The (local unit type) reserves the right to change provider networks, claims agents, and insurance mechanisms (fully insured versus health insurance fund, e.g.). The complete benefit plan is on file in the (title)’s office and a Summary Plan Description will be provided to all employees. Benefit levels for non-unionized employees are subject to change at the discretion of the (local unit type).

Health insurance coverage for employees on a Leave of Absence or who cease (local unit type) employment will terminate at the end of the month in which the leave begins or employment is terminated except coverage will continue for up to twelve weeks for employees on leave pursuant to the Family and Medical Leave Act and up to thirty weeks for employees on Military Leave. Upon termination of coverage, employees may extend health insurance coverage for themselves or their dependents by taking advantage of the Public Health Services Act provision for a period of up to eighteen months to thirty-six months. All newly hired employees and their spouses shall receive a notice of Cobra rights upon being hired. For more information, consult the (title).

(Employees who retire with twenty–five years of service to the (local unit title) may continue to receive paid health insurance coverage. Employees receiving retiree health benefits must notify the (title) in writing, with proof of enrollment, when they become eligible for Medicare Parts A and B. For more information, consult the (title).)

**Dental Benefits Policy:**

Insert Applicable Provisions, if any

**Drug Prescription Benefit Policy:**

Insert Applicable Provisions, if any

**Prescription Eye Glasses Benefit Policy:**

Insert Applicable Provisions, if any

**Recreational Benefit Policy:**

 Insert Applicable Provisions, if any

**Deferred Compensation Policy:**

Insert Applicable Provisions, if any

**Flexible Spending Account:**

Insert Applicable Provisions

**Retirement Policy:**

Under State law, all employees must enroll in the New Jersey Public Retirement System or the Police and Fire Fighters Retirement System as applicable. The employee’s contribution to the Plan will be deducted from the employee’s pay. An employee who has completed the required number of years and who has reached the required age under the Plan may retire by notifying the Department Head in writing. The State retirement plans request six months advance notice to process the application. After giving notice of retirement, employees are expected to assist their supervisor and co-employees by providing information concerning their current projects and help in the training of a replacement. The Department Head will prepare an Employee Action form showing any pay or other money owed the employee. The (Personnel Administrator title) will conduct a confidential exit interview to discuss benefits including COBRA options, appropriate retirement issues and pay due. A COBRA notification letter will be sent to the employee’s home address. The exit interview will also include an open discussion with the employee. On the last day of work, and prior to receiving the final paycheck, the employee must return the Employee Identification Card, all keys and equipment. At this time, the employee will sign the termination memo designating all money owed and this memo will be retained in the official personnel file.

**Workers Compensation Policy:**

Employees who suffer job related injuries and illnesses may be entitled to medical expenses, lost income and other compensation under the New Jersey Workers Compensation Act. The (local unit type) covers workers compensation benefits (through its membership in a joint insurance fund) (with a self-insurance plan). Any occupational injury or illness must be immediately reported to the supervisor or Department Head. All required medical treatment must be performed by a Workers Compensation Physician appointed by (the joint insurance fund) (the local unit type) and payment for unauthorized medical treatment may not be covered pursuant to the Act.

Unless explicitly provided for in a bargaining agreement, the (local unit type) will only pay, either directly or through its Workers’ Compensation insurer, those benefits that are specifically provided for under the Workers’ Compensation Act and will not supplement these benefits with additional benefits pursuant to NJSA 11A:6-8.

**Employee Assistance Policy:**

Insert Applicable Provisions, if any

**Educational Assistance and Training Policy:**

Subject to sufficient funds in the budget and upon approval of the Department Head, employees may apply for reimbursement of tuition expenses incurred for training or college courses directly related to the employee’s work. The (CEO title) will be the sole judge of whether a particular course or program is “directly related” to the employee’s work. Employees are strongly urged to obtain this determination before enrolling in a course or program.

Employees may receive reimbursement for up to \_\_\_ percent of the tuition cost for training or college courses that they take on their own initiative. The reimbursement must be repaid if the employee leaves (local unit title) employment within twenty-four months of receipt. When enrollment for short training courses or seminars is requested by the (local unit title), employees will receive full reimbursement.

**Conference and Seminar Policy:**

Requests to attend a conference or seminar must be approved by the Department Head and the (CEO title). Requests shall be made sufficiently in advance to take advantage of discounts for early registration, and must be submitted to the Department Head at least thirty days before the event. Requests must be in writing including the conference schedule, registration information and estimated costs. The Department Head is responsible to detail all training requests during the budget formulation process. Approval of any conference or seminar request is conditioned upon the availability of funds.

**SECTION FIVE:**

**Managerial/Supervisory Procedures:**

Drafting Note: All of these model procedures except the Nepotism Procedure are required to be eligible for the MEL’s deductible and premium rate incentives under the Employment Practices Liability coverage, although changes may be made to conform to the local unit’s particular circumstances and form of government.

**Employment Procedure:\***

* **Recruitment:** The (CEO title) in conjunction with the (Personnel Administrator title) will coordinate the employment recruitment process for all vacancies to ensure compliance with contractual, legal, (Civil Service) and equal opportunity requirements. When a vacancy occurs, it is the responsibility of the Department Head to notify the (CEO title) who will distribute notification of the vacancy to all departments. The (CEO title) will undertake to recruit qualified applicants in accordance with applicable Federal and State law (including New Jersey Department of Personnel regulations if the position is subject to Civil Service.) Where positions are advertised, the media or other periodical utilized must have as wide circulation as possible to encourage applications from candidates from diverse backgrounds and must prominently state that the (local unit type) is an equal opportunity employer.
* **Applications:** All candidates must fully complete an application form. A resume will not be considered as a substitute for this form. The application is a confidential document and will not be available to anyone who is not directly involved in the hiring process, except as required by law.
* **Interviews:** The (CEO title) or Department Head will coordinate the interview process including the scheduling of applicants, development of interview questions and standards to measure candidate responses. All questions must be in accordance with the New Jersey Division of Civil Rights Guidelines for Pre-Employment Inquiries. The (local unit type) will make reasonable accommodations to known physical and mental limitations of all applicants with disabilities, provided that the individual is otherwise qualified to safely perform the essential functions of the job and also provided the accommodation does not impose an unreasonable hardship on the (local unit type).
* **Physical Examinations**: Pursuant to the Americans with Disabilities Act, after an offer of employment is made and prior to commencing employment, the (CEO title) may require applicants to pass a physical examination in order to insure that they can perform the duties of their position without injury to themselves or others. The same post-offer physical examination must be performed on all applicants for a particular position. The (CEO title) may require periodic physical examinations to determine the employee’s continued ability to perform the duties of the position. All physical examinations must be performed by a physician chosen by the (local unit type) at the expense of the (local unit type). All medical records of employees and prospective employees are confidential and are to be maintained by the (Personnel Administrator title) separate from the employee’s official personnel file. Medical exams may include tests for drug and alcohol use.
* **Criminal Background Checks**: Criminal background checks are required of all candidates, whether paid or volunteer, that may work directly or indirectly with children/youth/minors in accordance with the procedures outlined in the Section of this ordinance entitled “Background Checks and Procedures for Candidates, Employees and Volunteers”.
* **Job Offers:** The final decision will be made by the (governing body name) (CEO title) after all references and other information has been verified. Every effort shall be made to offer reasonable accommodations to known physical and mental limitations of all applicants with disabilities, provided that the individual is otherwise qualified to safely perform the essential functions of the job and also provided that the accommodation does not impose an unreasonable hardship on the (local unit type). The employment offer must be made in a letter to the candidate outlining all terms and conditions of the offer. The letter will also establish a deadline for acceptance.
* **Acceptances and Rejections:** If the first offer is rejected, the (governing body name) (CEO title) will decide to hire another candidate or re-open the position. Once a candidate accepts the employment offer, all other candidates will be notified in writing that they were not accepted for the position.
* **Employability Proof:** After acceptance, but before starting employment, all new employees shall be required to fill out an employment verification form (I9) and to provide acceptable proof of right to employment in the United States.
* **Record Retention:** All applications, notes made during interviews and reference checks, job offers and other documents created during hiring process must be returned to the (Personnel Administrator title). Documents related to the successful candidate will be placed in the employee’s official personnel file except medical records including physical examinations must be maintained in a separate file. All records documents related to other candidates must be retained for at least one year. Records and documents created during the hiring process are confidential and must be retained in a locked cabinet.

**Background Checks and Procedures for Candidates, Employees and Volunteers:**

* Background checks required: Background checks are required of all candidates, whether for paid or volunteer positions, working directly or indirectly with children/youth/minors. Background checks will also be administered for each employee or volunteer that works directly or indirectly with children/youth/minors every three years. The exact titles of employees subject to background checks are (locally defined, but at a minimum should include all recreational positions, crossing guards, library positions, and maintenance and administrative positions pertaining to such programs).
* Background check procedure: The (Personnel Administrator title) will perform or initiate background checks and be the recipient of reports from outside agencies or contractors. The (Personnel Administrator title) will discuss disqualifying information received with the employee’s or volunteer’s department head. Written information received as a result of a “Request for Criminal History Record Information For A Noncriminal Justice Purpose” will be destroyed immediately after it has served its authorized purpose, as required by the State Police. Such information will be kept confidential and will not be published or disclosed in any manner not consistent with the procedures listed herein. Such information will not be deemed a public record under P.L. 1963, c.73 (C:47:1A-1, et seq.) as amended and supplemented by P.L. 2001, c.404 (C:47:1A-5, et seq.).

The (Personnel Administrator title) will inform the candidate, volunteer, or employee, in writing, of any information that would disqualify the person from working with children/youth. If the (local unit type) contracts with an outside vendor to process the background checks, that contractor may be authorized to inform the person in writing of any information that would disqualify the person from working with children/youth/minors. Existing employees or volunteers will be placed on immediate suspension pending the outcome of a hearing or appeal. Employee suspensions may be with our without pay at the discretion of the (CEO title).

* Conditions Under Which An Employee Will Be Disqualified From Working With Children/Youth: A candidate, volunteer, or employee may be disqualified from employment in a position that works with children/youth/minors if that person’s criminal record history background check reveals a record of conviction of any of the following crimes and disorderly persons offenses as defined by New Jersey law or by analogous laws in other States:
* Homicide (N.J.S.A. 2C:11)
* Assault, reckless endangerment, threats, stalking (N.J.S.A. 2C:12)
* Kidnapping (N.J.S.A. 2C:13)
* Sexual Offenses (N.J.S.A. 2C:14)
* Offenses Against the Family, Children and Incompetents (N.J.S.A. 2C:24)
* Controlled Dangerous Substances (N.J.S.A. 2C:35 except for 2C:35-10(a)4)
* Robbery (N.J.S.A. 2C:15)
* Theft (N.J.S.A. 2C:20)

A disqualification from any position will be based only on a conviction for one or more of the above disqualifying crimes and offenses. An acquittal, a dismissal, successful completion of Pre-Trial Intervention (PTI), or an expungement of a criminal offense, including a disqualifying criminal offense, is not a disqualifying conviction.

* Appeal Process: The Appeals Committee will be comprised of a (CEO title, Police Chief or other designated superior officer, and Personnel Administrator title).

Once a candidate, employee or volunteer has been notified of a disqualifying conviction, the employee has 14 calendar days to file a Notice of Appeal with the (local unit type). Such Notice of Appeal must be sent in writing to the (Personnel Administrator title). The Notice of Appeal shall include a Notice of Rehabilitation and/or a Notice that the information is inaccurate or incorrect, pursuant to NJAC 13:59-1.6.

During the 14-day period listed above, and until the issuance of the decision of the Appeals Committee, an employee will be on a suspension with pay, pending the outcome of the Notice of Appeal.

In making a determination on the appeal, the following information will be considered:

1. The nature and responsibility of the position which the convicted individual would hold, has held, or currently holds, as the case may be.
2. The nature and seriousness of the crime or offense.
3. The circumstances under which the crime or offense occurred.
4. The date of the crime or offense.
5. The age of the individual when the crime or offense was committed.
6. Whether the crime or offense was an isolated or a repeated incident.
7. Any social conditions which may have contributed to the commission of the crime or offense.
8. Any evidence of rehabilitation, including good conduct in prison or in the community, counseling or psychiatric treatment received.
9. Acquisition of additional academic or vocational schooling, successful participation in correctional work-release programs, or the recommendation of those who have had the individual under their supervision.

The (local unit type) will issue a written determination on the employee’s appeal of their disqualifying conviction, setting forth the reasons for the determination.

**Nepotism Procedure: (if any)**

Unless otherwise provided by law (or New Jersey Department of Personnel rule if the position is subject to Civil Service) or collective bargaining unit agreements, immediate relatives shall not be hired, promoted or transferred to a regular full-time or regular part-time position where:

* One relative would have the authority to appoint, remove, discipline or evaluate the performance of the other;
* One relative would be responsible for auditing the work of the other; or
* Other circumstances exist that place the relatives in a situation of actual or reasonably foreseeable conflict of interest.

For purposes of this policy, immediate relative includes spouse or significant other, child, parent, stepchild, sibling, grandparents, daughter-in-law, son-in-law, grandchildren, niece, nephew, uncle, aunt, or any person related by blood or marriage residing in an employee’s household.

**Open Public Meetings Act Procedure concerning Personnel Matters:\***

Discussions by the governing body or any body of the (local unit type) concerning appointment, termination, terms and conditions of employment, performance evaluation, promotion or discipline of any current or prospective officer or employee shall be in closed session, with the right of the employee to be present, unless the individual requests in writing that the discussion be held in open session. Such request must be granted. Prior to the discussion by the governing body or any body of the (local unit type) concerning such matters, the Clerk shall notify the affected person(s) of the meeting date, time and place, the matters to be discussed and the person’s right to request that the discussion occur in open session. In the event more than one person is affected by the discussion and one of the affected persons does not request that the discussion be in open session, then the discussion shall be in closed session.

**Processing and Orientation of New Employees Procedure:\***

All new regular full-time and regular part-time employees will be scheduled to meet with the (CEO title), (Personnel Administrator title) and Department Head on their first day for a general orientation. Copies of all forms and acknowledgements must be returned to the (Personnel Administrator title) for inclusion in the employee’s official personnel file. The orientation will include:

* A tour of the appropriate facilities to acquaint the new employee with overall operations as they relate to the specific position;
* The completion of all pertinent personnel, payroll, insurance and pension forms;
* A review of the Employee Handbook and acknowledgement of receipt;
* A review of the Personnel Policies and Procedures Manual if the employee is a manager or supervisor and acknowledgement of receipt;
* The Employee Complaint Policy letter and acknowledgement;
* A safety orientation and acknowledgement; and
* Arrangements for the new employee to complete required PEOSHA safety training.

**Initial Employment Period Procedure:\***

Except where State requirements direct otherwise, new employees (or present employees transferring to new positions) will be hired subject to an initial employment period of not less than \_\_\_\_ months or more than \_\_\_\_ months, as determined by the (CEO title). During this initial employment period, the new employee or transferee will be provided with training and guidance from the supervisor. At the end of the initial employment period, the supervisor will conduct an employee evaluation – see Performance Evaluation Procedure. New employees may be discharged at any time during this period if the (CEO title) concludes that the employee is not progressing or performing satisfactorily. Under appropriate circumstances, the (CEO title) may extend the initial employment period. (Newly hired employees are not eligible for payment of paid time off except holidays until the successful completion of their initial employment period.)

Nothing in the procedure set forth in this section shall alter [local unit type’s] employment at will policy. Employment with [local unit type] is at will and may be terminated at any time with or without cause or notice by the [local unit type] or the employee.”

**Employee Handbook Procedure:\***

The (Personnel Administrator title) with the assistance of the (Employment Attorney/Advisor title) shall draft an Employee Handbook for the approval of the (CEO title). A separate version of the Handbook will be drafted for part-time and seasonal employees as well as for major bargaining groups if appropriate. Once approved, copies will be distributed and employees will be required to sign an acknowledgement of receipt that will be placed in the official personnel file. The Handbook will be revised and re-distributed whenever there is a significant change in personnel practice or every two years.

**Performance Evaluation Procedure:\***

Periodic evaluations are critical to create a formal record of an employee’s performance over time and establish a foundation for personnel actions such as promotion and termination. In addition to day-to-day feedback to the employee, a performance evaluation must be conducted for all employees at least (annually) (twice a year). The completed appraisal becomes part of an employee's permanent record.

Performance discussions must also provide employees with guidance regarding their ability to meet job standards. Extraordinary skills or abilities should be recognized in addition to areas for improvement. Supervisors or Department Heads should review future training needs and career planning. The reviewer should also encourage the employee to make suggestions about how the department can improve. The reviewer should ask employees for feedback regarding the employee’s skills as they relate to communication, team building, delegation, and sensitivity to needs of subordinates. Open communication is the key to improvement.

* **Setting the Stage**: The reviewer must create a productive climate for the discussion. In preparing the evaluation form, prior evaluations should be reviewed to identify trends. Employees must be notified in advance of the meeting and should be given a copy of the blank evaluation form. The meeting should be private without interruptions in a comfortable environment.
* **Confirm Expectations**: The reviewer should start the discussion of each performance area by reviewing expectations. Ask the employee to confirm the employee’s understanding of job requirements. Refer to the job description as appropriate.
* **Rating:** Continue the discussion by giving the employee’s rating in each performance area. The supervisor should be prepared to refer to documentation. Employees should be evaluated based on set standards, not as they compare to other employees. It is rare that any person’s rating in all areas is either high or low. The evaluation should consider performance during the entire period, not just the recent past. Care should be taken to avoid allowing one aspect of a person's performance to overshadow all other performance factors be it positive or negative. Ideally, each performance area should be evaluated individually based on specific behaviors exhibited.
* **Discussing Future Plans:** This is where the reviewer should turn to the discussion to the future performance and development of the employee. A Counseling Action Plan form must be completed if any item is rated “Needs Improvement” or “Does Not Meet Minimum Standards.” Specific performance goals must be established for the next review period along with plans for achieving those goals.
* **Closing the Discussion:**  When all performance areas have been discussed, close the discussion by summarizing all of ratings in an overall rating for the review period.

It is crucial that all reviewers complete the evaluation forms with care and with complete candor. Although reviewers are encouraged to set forth areas of strength and utilize tact in presenting criticism, it is important that all performance issues of any significance be addressed thoroughly and in unambiguous terms in the evaluation form, and verbally with the employee.

*Exceeds Expectations* means consistently exceeds established standards in most areas of responsibility. All requirements must be met and objectives achieved above the established standards.

*Meets Job Requirements* means all job requirements were met and planned objectives accomplished within established standards. There were no critical areas where accomplishments were less than planned.

*Needs Improvement* means performance in one or more critical areas does not meet expectations. Not all planned objectives were accomplished within the established standards and some responsibilities were not completely met.

*Does Not Meet Minimum Standards* means performance is unacceptable and important objectives have not been accomplished. Needs immediate improvement.

After completing the evaluation, the reviewer will return the form(s) with the signed acknowledgement to the (CEO title). After review by the (CEO title), the form(s) are to be forwarded to the (Personnel Administrator title) for inclusion in the employee’s official personnel file. As a part of the evaluation, employees have the right to request a conference with the (CEO title) or (Personnel Administrator title).

**Disciplinary Action Procedure:\***

All employees are expected to meet the (local unit type)’s work performance standards. The intent of the Disciplinary Action Procedure is to formally document problems and provide the employee with a reasonable time to improve performance. The process should encourage development by providing employees with guidance in areas that need improvement such as poor work performance, attendance problems, personal conduct, general compliance with the (local unit type)’s policies and procedures and other disciplinary problems.

Should a supervisor believe that an employee is not conforming to the (local unit type)’s policies and rules or to specific instructions, or has acted improperly, the supervisor will first privately discuss the matter with the employee to obtain the employee's view. If the supervisor determines that the employee has acted improperly, the supervisor shall take one of the following actions depending upon the gravity and the employee's past record. At the discretion of the supervisor and the (CEO title), action may begin at any step, and/or certain steps may be repeated or by-passed.

* **Verbal Reprimand:** Depending on the circumstances, the supervisor may verbally notify the employee that the employee's actions have been improper and warn the employee against further occurrences. The supervisor will prepare a record of the verbal reprimand including the date, time and what was discussed with the employee. This record must be forwarded to the (Personnel Administrator title) for the employee’s official personnel file.
* **(CEO title) Review:** Should the supervisor consider the offense sufficiently serious to warrant consideration by the (CEO title), the employee will be so advised and a meeting arranged with the (CEO title) at the earliest possible date. All facts should be detailed at this meeting and, if possible, a determination will be made at that time of disciplinary action, if any.
* **Written Reprimand:** When a supervisor determines that a written reprimand is appropriate, the situation must be discussed with the (CEO title). The reprimand should clearly identify the problem and outline a course of corrective action within a specific time frame. The employee should clearly understand both the corrective action and the consequence (i.e., termination) if the problem is not corrected or reoccurs. The employee should acknowledge receipt of the warning and may include additional comments. A copy of the written reprimand with the signed acknowledgement and comments must be forwarded to the (Personnel Administrator title) for the employee’s official personnel file.
* **Suspension:** Whenever an employee is recommended for suspension, the (CEO title) will make the decision and may seek the advice of the (Employment Attorney/Advisor title) if appropriate. Suspended Employees may request a hearing under the applicable grievance procedure (and Civil Service procedure).

* **Dismissal:** Whenever an employee is recommended for dismissal, the (CEO title) (governing body name) will make the decision only after seeking the advice of the (Employment Attorney/Advisor title). There must be a complete review of the employee’s personnel file and all other facts to determine if there is sufficient cause for the dismissal. Terminated employees may request a hearing under the applicable grievance procedure (and Civil Service procedure).

**Personnel File Procedure**:\*

The official personnel files shall be maintained by the (Personnel Administrator title) and employee medical information will be maintained in a separate file. At least annually, the (Personnel Administrator title) will review files to make sure they are up-to-date and will follow-up with the Department Heads as necessary.

The Official file shall include at least the following:

* The original application signed by the employee;
* Notes from any pre-employment interview and reference check;
* The original letter detailing an offer of employment and any additional correspondence concerning the employee’s hiring;
* A signed acknowledgement that the employee received a copy of the Employee Complaint Policy letter;
* A signed acknowledgement that the employee has received the Employee Handbook;
* A signed acknowledgement that the employee received the safety orientation;
* Annual written performance evaluations including documentation that the evaluation was reviewed with the employee;
* Counseling Action Plans;
* Records relating to on-the-job accidents;
* Disciplinary actions including an acknowledgement that the employee was notified of the proposed disciplinary action and was given an opportunity to respond;
* Records relating to any other employment actions including promotions, demotions, transfers, resignations, leaves, etc.;
* Educational transcripts; and
* Any other pertinent information.

**Employee Complaint Investigation Procedure**:\*

Employees have the right to formally or informally report any statement, act, or behavior by a co-employee, supervisor, elected official or visitor that they believe to be improper.

* **Reporting:** Employees should be asked to report complaints in writing utilizing the Employee Complaint form, but are not compelled to do so.
* **Identification/Screening**: The supervisor, Department Head, (Personnel Administrator title) or (Employment Attorney/Advisor title) must report all written or verbal complaints to the (CEO title) unless the complaint is against the (CEO title). Upon receipt, the (CEO title) will determine if the complaint was made pursuant to the General Anti-Harassment Policy, the Anti-Sexual Harassment Policy, the Whistle Blower Policy, a grievance procedure or is another form of complaint. A file will be established including the written complaint, the investigation procedure followed and the response action plan. As soon as possible but no later than ten days after receiving the complaint, the (CEO title) or investigator appointed by the (CEO title) will interview the employee. If the employee is reluctant to sign a written complaint, the (CEO title) or investigator will prepare written notes of the date, time and place of the complaint and the specific allegations. These notes will be read back to the employee who will be asked to affirm, preferably in writing the information’s accuracy.
* **Investigation:** The (CEO title) will seek the advice of the (Employment Attorney/Advisor title) when planning the investigation. The investigation should be conducted by the (Employment Attorney/Advisor title) or county prosecutor if it involves potential criminal charges. The investigation should establish the frequency and nature of the alleged conduct and whether the complaint coincides with other employment events such as a poor performance evaluation. The investigation should also determine if other employees were subjected to similar misconduct. It is important to protect the rights of both the person making the complaint and the alleged wrongdoer.
* **Response Plan – No Corrective Action Required**: The (CEO title) will discuss the conclusions with the (Employment Attorney/Advisor title) and render a decision within fourteen days after the investigation is complete. If the validity of a complaint cannot be determined or the complaint is groundless, the complaining employee should be notified in writing. Care should be taken to avoid being too specific, confrontational or accusatory and to avoid any language that might be construed as defamatory. A general statement is usually more appropriate that the claim was thoroughly investigated, but could not be sufficiently documented or confirmed to justify taking formal action. The employee should be assured that future complaints will be investigated and that the (local unit type) is committed to eliminating wrongful employment practices when they are found to exist. If the investigation reveals that the complainant intentionally and maliciously levied false charges against the alleged wrongdoer, the complainant must be notified of the seriousness of filing a false complaint, and the appropriate disciplinary penalty under the circumstances, up to and including termination.
* **Response Plan – Corrective Action Required**: If the investigation reveals that the complaint is justified and substantiated, the (CEO title) will formulate with the advise of the (Employment Attorney/Advisor title) a corrective action plan as well as possible disciplinary action. The complaining employee will be notified, in writing that it appears that the complaint was justified and an appropriate response plan has been formulated. A copy of the response plan should be attached to the letter. The response plan should provide for appropriate remedial action to prevent a recurrence of the wrongful act or behavior.

**Requests for Employment Verification and Reference Procedure:\***

Inquiries and written requests for references or employment verification regarding a current or former employee must be referred to the (Personnel Administrator title). No employee may issue a reference letter without the permission of the (Personnel Administrator title). Under no circumstances should any information be released over the phone.

In response to a request for information, the (Personnel Administrator title) will only verify an employee's name, dates of employment, job title, department and final salary. No other data or information will be furnished unless (1) the (local unit type) is required to release the information by law or (2) the employee or former employee authorizes the (local unit type) in writing to furnish this information and releases the (local unit type) from liability.

**Continuing Education Procedure:\***

The (local unit type), in conjunction with the (Employment Attorney/Advisor title) will arrange for employment practices seminars at least annually to train all managerial/supervisory personnel. The (local unit type) will also offer non-mandatory training to all other employees with special emphasis on employee rights and protections under various Federal and State laws as well as (local unit type) employment practices. Records will be maintained in the official personnel files of all employees trained under this procedure.

Managerial and supervisory personnel will also update employees periodically by department meetings and memos that should address specific problems and concerns that may arise. Every effort will be made to encourage employee suggestions about ways to avoid employer-employee disputes and violations of employment rights.

**SECTION SIX:**

**Model Forms**

* Notice of Personnel Discussion\*
* Employee Letter Concerning Employee Complaint Procedure\*
* Sample Notices Concerning Whistleblower Act\*
* Application for Employment\*
* NJ Division of Civil Rights Guide on Pre-Employment Inquiries\*
* Performance Appraisal\*
* Counseling Action Plan\*
* Employee Evaluation Checklist\*
* Fingerprint and Background Check Consent Form For Employees, Job Applicants, and Volunteers That May Work or Have Contact with Minors

**(Local Unit Letterhead)**

**NOTICE OF PERSONNEL DISCUSSION**

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

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

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

This is to notify you, pursuant to the Open Public Meeting Act, that the (body name) plans to discuss the subject matter(s) checked below relating to your employment.

* Application for Employment
* Promotion or Transfer
* Compensation
* Performance Evaluation
* Special Leave Request
* Grievance
* Discipline
* Possible Termination
* Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The discussion will take place at the following meeting(s):

Date of Meeting(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

The discussion will be in closed session, not open to the public, unless before the meeting the (body name) Clerk receives a request, in writing, in which you ask that the discussion be held in public. If the discussion will affect other employees or potential employees, it may be closed to the public unless all such affected persons submit such signed requests. You are not required to attend this meeting.

Notice Date: \_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Need to insert updated CEPA poster.**

**(Local unit type) Employee** **Complaint Form** Date\_\_\_\_\_\_\_\_\_\_

**Attach additional sheets if necessary to fully complete all questions**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TITLE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**SUPERVISOR:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Time period covered by this complaint:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Individuals who allegedly committed the acts being complained of:**

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

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**Describe the nature and dates of the acts allegedly committed by each individual:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Identify all persons with knowledge of the complained conduct:**

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

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**Are there any documents or other evidence that supports the occurrences described above**?

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

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**If you previously complained about this or related acts to a supervisor or official, please identify the individual to whom you complained, the date of the complaint, and any action taken.**

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

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**Have you missed any time from work or incurred any un-reimbursed medical expenses as a result of the alleged acts?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Are you afraid that someone may retaliate against you because you filed this complaint? If so, please identify the person(s) and indicate the reasons why you feel the person(s) may retaliate against you**.

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

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**What is your requested remedy for this complaint?**

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

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**ACKNOWLEDGMENT**

The information provided above is true and correct to the best of my knowledge.

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

To investigate your complaint, it will be necessary to interview you, the accused party, and any witnesses with knowledge of the allegations or defenses. All persons involved in the investigation will be notified that (1) the complaint is confidential, (2) that any unauthorized disclosures of information concerning the investigation or retaliation could result in disciplinary action up to and including discharge.

I am willing to cooperate fully in the investigation of my complaint and to provide whatever evidence is deemed relevant.

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

# **(local unit type) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **(Address) Employment Application:**

**Applicant Information:**

**Name (Last, First, Middle): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone (Work): ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Home): ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Security Number: \_\_\_\_\_\_ - \_\_\_\_ -\_\_\_\_\_\_**

**Position applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever applied to the (local unit type) before: \_\_\_\_ Yes \_\_\_\_No If yes, give date\_\_\_\_\_\_\_\_\_\_\_**

**Date you can start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary desired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you available to work: \_\_\_\_ Full time\_\_\_\_ Part time\_\_\_\_ Shift work \_\_\_\_ Temporary**

### Are you currently employed: \_\_\_\_Yes \_\_\_\_No May we contact you at work: \_\_\_\_Yes \_\_\_\_No

**May we contact your current employer: \_\_\_\_ Yes \_\_\_\_No**

**Are you currently on layoff status and subject to recall: \_\_\_\_Yes \_\_\_\_No**

### Do you possess a current driver’s license: \_\_\_\_Yes \_\_\_\_ No

**Do you possess a current commercial driver’s license: \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Please list any endorsements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you are under eighteen years of age, can you provide proof of eligibility to work: \_\_\_ Yes \_\_\_No**

**Are you legally eligible to work in the United States of America: \_\_\_\_Yes \_\_\_\_ No**

**Pursuant to Federal Law, proof of US Citizenship or immigration status will be required if you are hired.**

 **The (local unit type) is an Equal Opportunity Employer M/F**

**Employment History: This section must be completed even if you attach a resume. List your last four employers, major assignments within the same employer. Begin with the most recent. Include any military service. Explain any gaps in employment in the space on this form marked comments located on the bottom of this page.**

|  |  |  |
| --- | --- | --- |
| **Employer:****Address:** | **Date started: Date left:** | **Work performed/****responsibilities:** |
| **Starting Salary:****Final Salary:** |
| **Job Title:** |
| **Reason for leaving:** |
| **Supervisor’s name and phone number:** **May we contact for a reference: \_\_\_Yes \_\_\_No** |
| **Employer:****Address:** | **Date started: Date left:** | **Work performed/****responsibilities:** |
| **Starting Salary:****Final Salary:** |
| **Job Title:** |
| **Reason for leaving:** |
| **Supervisor’s name and phone number:** **May we contact for a reference: \_\_\_Yes \_\_\_No** |
| **Employer:****Address:** | **Date started: Date left:** | **Work performed/****responsibilities:** |
| **Starting Salary:****Final Salary:** |
| **Job Title:** |
| **Reason for leaving:** |
| **Supervisor’s name and phone number:** **May we contact for a reference: \_\_\_Yes \_\_\_No** |
| **Employer:****Address:** | **Date started: Date left:** | **Work performed/****responsibilities:** |
| **Starting Salary:****Final Salary:** |
| **Job Title:** |
| **Reason for leaving:** |
| **Supervisor’s name and phone number:** **May we contact for a reference: \_\_\_Yes \_\_\_No** |

**Comments:**

**Education: Provide information on your formal schooling and education. Include elementary, secondary, and post-secondary education, if any. Include any formal vocational or professional education. For high school and post-secondary education, indicate any major or specialty, such as Academic, Business, or Trade.**

|  |  |  |  |
| --- | --- | --- | --- |
| School: | **Years completed:****(Circle)** | Graduated: **(Circle)** | Major Field: |
| **High:** |  **1 2 3 4** |  **Yes No** |  |
| **College:** |  **1 2 3 4** |  **Yes No** |  |
| **Other:** |  **1 2 3 4** |  **Yes No** |  |

**Languages:**  **List any foreign languages you know and indicate your level of proficiency**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Language:** | **Speak Some:** | **Speak Fluently:** | Read: | Write: |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Special Skills & Experience: State any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying.**

**Comments & Additional Information: Is there any additional information about you we should consider?**

**References: Provide the names, addresses and phone numbers of three people whom we may contact as a reference. They should not be relatives or former supervisors.**

|  |  |  |
| --- | --- | --- |
| **Name & Address:** | **Phone Number:** | **Years Known:** |
|  |  |  |
|  |  |  |
|  |  |  |

**Understandings** **and** **Agreements:**

**As an applicant for a position with the (local unit type), I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is not complete, true and accurate. If hired, I understand that I may be separated from employment if the (local unit type) later discovers that information on this form was incomplete, untrue, or inaccurate. I give the (local unit type) the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted). I give the (local unit type) the right to secure additional job-related information about me. I release the (local unit type) and its representatives from all liability for seeking such information. I understand that the (local unit type) is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the (local unit type) will make reasonable accommodations as required by the Americans with Disabilities Act and New Jersey Law Against Discrimination. I understand that, if employed, I may resign at any time and that the (local unit type) may terminate me at any time in accordance with its established policies and procedures. No representatives of the (local unit type) may make any assurances to the contrary. I understand that any offer of employment may be subject to job-related medical, physical, drug, or psychological tests. I also understand that some positions may involve complete background and criminal checks. *For* *your* *application* *to* *be* *considered,* *you* *must* *sign* *and* *date* *below.***

**Applicant’s** **Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Voluntary** **Affirmative** **Action Information**

**You are not required to provide this information. Provide only if you wish.**

If you provide information on this page, it will be filed separately from the job application. This information will be used only for purposes of the affirmative action program

**Applicant Information:**

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

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

**City/town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position Applied For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How did you learn about this position? \_\_Advertisement \_\_Employment Agency \_\_Friend \_\_Relative \_\_Walk-in \_\_Other (Explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Information Regarding Status:**

**Gender:**

**\_\_\_\_\_Male**

**\_\_\_\_\_Female**

**Equal Employment Opportunity identification groups:**

**\_\_\_\_\_White**

**\_\_\_\_\_African-American (non-Hispanic)**

**\_\_\_\_\_Hispanic**

**\_\_\_\_\_American Indian/Alaskan native**

**\_\_\_\_\_Asian/Pacific Islander**

**\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other protected Groups:**

**\_\_\_\_\_Individual with a disability**

**\_\_\_\_\_Vietnam-era veteran (served between 1964 and 1975)**

**\_\_\_\_\_Disabled veteran**

**For (local unit type) use only**

## Hired: \_\_Yes \_\_No Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which EEO job classification best describes the position for which the applicant applied?**

**1. Officials and Managers 4. Sales workers 7. Operators( semi-skilled)**

**2. Professionals 5. Office and clerical workers 8. Laborers (unskilled)**

**3. Technicians 6. Craft workers (skilled) 9. Service workers**

**(local unit type) Official\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **This page for (local unit type) use only!** |
| **Results** **of** **interview** |
| Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**NJ DIVISION ON CIVIL RIGHTS GUIDE**

**ON PRE-EMPLOYMENT INQUIRIES**

|  |  |  |
| --- | --- | --- |
| **Category** | **It is discriminatory to inquire about:** | **Some examples of acceptable inquiries:** |
| **Name** | 1. The fact of a change of name or the original name of an applicant whose name has been legally changed
2. Maiden name
 | Whether or not the applicant has ever worked under another name or was the applicant educated under another name. (Allowable only when the data is needed to verify the applicant’s qualifications) |
| **Birthplace and Residence** | 1. Birthplace of applicant
2. Birthplace of applicant’s parents
3. Requirement that applicant submit birth certificate, naturalization or baptismal record
4. Own home, rent, board or live with parents
5. Citizenship
 | 1. Are you in the United States on a visa, which prohibits you from working here?
2. Are you either a US citizen or a permanent resident alien?
 |
| **Creed and Religion** | 1. Applicant’s religious affiliation
2. Church, parish, or religious holidays observed by applicant
 |  |
| **Race or Color** | 1. Applicant’s race
2. Color of applicant’s skin, eyes, hair, etc.
3. Driver’s license number
 |  |
| **Photographs** | 1. Photographs with application
2. Photographs after interview, but before a hiring
 |  |
| **Age** | 1. Date of birth or age of applicant
2. Age specifications, limitations, or implications in a newspaper advertisement which might bar workers under or over a certain age
3. Driver’s license number
 | Applicant may be asked if he/she is over the minimum legal age and under a bona fide mandatory retirement age |
| **Language** | 1. Applicant’s mother tongue
2. Language commonly used by applicant at home
3. How the applicant acquired ability to read, write, or speak a foreign language
 | Language applicant speaks and/or writes fluently (only if job related) |
| **Relatives** | Name and/or address of any relative of the applicant | Name and address of person to be notified in case of accident or emergency |
| **Military Experience** | 1. Applicant’s military experience in other than United States Armed Forces
2. National Guard or Reserve Units of applicant
3. Draft classification or other eligibility for military service
4. Applicant’s whereabouts during periods of armed conflict
5. Dates, conditions and type of discharge
 | 1. Military experience of applicant in Armed Forces of United States only when used for employment history
2. Whether applicant has received any notice to report for duty in Armed Forces
 |

|  |  |  |
| --- | --- | --- |
| **Category** | **It is discriminatory to inquire about:** | **Some examples of acceptable inquiries:** |
| **Organizations** | Any clubs, social fraternities, sororities, societies, lodges, or organizations to which the applicant belongs | Membership in a union, professional or trade organization |
| **References** | The name of applicant’s pastor or religious leader | Names of persons willing to provide professional and/or character references for applicant |
| **Sex and Marital Status** | 1. Sex or marital status or any questions which would be used to determine same
2. Number of dependents, number of children
3. Spouse’s occupation
 |  |
| **Arrest and Conviction Record** | The number and kind of arrests of an applicant | Convictions which bear a relationship to the job |
| **Height and Weight** | Any inquiry into height or weight of applicant |  |
| **Physical Disabilities** | Any inquiry as to physical disability, which has no direct bearing on satisfactory performance of the specific job in question. (For example, questions as to the mobility of a person without the use of his or her legs, when the job in questions involves working in a stationary position.) | Does applicant have any physical disability, which would prevent him or her from satisfactorily performing the job? (For example, questions concerning hearing impairment are acceptable on applications for a telephone operation position.) |
| **Education** | Whether or not the applicant is a high school graduate | 1. Show highest grade completed
2. Detail your educational background
 |

**(Local Unit Name) PERFORMANCE APPRAISAL**

**Employee Name:** **Supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department/Job Title:** **Date of Hire:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Present Review Date**: \_\_\_\_\_\_\_\_\_\_**Last Review Date:** \_\_\_\_\_\_\_\_ **Time in Position (Yrs.):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Use the Comments section to note goals being appraised and to provide future goals.

**Overall Rating (circle)**

**1 – Does not meet minimum standards 2 - Needs Improvement 3 – Meets Job Requirements 4 – Exceeds Expectations**

**Training/ Job Knowledge: *Consider knowledge of methods, techniques, procedures, tools, and maintenance of certifications necessary to perform the position.***

|  |  |  |  |
| --- | --- | --- | --- |
| Lets certification expire. No desire to improve skills. Insufficient knowledge and understanding of the job. | New in a position and still learning. Often requires additional instruction. Making progress, but not fully proficient. Needs to improve certain skills or job knowledge. | Fully understands job responsibilities. Maintains needed certification. Can operate all equipment required to perform his or her job. | Takes the initiative to improve job through evaluation of job processes. Can lead work group through unusual or unique situations. |

**Comments:**

**Performance: *Consider dependability, communication skills, and the quality and quantity of work based on established standards.***

|  |  |  |  |
| --- | --- | --- | --- |
| Frequently damages government property and/or equipment. Work not up to expectations. | Needs a better grasp of job. New employee still in learning process, not yet proficient. Not always as productive as expected. | Completely performs job meeting all job standards. Consistently provides quality work requiring minimal revision to correct errors. | Job output continuously above standards and before deadlines. Takes initiative to take on other tasks whenever possible. |

**Comments:**

**Work Conduct: *Consider employee’s interest in the position, commendations received, organizational support, personal appearance, and disciplinary actions.***

|  |  |  |  |
| --- | --- | --- | --- |
| Frequently or repeatedly receives disciplinary actions and substantiated complaints from the community and co-workers. | Occasionally has disciplinary problems, but is working to correct behavior. Needs to project a positive outlook and pleasant manner. | Never has any discipline problems. Supervisor has complete trust in employee. Always conforms to dress code. | Consistent positive methods and behaviors, which translates into quality work. Has pride in work. Influences others in a positive way. |

**Comments:**

**Cooperation: *Consider teamwork, or the ability to work with others in a cooperative and productive manner.***

|  |  |  |  |
| --- | --- | --- | --- |
| Seldom works well with others. Difficult to work with. Does not promote teamwork. Files unsubstantiated grievances. | Slow to help others. Does not readily accept additional assignments required of job. Lack of tact or consideration for others. | Fully cooperates with co-workers. Accepts new ideas. Helps others. Willing to work overtime as needed. | Continually goes out of way to help co-workers. Learns other job responsibilities to aid in coverage. Fosters teamwork. |

**Comments:**

**Safety: *Consider the respect shown for self, co-workers and public****.*

|  |  |  |  |
| --- | --- | --- | --- |
| Does not adhere to safety rules. Repeatedly reprimanded for safety rule infractions. |  Sometimes disregards safety procedures or misuses equipment. |  Operates equipment and performs tasks within applicable safety standards. Reports all safety hazards. |  Pays special attention to unsafe working conditions. Helps increase awareness of safety issues in work group. Suggests safety improvements. |

**Comments:**

**(local unit type) COUNSELING ACTION PLAN**

**Customer Service: *Consider responsiveness to public the needs and requests.***

|  |  |  |  |
| --- | --- | --- | --- |
| Responds inappropriately to questions, requests, or situations. | Occasionally does not respond tactfully or completely. | Exhibits courtesy and tact. Answers questions or refers to the appropriate party. | Responds to requests with enthusiasm and a sense of commitment. Always follows through by providing or obtaining complete information. |

**Comments:**

**Judgment: *Consider ability to produce quality work in a cost conscious manner without needing guidance from manager.***

|  |  |  |  |
| --- | --- | --- | --- |
| Constantly uses poor judgment occasionally increasing costs. Requires close and constant supervision. | Often afraid to make and take responsibility for decisions. Needs to better identify and communicate problems. | Exemplifies good sense of judgment. Not afraid to make decisions when provided information. Learns from mistakes. | Anticipates potential problems. Takes full responsibility for mistakes. Takes initiative to obtain information. |

**Comments:**

**Attendance: *Consider absenteeism and punctuality.***

|  |  |  |  |
| --- | --- | --- | --- |
| Frequently arrives to work late. Excessive absenteeism beyond allotted time. | Occasionally arrives late. Uses nearly all allotted sick time each year. | Always arrives on time. Takes an average amount of sick time. | Always prepared for work Highly reliable attendance. |

**Comments:**

**Volunteer : *Consider willingness to volunteer at work and in the community*.**

|  |  |  |  |
| --- | --- | --- | --- |
| Never volunteers to help. Puts down others who do volunteer work. | Usually not interested in volunteering for projects, teams, etc. | Willing to volunteer if asked to volunteer. | Actively seeks opportunities to volunteer at both work or in the community.  |

**Comments:**

**Directing Work: *Consider planning, organizing, problem solving, leadership, and supervisory skills.***

Does this person have supervisory responsibilities?

[ ] All the time as part of job requirement.

[ ] Supervises on an as needed basis.

|  |  |  |  |
| --- | --- | --- | --- |
| Continually fails as a supervisor. Lack of leadership, planning, and organizational skills. Unit does not achieve objectives. Does not treat subordinates fairly. | New supervisor and still learning. Making progress, but not fully proficient. Having trouble making leap from co-worker to supervisor. | Fully proficient and competent leader. Delegates when needed. Solves problems and makes decisions. Is in complete control of department and sets an example. | Goes out of way to help subordinates. Consistently treats all employees fairly. Develops highly effective work plans. Assumes responsibility for solving problems. |

**Comments:**

**Employee comments:**

**I have reviewed the appraisal and discussed its contents with my supervisor.**

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

**Supervisor SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Name**: **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I met with the above employee to discuss performance regarding the following problem(s):**

**This is a [ ]  *verbal*, [ ]  *written, [ ]  final* meeting with this employee concerning this matter**.

**State the reason for the counseling session:**

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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**Employee’s performance is not acceptable for the following specific reasons:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Employee must achieve the following goals in order to reach acceptable standards:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Employee should reach these goals by:**

**[ ]  Immediately**

**[ ]  Employee is on a probationary status and will be re-evaluated on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[ ]  Employee is Suspended: Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Consequences of failure to improve or achieve goals:**

 **[ ] May result in further disciplinary action, up to and including termination.**

 **[ ]  Termination*.***

**Employee’s Comments:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**I have read the above. I understand that it constitutes a warning and I understand the amount of time I have to attain the stated performance goals. I also understand the consequences of my failure to improve or attain the above goals.**

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department Head Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(CEO title) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### (local unit type) EMPLOYEE EVALUATION CHECKLIST

[ ]  **Be Prepared**

* Know the objectives and goals of the meeting.

[ ]  **Time and Place**

* Choose a quiet, private spot with as few interruptions as possible.

[ ]  **Conducting the interview**

* Create a positive environment and help the employee feel at ease.
* Give balanced feedback, both positive and negative, but start with the positive.
* Focus on the job, NOT the person.
* Ask questions and allow the employee to provide feedback.
* When discussing areas for improvement, discuss methods and objectives for improving.
* Discuss possibilities for advancement, the employee's aspirations and professional development necessary to be a candidate for such future positions.

[ ]  **Conclusion**

* Summarize and review the important points of the discussion.
* Restate the action steps that have been recommended and provide a time frame for completion.
* Make sure employee reviews the appraisal and provides comments.
* Have employee sign the acknowledgement that the employee has read the appraisal (does not signify agreement with the content).

[ ]  **Follow-up**

* Follow-up with the employee to see how plans are proceeding within the given time frames.
* Offer the employee assistance in achieving objectives and encourage discussion of successes and obstacles.

**Fingerprint and Background Check Consent Form**

**For Employees, Job Applicants, and Volunteers That May Work or Have Contact with Minors**

In accordance with (Local Unit Type and Name) Ordinance No. \_\_\_ and N.J.S.A. 15A:3A-1 et seq, I understand that, as a condition of continued employment, new employment, or my volunteer service, the (local unit type) requires background checks on all individuals who will be working with children. .

By signing this form, I agree to be fingerprinted and consent to a criminal background record check as a condition of new employment, continued employment, or voluntary service. I also represent, attest, and certify that I have never been convicted of any of the following crimes or disorderly persons offenses as defined by New Jersey law or the law of any other state, or that the guilty disposition of any of the crimes and/or offenses has been amended to a status of not guilty, or that any previous charges, as listed below, have been expunged:

2C:11 HOMICIDE all offenses

2C:12 ASSAULT, ENDANGERING, THREATS all offenses

2C:13 KIDNAPPING all offenses

2C:14 SEXUAL OFFENSES all offenses

2C:15 ROBBERY all offenses

2C:20 THEFT all offenses

2C:24 OFFENSES AGAINST THE FAMILY, CHILDREN AND INCOMPETENTS

 all offenses

2C:35 CONTROLLED DANGEROUS SUBSTANCES

 all offenses **except** paragraph (4) of subsection a. of NJS.2C:35-10

Name (please print)

Applicant’s signature Date

Parent’s signature (if applicant is under 18) Date

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**Receipt for Personnel Policies and Procedures Manual**

I acknowledge that I have received a copy of (local unit type)’s Personnel Policies and Procedures Manual. I agree to read it thoroughly. I agree that if there is any policy or provision in the manual that I do not understand, I will seek clarification from my supervisor, the (CEO title) or the (Personnel Administrator title). I understand that (local unit type) is an "at will" employer and consistent with applicable Federal and State law (including the New Jersey Civil Service Act), (as well as applicable bargaining unit agreements), employment with the (Local unit type) is not for a fixed term or definite period and may be terminated at the will of either party, with or without cause, and without prior notice. No supervisor or other representative of the (local unit type) has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the above. In addition, I understand that this manual states (local unit type)’s personnel policies in effect on the date of publication. I understand that nothing contained in the manual may be construed as creating a promise of future benefits or a binding contract with (local unit type) for benefits or for any other purpose. I also understand that these policies and procedures are continually evaluated and may be amended, modified or terminated at any time.

Please sign and date this receipt and return it to the (Personnel Administrator title).

Date:

Signature:

Print Name:

Department: