I hereby acknowledge that I have reviewed the following Human Resources Policies*:

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* Please Note:
This handbook contains summaries of policies & procedures related to your position at CHC. Please contact your supervisor for the complete policies contained in the Human Resources Manual.
Welcome to Community Health Care, Inc.

Your employee handbook is intended to inform you about your position within Community Health Care, Inc. We are proud of our organization and the many employees who have contributed to our reputation of providing excellent health care to individuals regardless of their ability to pay. We hope that you share in our pride and will be an active and positive participant in our operation.

It is the intent of CHC to employ people who will contribute to the overall success of our organization and to have an atmosphere in which all employees demonstrate an understanding of the importance of CHC’s Mission. We want you to enjoy your work here and fully realize your potential. If you have additional questions or need assistance, please consult your immediate supervisor. The Human Resource department has an “Open Door” policy and welcomes your personnel and benefits questions. Welcome aboard!

Bilingual Skills
CHC’s clients are from varying backgrounds and not all of them speak English as a first language. If you as an employee speak or have skills in a language in addition to English, CHC may ask for you assistance to the extent that you are capable in dealing with clients or patients who do not speak English. You will be expected to assist CHC in that regard, although we understand that you may not be proficient in the second language.

Equal Employment Opportunity

Introduction
CHC is committed to providing equal employment opportunity to qualified persons without regard to race, color, creed, ancestry, religion, sex, age, national origin, disability, or veteran status. It is our policy, while striving for optimum utilization of ability and capability of all individuals, to base our employment and promotional decisions on job-related standards of past performance, experience, education, training, and interpersonal strengths and abilities. Length of service may be a factor considered only when two or more applicants possess equal qualifications.

The Human Resource Department is the coordinator of these programs. Employees who believe they have been discriminated against should avail themselves of the company’s problem solving procedure or contact Human Resources.

Affirmative Action
While CHC is committed to developing and implementing equal opportunity for employees and applicants, continuing positive actions must be taken by all levels of management to ensure successful fulfillment of this commitment. At CHC, the work performance of each individual supervisor and manager will include an evaluation of equal employment opportunity efforts and results.

Employment At Will

Community Health Care, Inc. (CHC) is an “At Will Employer.” This handbook does not constitute a contract for employment for any period of time but merely sets forth policies and procedures in effect on the date it was issued. This handbook may be amended from time to time without prior notice to employees. Additional policies and procedures specific to particular job classifications may be added as needed. Both CHC and an employee have the right to terminate the employment relationship at anytime, with or without cause or notice. Please understand that no supervisor, manager, or representative of CHC other than the CEO/President, has the authority to enter into any agreement with you for employment for any specified period of time or to make any promises or commitments contrary to the foregoing. Further, any employment agreement entered into by the CEO/President will not be enforceable unless it is in writing.

Food and Drink

Food is not allowed in public/clinic areas. Each CHC facility provides a staff lounge for lunchtime and breaks. Private offices, out of site from patients and visitors may also be utilized. All other areas will be considered within the clinic area. Beverages must be contained in a covered container.

From time to time, special events will be held when food will be served. Please reserve the appropriate space at your site for these functions.

Designated Smoking Areas

All CHC sites are smoke free facilities. Each location provides a designated smoking area. Please contact your Clinic Manager for details.

Wall Hangings

Frames pictures, posters, etc. may be mounted with approval from the Building and Grounds Coordinator. Please forward all questions/requests to this department. Our walls will not withstand repeated stapling, tacking or nailing without follow-up repairs and painting. Likewise, tape applied would risk peeling paint and/or wallboard.
Employment Eligibility

CHC will hire only those individuals legally eligible to work in the U.S., according to Title 8, United States Code, Section 1324A. The appropriate I-9 form will be completed for each new employee during the first three days of work.

a. Documentation. Please refer to the back of the I-9 form included in your new hire packet for a list of required documentation.

b. Other Requirements. Employee must be of legal working age or have appropriate work permits.

All licensures must be kept current. Employees are not allowed to work with an expired license. OSHA Classification I employees must also maintain current CPR certification. Original and renewed licenses must be presented to a Human Resource Representative. A copy will be made for your personnel file.

Human Resource Orientation

On the first day of employment (or as soon as can be scheduled), the Human Resource Department will conduct an orientation. You will be asked to sign an orientation checklist as acknowledgment that you have received the necessary written information and all the listed areas have been explained to you.

Open Door Policy

It is the policy of CHC to encourage communication throughout all levels of the organization. To that end, the doors of supervisors, managers, directors, and the CEO/President are open to all employees whether the situation is the resolution of a problem or a suggestion. We suggest that you begin with your supervisor or anyone in the Human Resource Department.

Personnel Records

All personnel records are confidential and kept in the Human Resource Department. Only supervisory and management employees who have an employment-related need to know for information about another employee many inspect the files. Breach of confidentiality of personnel records is cause for immediate termination of employment.

If you wish to view or make a copy of any document within your personnel file, please schedule in advance a time to meet with a Human Resource Representative. A reasonable charge, not to exceed the actual cost to CHC, may be made for any copies of records made by the employee.

It is your responsibility to ensure your personal information is up to date. Notify the Human Resource Department of any changes immediately.

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Time Away From Work

Personal Leave of Absence

Personal leaves of absence may be granted in special situations. Personal leaves of absence are without pay. They are available to employees who obtain proper management approval and who have been with the company for more than one year of continuous service. Time-off accruals cease and all insurance benefits cease after one month's absence due to personal leave. Please be aware that the company may not be able to guarantee that a position will be available for you at the end of the leave.

Bereavement

Up to three days of leave is available for the death of an employee’s or spouse’s mother, father, brother sister, husband, wife, daughter, son, grandmother, grandfather, grandchildren and guardian for days employees are regularly scheduled to work, if necessary. Grief leave also covers applicable “step” relationships as mentioned above. Employee’s PTO is not affected due to grief leave.

Court Leave

If you are required to be in court on your own behalf or as a witness, PTO is appropriate, not Court Leave. However, if you are an eligible employee and are required to serve as a juror, your time off will be classified as Court Leave. Please provide documentation of the legal request for your presence in court and submit it to your supervisor with a time off request form. Once you have completed your court obligation, please bring in the check you receive for your services and sign it over to CHC. You will receive your normal paycheck plus any mileage paid to you by the court. You will be expected to work normally scheduled work hours at CHC until your presence is required at the courthouse or once you have completed your court obligation.

Military Leave

If you are an eligible employee, you may take short-term (not more than 10 working days) Military Leave at full regular pay minus military pay received. These days must be days you are regularly scheduled to work. If your military pay exceeds your normal CHC pay, CHC will not pay you for the period; however, all benefits will continue as long as the period does not exceed two weeks. You must submit a copy of your orders with your time off request form along with documentation of military reimbursement.

Short Term Leave Without Pay

CHC strongly discourages taking time off without pay. Adequate time off is provided for most needs through PTO or other special forms of leave. Leave without pay will not be allowed during your introductory period unless it is a condition of hire, or illness supported by a doctor’s statement. Short-term leave without pay is up to supervisor’s discretion. You may not use leave
without pay for short-term leave if any PTO exists in your PTO account. If you must use leave without pay because you have no PTO accumulated, you will not receive your PTO accumulation for the pay periods involved. Because leave without pay is expensive to CHC in maintaining benefits not really earned by the employee, use of this form of leave is grounds for corrective action.

**Long Term Leave Without Pay**

Leave of absences are available only for special circumstances. Long-term leave refers to all leaves greater than one-week duration and less than three months’ duration, which are not covered by paid leave. You must make all such leave requests to your supervisor in writing and the CEO/President will make a final decision with input from your supervisor. The employee is responsible for paying his/her own medical and dental insurance premiums during this period. The company will maintain your life insurance and your retirement status will be retained, but no new dollars will be contributed to the pension plan. Benefits, which normally accumulate based upon time worked, do not continue to accumulate. Seniority will continue to accumulate provided the leave is six months or less.

**Family Medical Leave Act**

Please review your rights under the Family Medical Leave Act of. If you require time away from work for any of the following reasons, please contact your Human Resource Representative immediately.

1. Birth of a child or placement of a child with the employee for adoption or foster care.
2. To provide care for a spouse, child or parent of the employee who has a serious health condition.
3. Due to the employee's own serious health condition that renders the employee unable to perform the functions of his or her position.

The complete FMLA policy is located in the Human Resource Policy & Procedure Manual in each department for your review.
Drugs & Alcohol

CHC will not tolerate the possession, use, manufacture, distribution, or dispensing of controlled substances in the workplace or during work time. Moreover, employees must report to work free from the influence of alcohol, illegal drugs, and unlawfully used prescription medications. This policy applies to all employees of CHC, regardless of their job title or worksite.

Drug testing will occur in the following instances:

1. **Reasonable Suspicion:** Current employees can be asked to submit to a drug and alcohol test if reasonable suspicion exists to indicate that their health or ability to perform work might be impaired. Factors that could establish cause include, but are not limited to:
   - Repeated failure to follow instruction or operating procedures;
   - Violation of CHC safety policies;
   - Involvement in an accident or near-accident during work hours;
   - Discovery or presence of illegal or suspicious substances or materials in an employee’s possession or near the employee’s workplace;
   - Odor of alcohol and/or residual odor peculiar to some chemical or controlled substances;
   - Unexplained and/or frequent absenteeism;
   - Personality changes or disorientation;
   - Observable phenomena while at work, such as direct observation of alcohol or drug use or abuse or of the physical symptoms or manifestations of being impaired due to alcohol or other drug use;
   - Abnormal conduct or erratic behavior while at work or a significant deterioration in work performance;
   - A report of alcohol or other drug use provided by a reliable and credible source and/or;
   - Evidence that an individual has tampered with any drug or alcohol test during the individual’s employment with CHC.

2. **Post Accident:**
   - CHC will conduct testing as part of an investigation into a workplace accident causing equipment or property damage reasonable estimated to exceed $1,000 or resulting in a reportable injury to an employee or patient.

3. **Rehabilitation Program:**
   - Employees will be subject to testing during a period of rehabilitation or after successful completion of rehabilitation.
   - The cost of rehabilitation shall be apportioned as provided under the employee benefit plan.
   - If an employee is suspended from work due to an admitted substance dependency, the employee should be referred for counseling/treatment of such. To return to work and continue their employment, they must:

Bring proof that arrangements have been made to receive professional help for the problem to Human Resources, and

Bring weekly verification that the treatment is ongoing to Human Resources.

Failure to provide weekly verification or a repeat occurrence of substance abuse will result in immediate discharge.

**Supervisory Training**

CHC requires supervisory personnel involved with drug or alcohol testing to attend a minimum of two hours of initial training and to attend, on an annual basis thereafter, a minimum of one hour of subsequent training. The training shall include, but is not limited to, information concerning the recognition of evidence of employee alcohol and other drug abuse, the documentation of employee alcohol and other drug abuse and the referral of employees who abuse alcohol or other drugs to the employee assistance program.

**Confidentiality of Results**

All communications received by CHC relevant to employee drug or alcohol test results are confidential communications. An employee who is the subject of a drug or alcohol test and for whom a confirmed positive test result is reported, shall upon written request, have access to any records relating to his/her drug records, relating to the results of any relevant certification or review by a Medical Review Officer.

**Prohibition:** CHC’s policy prohibits the following:

- The illegal use, sale, possession, dispensing, distribution or manufacture of narcotics, drugs or other controlled substances on CHC premises, the premises of satellite work sites, the premises of clients, and/or while on working time.
- Switching, altering or adulterating any urine and/or blood sample submitted for testing in accordance with this policy.
- Refusing to consent to testing or refusing to submit a specimen for testing.
- CHC prohibits performing your job while under the influence, or suffering from the effects of drugs or alcohol. Employees reporting to work in an inappropriate state (e.g., incoherent, smelling of alcohol, dilated pupils, staggering, etc.) may be referred for a physician’s assessment and, if validated, sent home without pay. (Employees taking prescribed drugs, which may have the potential for adversely affecting their job performance, shall notify their supervisor before reporting to work.)

**Employee Discipline in Connection With a Drug or Alcohol Test**

The following is a list of uniform requirements for what action CHC will take against the employee upon receipt of a confirmed positive drug and or alcohol test result, or upon the refusal to submit to such test. Any action taken against the employee is based on the results of the drug or alcohol test.
1. Refusal to submit to a drug/alcohol test when requested to do so will be considered to be a positive result and the individual will be subject to discipline outlined below.

2. Upon CHC’s receipt of a confirmed positive drug and/or alcohol test result, employees are required to go to EAP for referral to an approved rehabilitation treatment program. The program may include additional drug and or alcohol testing. Participation and successful completion of the program is a condition of continued employment with CHC. Failure to comply with these requirements will result in termination. This one-time rehabilitation program only applies if all of the following requirements are met:
   a. The company must have employed the employee testing positive for drugs and/or alcohol for at least 12 of the previous months from the date of testing. Seasonal employees do not meet this requirement.
   b. The employee must agree to the treatment.
   c. The employee must not have previously violated the Company’s substance abuse policy.
   d. The employee’s positive test for alcohol must be at a level .04 or higher.

   After rehabilitation, CHC shall not take any adverse employment action against the employee so long as the employee complies with the requirements of EAP’s rehabilitation, and successfully completes rehabilitation.

3. If an employee who has previously tested positive under CHC’s drug and/or alcohol testing program tests positive under a drug test performed on a second occasion, the employee will be terminated.

Violations: Violations of this policy will be dealt with immediately in accordance with CHC's established procedures. Each case will be investigated and will result in disciplinary action and/or curative action. Curative action would require an employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved by appropriate governmental, local health or law enforcement agencies as a condition of continued employment. Participation in such treatment program during scheduled work time will require the use of the employee’s PTO time.

CHC provides health benefits through which employees have access to an Employee Assistance Program to aid them with drug/alcohol abuse problems with the goal of rehabilitating them for continued productive employment. All employees who suspect that they have a drug problem are encouraged to use the resources of this health benefit before the problem affects their employment status. Participation is voluntary and confidential but will not shield an employee from discipline, up to and including termination of employment, should an employee be involved in an incident under drug-related circumstances.

A second positive finding will be cause for immediate termination of employment.

Required Notice: Employees are required to notify their supervisor of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) calendar days after such conviction. CHC is then required to notify the relevant federal agency within ten (10) days of actual receipt of notice of such conviction.
Federal Laws/Regulations: CHC will conduct drug and/or alcohol testing as required by a federal law or regulation by law enforcement.
Dress Code

ADMINISTRATIVE & NON-CLINICAL STAFF
A. Appropriate
• Dresses/Skirts/Jumpers (cannot be more than 3 inches above the knee)
• Suits/Pant Suits
• Shirts/Ties
• Blouses/Sweaters/Collared Shirts
• Blazers/Vests
• Dress Slacks, Khakis, or Dockers
• Hosiery or socks must be worn at all times with dresses, skirts and slacks
• Any type of business shoe (heels, flats, etc.)
• Name badges are required for all employees
B. Inappropriate
• Denim Jeans (regardless of color)
• Casual/Sport T-shirts (including logo merchandise)
• Shorts/Culottes/Mini Skirts
• Stirrup Pants/Leggings/Sweat Pants
• Casual sandals, athletic or canvas shoes
• Flannel Shirts/Sweatshirts
• Any item of clothing exposing shoulders, midriff or cleavage

CLINICAL STAFF
A. Appropriate
• Organization-approved scrubs.
• Organizational approved warm-up jacket
• T-shirt or turtleneck, in solid white may be worn under top of scrubs
• Shoes must be resistant to needle sticks with a closed toe and heel
• Name badges are required for all employees

PROVIDERS AND LAB PERSONNEL
A. Appropriate
• White Lab Coat
• Dresses/Skirts/Jumpers (not more than 3 inches above the knee)
• Blouses/Sweaters
• Short or long sleeved collared shirts
• Dress Slacks, Khakis, or Dockers
• Shoes must be resistant to needle sticks with a closed toe and heel
• Name badges are required for all employees
B. Inappropriate:
• Unsecured long hair
• Non-natural colors of hair (ex: blue, green, purple)
• Dangling jewelry that could become caught or snagged

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Name Badges

All employees must wear their name badge to readily identify themselves and their position to patients, visitors, physicians, and other employees. New employees will receive a name badge from the Human Resources Department. Employees may be required to show their name badge when picking up their paycheck and when reporting for work. If an employee loses their name badge, they are required to notify their supervisor immediately to order a replacement badge. There will be a cost to the employee for replacement badges.
Continuing Education

An amount is budgeted each fiscal year for expenses used by eligible staff members to attend external educational programs as well as reimbursement for licensures and certifications. The purpose of this program is primarily for staff required to have CEU or CME time for continuing licensure or certification. The amount budgeted and allocated to eligible staff members will vary depending on job classification. Expenditures within each year will be limited to the amount allocated. This policy clarifies how employees may request use of the funds to attend an external educational program that is relevant to their occupational duties.

Employee Eligibility:
- Employees must complete 90 days of service to be eligible for this program.
- Employees must be of an eligible job classification. (For information regarding eligible job classifications, please check with the Human Resources Department.)
- The employee’s FTE must be that of a .5 FTE to be eligible. CEU hours and funds will be prorated for any FTE under a 1.0.
- An employee on a leave of absence may not apply for Continuing Education.
- Any employee receiving CEU/CME reimbursement will be required to repay CHC for all expenses in full, if termination of employment, for any reason, occurs within six (6) months from the date of successful completion of the approved course(s).

Course Eligibility:
- The course must be job related, or prepare the employee for other CHC clinical positions.
- Approval for and reimbursement of any expenses are at the discretion of the President/CEO, and must be evaluated for organizational/professional benefit and funding availability based on department budgets.
- A copy of the course program along with a completed copy of the “Request for CEU Reimbursement” form including, but not limited to, transportation, lodging, meals, registration or seminar fees and employee compensation must be submitted for approval to the President/CEO, prior to incurring any expenses.
- Any expenses incurred without prior approval, or other travel expenses that are incurred for personal or recreational purposes that are not directly related to performing job duties are at the employee’s own expense.
- Non-exempt employees should schedule CEU hours during regularly scheduled workdays when available. Weekends, evenings or regularly scheduled days off are not included unless President/CEO gives prior approval. A time-off request form must be completed and approved by the employee’s supervisor, prior to attending any scheduled training courses.
- Employees utilizing CEU, may be requested to present their CEU subject to CHC staff at a “Lunch and Learn” within 30 days after workshop is completed, or submit a full paged double-spaced report on same.
- CEU time-off for Home Study related courses are not allowed.

*See the HR Manual and full policy for further details on allowable expenses and requirements.
Work Related Employee Injury/Illness

References: In accordance with the Iowa/Illinois Workers Compensation Law, all work-related injuries must be reported to the employer in order for the employer to file a first report of injury.

POLICY: It is the policy of Community Health Care, Inc (CHC) to provide a safe working environment for all employees. The purpose of this policy is to provide guidelines and procedural steps for employees to follow who have sustained a work-related injury or illness.

DEFINITIONS:

Work-related: Arising out of and in the course of employment.

RESPONSIBILITY:

A. It is the employee’s responsibility to promptly report any work related illness/injury to their immediate supervisor.

B. Employees must also report all on-going treatments to their immediate supervisor.

C. It is the responsibility of the supervisor to inform the Administrative Assistant to the President/CEO of any work-related injury or illness, including ongoing treatment.

D. Supervisors must supply a completed injury/illness report to the Administrative Assistant to the President/CEO within 24 hours of the occurrence.

E. It is the responsibility of the Administrative Assistant to the President/CEO to file all necessary reports with the insurance carrier and to communicate this information to the Clinical Director.
PROCEDURES:

A. Non-Life Threatening Injury or Illness:
   1. Employees must report any work related injury/illness, no matter how minor, to their supervisor immediately.
   2. The employee and his/her supervisor/designee will complete an Injury and Illness Report. (See attachment), and forward to the President/CEOs Administrative Assistant.
   3. The supervisor will evaluate the seriousness of the injury and refer the employee to the Work Fitness Center for medical attention.
   4. In the absence of a supervisor, the employee will contact a member of administration for referral.
   5. If a work related injury occurs off site, the employee will call the Administrative Assistant to the President for direction.
   6. Emergency Care Centers can be used for non-emergency care when the other clinics are not open.
   7. Supervisors will complete an “Authorization for Treatment” form provided by Work Fitness Center to send with the employee. (See Attachment)
   8. Work Fitness Center will provide injured employees with a report including work restrictions, follow-up appointments, diagnosis, work relatedness of the injury and any referrals made. The employee will promptly forward this report to his/her immediate supervisor who will inform the President/CEO’s Administrative Assistant.
   9. If the doctor releases the employee with restrictions consideration will be given for alternate duty if unable to return to their regular job with accommodations.

B. Emergency or Life Threatening Injury/Illness:
   1. Dial 9-911 for all emergency care.
   2. Employees on the Iowa side of the river will be directed to the Genesis Emergency Rooms (East or West Campus)
   3. Employees on the Illinois side of the river will be directed to Trinity Hospital.
   4. Following examination and treatment, employees will be provided with two copies of The Status Report. This report will include any work restrictions, follow-up appointments, diagnosis, work relatedness of the injury and any referrals made. The employee will promptly forward this report to their immediate supervisor, who will inform the President/CEOs Administrative Assistant.
   5. All follow up care will be scheduled at the Work Fitness Centers.

Community Health Care, Inc.
Employee Injury and Illness Report

Completed by: ____________________________

Name __________________________________
Title __________________________________

Phone (_____) _____ - ________ Date: _____/_____/_____

Employee Information

First ____________________ Last ____________ Middle __________

Street ____________________ City ____________ State ________ Zip ________

Date of Birth: _______ Hire Date: ___________ Male ______ Female ______

Name of physician or other health care professional:
_________________________________________________________________

If treatment was given away from the worksite, where was it given?
Facility: ___________________________________________________________
Street: ___________________________________________________________

City ______________________ State __________ Zip ________________

Was the employee treated in the emergency room? Yes ______ No ______
Was the employee hospitalized overnight as an in-patient? Yes ______ No ______

Information about the case.

Case Number from the Log _________________
________________________________________
(Transfer the number from the Log after you record the case.)

Date of Injury or Illness: ______ Time employee began work ______ a.m. / p.m.

Time of event: ______________________ a.m. / p.m.  □ Check if time cannot be determined

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What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific.

____________________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________________

What happened? Explain how the injury occurred.

____________________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________________

What object or substance directly harmed the employee?

____________________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________________

If the employee died, when did death occur? Date of death _____/_____/_____

To whom was the injury reported? ____________________________________________

How much work time was lost due to the injury? Days _________ Hours _______

Describe any type of first aid treatment received. (Include provider name & name of facility)

____________________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________________

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Did anyone witness the accident?  (Check one)  
Yes ☐  No ☐
(If you checked yes, please have the witness complete the witness statement form.)

Did this injury occur during the course of normal duties?  Yes ☐  No ☐

Who was most in control of preventing the injury?  
______________________________________________________________
______________________________________________________________

List any safety equipment provided:  
______________________________________________________________
______________________________________________________________

Was the required safety equipment in use at the time of injury?  Yes_____ No____

What actions will be taken to prevent this type of injury in the future?  
______________________________________________________________
______________________________________________________________
______________________________________________________________

Additional Comments:  
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

Signature of Employee  Date

Supervisor Signature  Date

**NOTE:  Maintain this record for five years following the year to which it pertains.
Community Health Care, Inc.
Employee Injury and Illness Report

Witness Statement:

Complete and forward to your immediate supervisor.

Supervisor Statement:

Review entire report; add statement and forward to the Administrative Assistant to the CEO/President.
Employee Health Screening

An employee health evaluation is required for all new employees. The CHC Health Education Nurse will meet with new staff to discuss what health screening is appropriate.

All employees must have documented immunity (by history or titer) to rubella and Varicella or be immunized, if indicated, as recommended by the CDC.

Staff with potential risk of exposure to blood or body fluids (OSHA classifications I or II), will be offered the Hepatitis B Vaccine. The first vaccination will be given within 10 working days in accordance with OSHA Standards. If the new employee has been vaccinated prior to his/her start date, a copy of the vaccination will be required or a titer will be drawn.

New employees will also have an initial two-step Mantoux test for TB exposure. A PPD will be performed annually thereafter.

All OSHA Classification I & II employees will receive an annual PPD skin test

Classification of Employees

It is the policy of Community Health Care, Inc. (CHC) to comply with the Fair Labor Standards Act. Accordingly, all employees are classified as either “Exempt” or “Non-Exempt” from overtime provisions. All Non-Exempt employees will receive one and one-half (1 ½) times their regular hourly rate of pay for all hours worked over forty (40) during the workweek. Exempt employees are not entitled to overtime compensation. All employees will be compensated in an amount equal to not less than the Minimum Wage. These categories do not guarantee employment for a specified period time. All employees continue to be employed at-will and can leave CHC or become terminated by CHC at any time for any lawful reason.

PROCEDURES:

1. The following terms will be used to describe the classification of employees and their employment status.

   **Exempt**: Employees whose positions meet special tests established by the Fair Labor Standards Act (FLSA) and state law and who are exempt from overtime pay requirements. Generally these are positions of executives, professionals and supervisors.

   **Non-Exempt**: Employees whose positions do not meet the FLSA and state exemption tests and who are entitled to overtime pay under specific provisions of federal and state laws. Non-exempt employees must maintain accurate records of actual hours worked.
2. In addition to the above categories, each employee will belong to one other employment category.

**Introductory Employees:** All newly hired employees must successfully complete an initial introductory period of 90 days. This introductory period is intended as a working test period and is regarded as an integral part in determining the suitability and qualification of an employee for a position. This introductory period applies to all employees regardless of previous employment experience with CHC, Inc.

All introductory periods may be extended with documented cause for an additional ninety (90) days. **No introductory period is to be considered completed until the employee is notified in writing by his/her immediate supervisor.**

**Regular Full-Time Employees:** Regular full-time employees are those who have successfully completed the initial introductory period. Regular full-time employees are employees hired to work forty (40) hours per week without a predetermined termination date. Their FTE rate is a .8 FTE or more. Regular full-time employees are eligible for full benefits.

**Regular Part-Time Employees:** Regular part-time employees are those who have successfully completed the initial introductory period. Regular part-time employees are employees hired to work less than thirty-two (32) hours per week without a predetermined termination date. Regular part-time employee’s fall into two groups:

A. **Less than .5 FTE**
   a. .1 FTE (4 hours)
   b. .2 FTE (8 hours)  -------------------------------NO PTO, NO BENEFITS
   c. .3 FTE (12 hours)
   d. .4 FTE (16 hours)

B. **.5 FTE or More**
   a) .5 FTE (20 hours)  -------------.5+ PTO PRORATED, NO BENEFITS
   b) .6 FTE (24 hours)
   c) .7 FTE (28 hours)

**Contract Employees:** Contract employees whether full-time or part-time are eligible for benefits as stated in their contract.

**Temporary (Fill-In) Employees:** Temporary employees are those who are hired as interim replacements to temporarily supplement the workforce, or to assist in the completion of a specific project. Per Diem and PRN employees fall within this category. Employment assignments in this category are of a limited duration. Employment beyond any initially stated period does not in any way imply a change in employment status.

Temporary employees retain that status unless and until notified of a change. Employees within this category are not eligible for CHC, Inc. benefit programs.
An employee will be informed prior to hire whether the position he or she seeks is Exempt or Non-Exempt under the Fair Labor Standards Act.
Sexual Harassment

Non-Discrimination and Harassment

Community Health Care, Inc. is committed to providing a work environment in which all individuals are treated with respect and dignity. Each individual has the right to work in a professional atmosphere that promotes equal employment opportunities and prohibits discriminatory practices, including harassment. Therefore, Community Health Care, Inc. expects that all relationships among persons in the office will be business-like and free of bias, prejudice and harassment.

CHC employees have the right to work in an environment free from harassment, whether based on race, sex, or any other characteristics. Harassment may be verbal, physical, written, or visual. Any employee who feels he or she has been harassed should contact their supervisor or the Director of Human Resources or CEO/President of Community Health Care, Inc.

Reporting and Retaliation

Community Health Care, Inc. encourages reporting of all perceived incidents of discrimination or harassment. It is the policy of Community Health Care, Inc. to investigate such reports. Community Health Care, Inc. prohibits retaliation against any individual who reports discrimination or harassment or participates in an investigation of such reports.

DEFINITION:

Harassment

1. Sexual harassment constitutes discrimination and is illegal under federal, state and local laws. For the purposes of this policy, sexual harassment is defined as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when, for example: (a) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; (b) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or (c) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

Sexual harassment may include a range of subtle and not so subtle behaviors and may involve individuals of the same or different gender. Depending on the circumstances, these behaviors may include, but are not limited to: unwanted sexual advances or requests for sexual favors; sexual jokes and innuendo; verbal abuse of a sexual nature; commentary about an individual's body, sexual prowess or sexual deficiencies; leering, whistling or touching; insulting or obscene comments or gestures; display in the workplace of sexually suggestive objects or pictures; and other physical, verbal or visual conduct of a sexual nature.

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2. Harassment on the basis of any other protected characteristic is also strictly prohibited. Under this policy, harassment is verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of his/her race, color, religion, sex, sexual orientation, national origin, age, disability, marital status, citizenship or any other characteristic protected by law or that of his/her relatives, friends or associates, and that: (a) has the purpose or effect of creating an intimidating, hostile or offensive work environment; (b) has the purpose or effect of unreasonably interfering with an individual's work performance; or (c) otherwise adversely affects an individual's employment opportunities.

Harassing conduct includes, but is not limited to; epithets, slurs or negative stereotyping; threatening, intimidating or hostile acts; denigrating jokes; and written or graphic material that denigrates or shows hostility or aversion toward an individual or group and that is placed on walls or elsewhere on the employer's premises or circulated in the workplace.

PROCEDURES:

Individuals and Conduct Covered
- This policy applies to all applicants and employees, whether related to conduct engaged in by fellow employees or someone not directly connected to Community Health Care, Inc. (i.e., an outside vendor, consultant or customer).
- Conduct prohibited by this policy is unacceptable in the workplace and in any work-related setting outside the workplace, such as during business trips, business meetings and business-related social events.

Reporting Incidents of Harassment, Discrimination or Retaliation
- Community Health Care, Inc. encourages reporting of all perceived incidents of discrimination, harassment or retaliation, regardless of the offender's identity or position. Individuals who believe that they have been the victims of such conduct should discuss their concerns with their immediate supervisor, the Director of Human Resources or the President/CEO.
- All managers and supervisors are required to report any and all instances of harassment, discrimination or retaliation to the Human Resource Department immediately.
- In addition, Community Health Care, Inc. encourages individuals who believe they are being subjected to such conduct promptly to advise the offender that his or her behavior is unwelcome and request that it be discontinued. Often this action alone will resolve the problem. Community Health Care, Inc. recognizes, however, that an individual may prefer to pursue the matter through informal or formal complaint procedures.

COMPLAINT PROCEDURE

Informal Procedure
If for any reason an individual does not wish to address the offender directly, or if such action does not successfully end the offensive conduct, the individual should notify his/her immediate supervisor, the Director of Human Resources or the President/CEO of Community Health Care, Inc. who may, if the individual so requests, talk to the alleged offender on the individual's behalf. Any reported incidents must be forwarded to the Human Resource Department immediately in addition to any one else. The corrective action process will be initiated for any supervisors or managers who fail to do so.
a. An individual reporting harassment, discrimination or retaliation should be aware, however, that Community Health Care, Inc. may decide it is necessary to take action to address such conduct beyond an informal discussion. This decision will be discussed with the individual. The best course of action in any case will depend on many factors and therefore, the informal procedure will remain flexible. Moreover, the informal procedure is not a required first step for the reporting individual.

**Formal Procedure**

a. As noted above, individuals who believe they have been the victims of conduct prohibited by this policy statement or believe they have witnessed such conduct should immediately discuss their concerns with their immediate supervisor, any member of management or the Director of Human Resources or President/CEO. Community Health Care, Inc. encourages prompt reporting of complaints or concerns so that rapid and constructive action can be taken before relationships become irreparably strained.

b. Any reported allegations of harassment, discrimination or retaliation will be investigated promptly. The investigation may include individual interviews with the parties involved and, where necessary, with individuals who may have observed the alleged conduct or may have other relevant knowledge.

c. Confidentiality will be maintained throughout the investigation process to the extent consistent with adequate investigation and appropriate corrective action.

d. Retaliation against an individual for reporting harassment or discrimination or for participating in an investigation of a claim of harassment or discrimination is a serious violation of this policy and, like harassment or discrimination itself, will be subject to disciplinary action. Acts of retaliation should be reported immediately and will be promptly investigated and addressed. Misconduct constituting harassment, discrimination or retaliation will be dealt with appropriately. Responsive action may include, for example, training, referral to counseling and/or disciplinary action such as warning, reprimand, withholding of a promotion or pay increase, reassignment, temporary suspension without pay or termination, as Community Health Care, Inc. believes appropriate under the circumstances.

e. False and malicious complaints of harassment, discrimination or retaliation as opposed to complaints, which, even if erroneous, are made in good faith, may be the subject of appropriate disciplinary action.

**CONCLUSION:**

a. Community Health Care, Inc. has developed this policy to ensure that all its employees can work in an environment free from harassment, discrimination and retaliation. Community Health Care, Inc. will make every reasonable effort to ensure that all concerned are familiar with these policies and aware that any complaints in violation of such policies will be investigated and resolved appropriately.

Any employee who has any questions or concerns about these policies should talk with the Director of Human Resources or President/CEO.
COMMUNITY HEALTH CARE, INC.
HARASSMENT REPORTING FORM

“You are obligated to promptly report any and all instances of harassment to the Human Resources Department, your supervisor, the CEO/President or any Director or Manager at CHC.

Date & Time of Incident______/______/______ _______a.m. or p.m.

Name of person completing this report:______________________________________

Name of person perceived to be harassed, discriminated or retaliated against:

______________________________________________________________

Name any witnesses to this incident(s):

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

Please list the specific details of the incident(s). (Include quotations, circumstances, dates, times, gestures, tone, etc.)

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

Date & time this report was completed______/______/______ _______a.m. or p.m.

Signature of person completing this form______________________________________

Date_____________________

Signature of person receiving this form______________________________________

Date_____________________

Signature of Human Resources Representative _______________________________

Date_____________________
**Grievance Policy**

It is the policy of Community Health Care, Inc. (CHC) to allow employees the opportunity to bring to the attention of management concerns or complaints about work-related conditions or problems. This begins with informal communications with the employee’s immediate supervisor. However, if the informal processes do not achieve results, employees have the opportunity to present their complaints and attempt to resolve them through the CHC grievance procedure.

Information regarding an employee’s grievance shall be kept confidential to the greatest extent possible. Those investigating a grievance may only discuss it with those individuals who are involved in the grievance. CHC reserves the right, at its sole discretion, to refuse to proceed with any grievance that it determines to be improper under this policy. This policy in no way alters the employment-at-will relationship.

Allegations of harassment or discrimination are not to be addressed by the grievance procedure but rather by CHC’s Non-Harassment Policy.

A grievance is defined as any dispute concerning disagreements arising from working relationships, working conditions, employment practices, or differences in interpretation of policy, which might arise between the organization and its employees. The following procedure will be followed in the event of a grievance:

**PROCEDURES:**

A. **Level I Grievance – Formal Written Grievance:** If the aggrieved employee is not satisfied with the resolution of his/her supervisor, the individual may file a formal grievance with the head of his/her department. The formal written grievance must be filed within seven (7) days of the event(s) leading to the grievance to be considered valid. This written grievance shall specify the facts and circumstances, which gave rise to the grievance. For example, a nurse availing himself/herself of this process may file a written grievance with the Clinical Director.

The department head will conduct an investigation of the incident, and will generally provide a written response to the employee within seven (7) days. If more time is needed to respond to the complaint, the person filing the complaint will be notified.

B. **Level II Grievance – Appeal to President/CEO:** If the aggrieved employee remains unsatisfied with the decision of the head of his/her department, the individual may file a grievance with the President/CEO. The aggrieved employee must file a written grievance with the President/CEO within seven (7) days of the department head’s decision to be considered valid. A copy of the written grievance should also be filed with the Human Resources Department. The President/CEO or his/her designee will provide a written or oral response to the employee within seven (7) days. The President/CEO’s decision is final.
If the grievance is against the President/CEO, the employee may file a written grievance with the Chair of CHC’s Board of Directors. The Chair will then review the contents of the grievance with the Executive Committee in order to formulate a response. In this case, the decision of the Executive Committee shall be final.

C. **Level III Grievance – Appeal Abridgment of Due Process:** If the aggrieved employee feels that due process has been abridged, an appeal may be forwarded to the Personnel Committee of the Board of Directors within seven (7) days of the President/CEO decision (Executive Committee, if applicable). Such an appeal must document the breach in due process. The review by the Personnel Committee will be strictly limited to the processes and procedures used in addressing the grievance, and will not include an examination of the substance of the grievance, nor the resolution of the President/CEO or Executive Committee, whichever is appropriate. A meeting of the Personnel Committee will be held within fourteen (14) days of receipt of the written complaint. The Personnel Committee will provide a written or oral response to the employee within fourteen (14) days following the first meeting. The decision of the Personnel Committee shall be final.

D. **Guidelines for Grievance:**
1. Grievances not filed within the specified time limits shall be considered untimely. Untimely grievances at any step in the grievance procedure shall be denied and the employee shall forfeit his/her appeal rights.
2. To be accepted, all written grievances must be signed and dated.
3. The filing of a grievance does not suspend the action that has been taken by Community Health Care, Inc. For example, if the employee is complaining that he or she was unfairly suspended without pay, he or she will remain suspended without pay for the period initially determined, unless and until the decision is reversed. Full payback and related benefits will be awarded to employees fully reinstated in all grievance cases in which the employee was appealing suspension, demotion, or involuntary separation.
4. Final decision on individual grievances are not precedent-setting or binding upon Community Health Care, Inc. in future grievance actions.
5. If the aggrieved employee wishes to pursue legal action in court, the legal action will be between the Community Health Care, Inc. and the aggrieved employee.
6. Temporary employees and introductory employees are not entitled to use the Grievance Procedure described above.
7. A separate process exists for Affirmative Action Grievances. This is documented in the Affirmative Action Grievance Procedure.
8. Either the Director of Human Resources or the Human Resources Specialist is available to facilitate the procedural aspects of the grievance process. Also, the Director of Human Resources and the Human Resources Specialist have an open-door policy and are available as an alternative avenue of communication.

Informal Communication Form/Formal Grievance Form

Step I. Informal Communication Process - Complete this form and return it to your Supervisor within 7 working days after the incident or problem occurred. Your Supervisor will have 7 days to provide you with a written response to your grievance.

Date of this complaint: __________________________

Your name: ________________________________
(Please Print)

Your Supervisor: ________________________________
(Please Print)

**Employee Complaint:**

Date of incident: __________

Please state the incident(s) or the event(s) that led you to write this complaint and give to your Supervisor:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Employee Signature/Date: ________________________________
Supervisor written response:

Date complaint received: ____________________________

Supervisor Name: ____________________________
(Please Print)

Please give written response to the above complaint and distribute copies to employee and the Human Resources Department:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Supervisor Signature/Date: ____________________________

If you are unsatisfied with the Step I. response, check below and take this complaint to Level I of the Formal Grievance Process – Next Level Supervisor within 7 days. The Next Level Supervisor will generally have 7 days to give you a written response.

[ ] I would like to take this grievance to the Level I Formal Grievance Process.

_________________________________________  ____________________________
Employee Signature                       Date written response received

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Grievance Procedure
Level I. – Department Head

Grievance date

Aggrieved employee
(Please Print)

Department Head Written Response

Date grievance received: Your name:
(Please Print)

Please give written response to the above grievance and distribute copies to employee and the Human Resources Department:

Department Head Signature/Date:

If you are unsatisfied with Level I response, check below to take this grievance to Level II – President/CEO (President, Board of Directors if applicable) within 7 days. President/CEO (President, Board of Directors if applicable) will have 7 days to give you a verbal or written response.

[ ] I would like to take this grievance to Level II Grievance. – President/CEO (President, Board of Directors if applicable).

Employee Signature Date written response received

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Grievance Procedure
Level II – President/CEO (Level III President, Board of Directors if applicable)

Grievance date_______________

Aggrieved employee________________________________________

(Please Print)

President/CEO (Executive Committee, if applicable) written response:

Date grievance received:______________Your name:________________________

(Please Print)

Please give written response to the above grievance and distribute copies to employee and the
Human Resources Department:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

President/CEO (President, Board of Directors if applicable)

Signature/Date:_________________________________________________________

I have received the Level II. – President/CEO (Executive Committee, if applicable) response to
my grievance and understand that the decision of President/CEO (Executive Committee, if
applicable) shall be final and binding on the parties, without further right to appeal.

________________________
Employee Signature

________________________
Date final written response received

THE FINAL COPY OF THIS FORM MUST BE RETURNED TO THE HUMAN
RESOURCES DEPARTMENT TO BE PLACED IN THE PERSONNEL FILE OF ALL
PARTIES INVOLVED
Good Samaritan Policy

It is the policy of Community Health Care, Inc. to allow employees to donate their Paid Time Off Hours to another employee. This donation can take place when extenuating absences due to personal reasons beyond the other employee’s control happens.

Full-time employees (1.0 FTE) must maintain forty (40) hours in their PTO bank (prorated for employees with .5 - .9 FTE) in order to be eligible to donate PTO hours to another employee.

An employee may make a donation of PTO hours from their account to another employee’s account by completing the top portion of the designated form. By signing the form, the employee making the donation understands that they are still responsible for managing their own PTO usage and that after making the donation their account does not fall below 40 hours (prorated for employees with an FTE of .5 - .9).

PTO hours will be donated based on an hour for hour basis (i.e. if an employee donates 5 PTO hours to another employee, the recipient of the PTO hours will receive 5 PTO hours to their PTO account).

The recipient may use the hours in the usual fashion. The recipient’s supervisor retains the right of scheduling PTO.

In the event that the recipient refuses to accept the donation, the donor will have PTO hours given back to them.
Professional Courtesy

CHC offers Professional Courtesy to employees and their dependents, with the belief it will enable all staff members to receive consistent quality health care. To receive this service, recipients must agree to the conditions listed below:

Professional courtesies will be given for all medical, dental, lab work and x-ray services received at Community Health Care, Inc., up to a limit of $200 per calendar year per family. The $200 will be prorated during the first year of employment. For employees enrolled in CHC’s SISCO Health and Dental Plan (s), SISCO will automatically recognize the $200 Professional Courtesy and will apply it towards your annual deductible.

A. All regular part-time and full-time employees will qualify to receive benefits under this program. Professional Courtesy amounts will be prorated according to your FTE status (i.e. someone who was hired to work 24 hours per week .6 FTE will receive $120 of professional courtesy benefits.

B. Qualifying family members include the employee, legal spouse, natural child, adopted child, or a child for whom the employee and/or the employee’s spouse has been named legal guardian and for whom the employee is legally responsible and who are under 21 years of age.

In order to fulfill the goal of quality health care, staff members and families need to cooperate with the following guidelines. Appointments should be made through the normal scheduling process. Under no circumstances should physicians, physician assistants, or nurse practitioners see employees between scheduled patients or as a “hallway consult.” Employees and family members not currently registered at CHC will be assigned chart numbers upon registration. Those records should be utilized for each medical visit.

Services rendered will be at the normal and customary charge that CHC has established for all patients. Employee’s who qualify for sliding fee discounts will not be eligible for the discount until they have exhausted their professional courtesy.

All charges will be submitted to the patient’s insurance company and any payment received by CHC from the insurance company will be deducted from the total charges. Under no circumstances will any cash be remitted to an employee or family member for services received as professional courtesy. It will be the employee’s responsibility to notify the Business Office to verify that Professional Courtesy has been appropriately applied for all eligible family members.

All conditions listed above must be met and complied with in order to qualify for the courtesy extended under this policy. If the conditions are not met or complied with, you will not be able to take advantage of this benefit.

Workplace Violence

CHC will not tolerate workplace violence, and accordingly, the following policies/procedures have been adopted to protect our employees and patients.

CHC will take seriously any words or actions involving any intent to harm individuals or company property.

1. All CHC employees are responsible for helping us prevent and respond to threats or physical violence in the workplace.
   A. All employees are requested to inform their supervisor, department head, or a member of administration immediately whenever they have been confronted by or made aware of a potential situation that could lead to violence in the workplace.
   B. If the situation does not require immediate attention and if you are uncomfortable talking about it at the time, write a “Tell Jim” note being sure to include your name and location so the President/CEO or Director of Human Resources can respond and investigate.

2. Supervisor’s, Department Heads’, Administration Responsibilities:
   A. CHC will conduct an initial risk assessment and determine the level of response required. During the investigation, interviews of people involved will be performed.
   B. If an investigation shows an employee initiated threats of violence or physical violence in the workplace, corrective action will be taken, up to and including immediate termination.
   C. If an investigation shows a patient initiated threats of violence or physical violence their name will be submitted to the President/CEO who will forward a “Warning Letter” to the patient regarding the consequences of inappropriate behavior.
   D. Any individual engaging in violence against the organization, its employees, its patients, or its property, will be prosecuted to the full extent of the law.

3. Other courses of action:
   A. Your first priority is to ensure the safety of employees, patients, visitors, and yourself.
   B. Remain calm and do not return verbal abuse.
   C. Without exposing yourself or others to danger, try to calm the individual.
   D. Validate their feelings by using the following examples: “I understand you’re upset…” or “I realize you have been on the phone a long time…”
   E. State clearly the boundaries or behaviors that you will allow. Example: “I understand you are upset. I would be too, but you will have to ________.”
   F. Give the individual choices. For example: “You can calm down and we can finish.” Or “You can leave and come back when you are calm.”
   G. Do not take the patient into a closed room by yourself.
H. Contact your local law enforcement department (911) if an altercation occurs which may harm employees, patients, and/or visitors on the premises.
I. Always maintain eye contact. It gives you information about when and where the attacker might strike you.
J. Be aware of the presence of structures, doors, tables, and other people.
K. If the incident results in an injury to anybody, notify the President/CEO or a member of the Administrative Staff immediately.
L. Complete an occurrence report.

4. **CHC has adopted the following policies:**
   A. **Weapons** – Weapons are not permitted on our premises, our parking lots or company vehicles.
   B. **Illicit or illegal drugs and alcohol** – Employees are not to be under the influence of or suffering from the effects of alcohol or drugs at work, on company premises, or in company vehicles.
   C. **Training** – All employees are expected to attend annual training on maintaining security in the workplace.
   D. **Robbery** – In the event of a robbery, employees are to cooperate fully. All employees are expected to be familiar with the steps to be taken in the event of a robbery. See your supervisor for details.
   E. **Visitors** – Visitors are expected to sign in and sign-out at the front desk, wear a visitor badge, be announced and monitored at all times.
   F. **Exterior Doors** – All exterior doors are to be locked at all times except for the front door. No doors are to propped open.
   G. **Alarm Systems** – Alarm systems are to be checked at least every six (6) months to ensure that they are in working order.
   H. **Public Announcement Emergency Codes** – In the event that an employee believes an individual in our building may be violent, they are expected to page for assistance using Code Manpower.

Failure by any staff member to comply with the policy described above may lead to disciplinary action, up to and including, termination of employment.
Time Keeping

CHC establishes a uniform, company-wide procedure for recording work hours and calculating compensation and benefits in order to comply with Federal and State laws.

PROCEDURES:

We depend on our time clock system to give us an accurate report of your work hours and compliance with our attendance and break policy.

1. Clocking in and out
   A. Employees are expected to:
      - Clock in when you arrive work.
      - Clock in when you return from a meal break
      - Clock out when departing from work at the end of the workday.
      - Clock out when departing from work for personal reasons.
      - Clock out when you go on a meal break.
      - Complete a time clock correction form for any punch that needs to be added, deleted or changed and state the reason.
      - Be responsible for your own timekeeping

   B. Employees should never:
      - Clock in or out for another employee.
      - Perform any work for CHC without being punched in.
      - Clock in earlier than 29 minutes prior to their scheduled starting time, without prior authorization from their supervisor.
      - Work overtime without prior authorization from their supervisor.
      - Falsify, tamper or alter time records.

2. Punch Correction Forms
   A. Any punch change made by the payroll department must be accompanied by a Time Clock Correction Form and signed by the employee and their supervisor.
   B. Time Clock Correction forms should be used on an exceptional basis only.
   C. Complete a separate form for each day.
   D. Forms must be completed and received by your supervisor no later than noon the following business day. Failure to turn forms in on time may result in a shortage on your paycheck for that pay period.

3. Time Sheets
   - Proper and accurate entries on the time clock are the responsibility of the individual employee. At the end of each pay period, payroll will forward a copy of individual time sheets for each employee to the appropriate supervisor. The supervisor will have the employee verify the hours worked; the employee and their supervisor will then initial off on the timesheet; the completed timesheets will then be returned to payroll for processing.

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4. **Pay Corrections**  
   - CHC takes all responsible steps to assure payroll checks are prompt and accurate. Employees are responsible for reporting any discrepancy immediately to their supervisor. Paycheck errors are generally corrected in the next regular paycheck.

5. CHC time clocks are programmed to automatically roll forward to the nearest half hour when an employee punches in prior to their scheduled start time.

6. Time clocks do not roll forward for any in-punch, after the designated starting time.

7. Employees may punch in up to 29 minutes prior to their scheduled start time, but **will not** be paid until their scheduled start time.  
   A. Example: If your normal shift begins at 8 am, you may punch in at 7:32 am and the time clock will roll forward to 8 am.  
   B. If you are asked to arrive early you will need to complete a Time Clock Correction Form stating that your workday began prior to your regularly scheduled shift.  
   C. **Do not** begin to work until your scheduled starting time, unless requested by your supervisor.

8. Direct all questions concerning the time clock to the Payroll Department.

   **Any violations of this policy may result in corrective action, up to and including termination of employment.**
Rules of Conduct

The following is a list of the Rules of Conduct for CHC. It is not all-inclusive, but rather intended to serve as an illustration of the types of conduct that will not be accepted in the workplace. CHC reserves the right to discipline or discharge for reasons not listed below. Excessive absenteeism and/or tardiness (see No Fault Absenteeism Policy)

- Abusive, intemperate, or offensive language
- Carelessness and/or negligence
- Conflict of interest
- Possession of firearms or weapons on company premises
- Sleeping on the job
- Leaving the premises during working hours without prior authorization from a person in authority
- Failing to notify the proper authority when not reporting to work as scheduled
- Accepting gifts, money, or services in return for special consideration in conducting company business
- Verbal or physical abuse of a patient
- Insubordination or failure to follow instructions given by a person of authority
- Violation of any safety rule
- Falsification of records, material requisitions, time cards, reports, applications (either for initial employment or promotion), resumes, unusual occurrence report, etc.
- Using, possessing, selling or reporting for work under the influence of alcohol or suffering from the effects of alcohol or drugs
- Theft
- Breach of confidentiality
- Refusal to accept reasonable work assignments
- Gambling on company premises
- Gross negligence of duty
- Neglect of one’s appearance, clothing, or personal hygiene
- Failing to report an accident or incident in a timely manner
- Eating in unauthorized areas
- Unsatisfactory work/Not meeting Job Performance Standards
- Loitering and “loafing” during work time
- Unauthorized personal use of company phones, copiers, and fax machines
- Behaviors, that are offensive or interfere with clinic-operations
- Disorderly conduct
- Fraudulent statements
- Sexual Harassment, or other forms of harassment directed at employees, patients, vendors, contract workers, or other third parties during the performance of assigned duties
- Studying or reading non-work-related material during work hours
- Unauthorized solicitations or other acts that interfere with productivity
- Failure to follow any other company rule, regulation, or job requirement not specifically mentioned above

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Lunch and Rest Breaks

1. Each Department Head has the responsibility of establishing work schedules to assure that an employee has a minimum of a thirty (30) minute uninterrupted meal period for each scheduled shift of at least seven and one-half (71/2) hours. Meal periods should begin no later than five (5) hours after the start of the work period.

   A. Meal breaks must be taken in a location away from the employees’ work station.
   B. Employees may leave the work premises during meal periods.
   C. Employees working shifts that equal or exceed twelve (12) hours may be offered a second unpaid 30 minute meal break.

2. The employee is responsible for taking his/her meal break at the assigned time (if applicable) and returning to duties promptly at the end of the meal period.

   All non-exempt (hourly) employees must clock out at the beginning of the meal period and clock back in ready to resume work duties. The length of the meal periods may vary by location; however, meal periods should not be less than thirty (30) minutes or more than one hour in duration.

3. To the extent possible, an employee may be provided with a fifteen (15) minute rest period for each four (4) hour session worked.

   A. Rest periods are considered a privilege and will be only be allowed when the workload permits.
   B. Since this time is counted and paid as time worked, employees must remain on the work premises. This poses a financial liability to the organization.
   C. Employees will not clock in and out for rest periods.
   D. If an employee is unable to take a rest period, the time is lost. It cannot be accumulated or used as compensation time and cannot be used to extend lunch or go home early.
   E. If possible, employees are asked to take their rest break away from their work area, i.e., employee lounge, picnic area, etc.
   F. Employees are expected to return to their work duties immediately following the fifteen (15) minute rest period. Employees returning to work later than the allowed fifteen (15) minute rest period may face corrective action.

   Failure to comply with the above policy may result in disciplinary action, up to and including, termination of employment.
Mobile Phones in the Workplace

Personal Mobile Phones
The use of mobile phones in the workplace is strictly prohibited during working hours. Excessive personal calls during the workday can interfere with employee productivity and be distracting to others. Employees are therefore asked to make any personal phone calls on non-work time where possible and to ensure that friends and family members are aware of CHC’s policy. Flexibility will be provided in circumstances demanding immediate attention.

Personal Use of Company-Provided Mobile Phones
Where job or business needs demand immediate access to an employee CHC may issue a business phone for work-related communications. Such phones are to be used for business reasons only. Phone logs may be audited regularly to ensure no unauthorized use has occurred.
“Limited casual” personal use is a benefit to individuals to provide latitude to employees who are working late or out-of-town for the benefit of the company. It is assumed that employees will utilize this privilege appropriately and with consideration for the financial well being of the company.
Employees in possession of CHC business phones are expected to protect the equipment from loss, damage or theft.
Upon resignation or termination of employment, or at any time upon request, employees may be asked to produce the phone for return or inspection. Employees unable to present the phone in good working condition within the time period requested, may be expected to bear the cost of a replacement.
Employees who separate from employment with outstanding debts for equipment loss or unauthorized charges will be considered to have left employment on unsatisfactory terms and may be subject to legal action for recovery of the loss.

Safety Issues for Mobile Phone Use
Employees whose job responsibilities include regular or occasional driving and who are issued a mobile phone for business use are expected to refrain from using their phone while driving. Safety must come before all other concerns.
Regardless of the circumstances, including slow or stopped traffic, employees are strongly encouraged to pull off to the side of the road and safely stop the vehicle before placing or accepting a call.
If acceptance of a call is unavoidable and pulling over is not an option, employees are expected to keep the call short, use hands-free options if available, refrain from discussion of complicated or emotional discussions and keep their eyes on the road.
Special care should be taken in situations where there is traffic; inclement weather or the employee is driving in an unfamiliar area.
Employees whose job responsibilities do not specifically include driving as an essential function, but who are issued a mobile phone for business use, are also expected to abide by the provisions above.
Under no circumstances are employees allowed to place themselves at risk to fulfill business needs.
Employees who are charged with traffic violations resulting from the use of their mobile phone while driving will be solely responsible for all liabilities that result from such actions.

Patient confidentiality must be maintained at all times. At no time should a patient’s full name be disclosed while using a mobile phone.

**Special Responsibilities for Managerial Staff**
As with any policy, management staff members are expected to serve as role models for proper compliance with the provisions above and are encouraged to regularly remind employees of their responsibilities in complying with this policy.
Corrective Action

Our corrective action policy acts as a guide to improve job-related performance or behavior. In most situations, corrective action will be progressive, but CHC may start at the preliminary step or proceed to any subsequent step depending on the severity and frequency of the infraction/violation. CHC will exercise discretion when determining what type and level of corrective action is appropriate.

We believe that quality patient care requires employee support of established policies, procedures, regulations, practices, standards of job performance, and a commitment to the mission and values of the organization. CHC requires all employees to comply with its policies, procedures, and general principles of appropriate professional conduct.

1. Supervisors must obtain approval and guidance from Human Resources before issuing corrective action beyond the coaching and counseling level.

2. A member of the Human Resource Department or a second member of management must be present at all corrective action sessions above the coaching and counseling level.

3. An introductory employee is not covered by the corrective action policy. Reasonable effort will be made to help an introductory employee adjust to his/her work environment; however, CHC reserves the right to dismiss employees for any reason during the 90-day introductory period without notice. Any dismissal requires consultation w/the HR dept.

4. Each step of the corrective action process will be documented in the employee’s personnel file. CHC has sole discretion regarding the type of corrective action to be taken.
   a. Coaching and Counseling (This step will not negatively impact employment.)
   b. First Written Warning
   c. Final Written Warning
   d. Suspension
   e. Termination of Employment

5. The supervisor will request that the employee sign the documentation of the corrective action discussion. The signature indicates only that the employee has been counseled as documented. It does not necessarily signify agreement with the statements written. If an employee disagrees, he/she may request the opportunity to add his/her own comments to the documentation as well. If an employee refuses to sign the documentation stating that the information had been discussed, then the supervisor will note “Refused to Sign” on the document and ask a witness to sign the form also.

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6. An employee may be suspended with or without pay to allow a thorough investigation of an incident. It also may be used as another step in the corrective action process.

7. Provided there has not been a corrective action for an additional offense in the interim, corrective action reports which are twelve (12) months or more from the date of the current offense will not be used for the purposes of imposing additional corrective action on an employee.” (Offenses of a serious nature, such as, but not limited to, violation of CHC Sexual Harassment Policy, or Violence in the Workplace Policy will remain in the employee’s personnel file indefinitely.)

8. Any violation of CHC Standards of Conduct, Policy and Procedure Manual, Employee Handbook or any other company policy may result in immediate termination of employment.

9. CHC exercises sole discretion regarding the type of corrective action to be taken. The corrective actions described above do not guarantee an employee the right to progressive discipline. Employees who dispute the corrective action may utilize CHC’s Grievance Procedure.

10. Employees receiving any written warning within 6 months of performance evaluations will not be eligible for merit increases or position transfers.

11. CHC or the employee may choose to end the employment relationship at any time. CHC may terminate an employee for any or no reason, with or without the use of corrective action, at any time, with or without notice. This is called “At Will Employment”.

*Note, infractions of the attendance policy are addressed in section 030-035 of the Human Resources Policy and Procedure Manual.
Paid Time Off

Paid Time Off (PTO) is provided as a flexible means to assist employees in meeting personal needs. Payment of PTO will be calculated at the employee’s base rate of pay. Paid Time Off is an employment benefit, which allows each employee the opportunity to accrue hours, which can be used for paid time away from work. Paid Time Off must be used for vacations, sick time and personal time away from work.

1. **Eligibility for PTO.** CHC grants PTO to regular full-time employees at full-time rates. Regular part-time employees working half-time (.5 FTE) or more receive prorated PTO consistent with their FTE status. Regular part-time employees working less than half-time and fill-in employees do not receive PTO. Eligible employees will begin accruing PTO from their date of hire based on their FTE. If an employee’s status changes from an ineligible PTO status to an eligible status, the PTO accrual will be effective upon the employee’s status change date.

2. **Accumulation of PTO.** Beginning upon date of hire, eligible employees will accumulate PTO each pay period based on their FTE. PTO accrual rates will change to the next level based on the employee’s anniversary date of hire according to the schedules listed below. For example, a non-exempt employee hired on May 1, 2002 would be eligible for 4.00 hours of PTO per pay period until May 1, 2006 at such time their PTO accrual would change to 5.54 hours per pay period. PTO time will not accrue for unpaid time off while on an approved leave of absence. PTO time will not accrue while an employee is on short or long term disability.

3. **Managing Your PTO.** CHC counts on staff to manage their PTO so that it will be available when needed. Responsible PTO planning is an essential element of this program. Accordingly, employees should keep a reserve in their account to cover unexpected emergencies and illnesses.

4. **Maximum PTO Accumulation/Carry-Over.** CHC will allow a maximum of 120 PTO hours to be carried over from one year to the next. Any PTO amount in excess of 120 hours at the end of the calendar year will automatically be paid out to employees on the first pay period in January. Contracted employees should refer to their contract for specifics.

5. **PTO Segments.** CHC issues PTO in 15-minute segments for non-exempt employees. Exempt employees are not paid on an hourly basis and therefore would not be required to take PTO in segments.

6. **Advance Notice/Approval.** Employees are required to request PTO in advance where possible. All requests are subject to approval by the employee’s supervisor and are conditioned upon appropriate staffing levels within the department.

7. **Advanced Payment of PTO.** Advances of PTO payment will not be permitted and negative balances will not be allowed.

8. **Leave Without Pay.** CHC requires that you use accumulated PTO before leave without pay. Leave without pay will not be permitted with the exception of pre-approved and authorized “Leaves of Absence.”

9. **Termination of Employment.** Upon termination of employment, payment of all accrued PTO hours will be paid at the employee’s base rate of pay. Payment will be included on the employee’s final paycheck. The use of PTO hours or personal holidays to satisfy the termination notice period will not be permitted.

10. **Good Samaritan Plan Policy.** CHC has a “Good Samaritan Plan Policy” which you may use to donate your PTO to another employee during their extended illness or emergency. See Policy #030-008-- for details.

11. **Personal Holidays.** All personal holidays must be scheduled in advance using a PTO Request form. Employees hired between January and June 30th receive 2 personal holidays. Employees hired between July 1st and October 31st receive 1 personal holiday. Employees hired after October 31st do not receive personal holidays for the remainder of the current year.

12. **PTO Sellback.** If you are a regular fulltime CHC employee and have been at CHC for a year you may sell back up to 40 hours of PTO (in no less than 10 hour increments). If you are part-time and have been at CHC a year, you may sell back PTO on a prorated basis. Your sellback may not reduce your PTO accumulation to less than a full week’s hours (40 hours for fulltime employees; prorated hours for part-time employees). **Contracted employee’s** should refer to their contract for specific guidelines regarding PTO Sellback.

13. **Break in Service.** If you leave CHC and return as a regular employee within-30 days, CHC will honor your previous service for PTO purposes.

14. **PTO and Workers’ Compensation.** PTO time is not payable for time off due to a work-related injury covered by Workers’ Compensation Insurance. However, the waiting period as mandated by State Law, will be paid using PTO because this time would not be compensable under Workers’ Compensation Insurance.
### PTO Schedule

<table>
<thead>
<tr>
<th>Years/Status</th>
<th>Days per Yr</th>
<th>Hrs Per Pay Period</th>
<th>Hrs Per Year</th>
<th>Max Accumulation Per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-Exempt Employees</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 – 3 Years</td>
<td>13</td>
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<td>4 – 6 Years</td>
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<td>120</td>
</tr>
<tr>
<td>7 – 9 Years</td>
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<td>7.08</td>
<td>184</td>
<td>120</td>
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<tr>
<td>10+ Years</td>
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<td>8.62</td>
<td>224</td>
<td>120</td>
</tr>
<tr>
<td><strong>Exempt Employees</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 - 3 Years</td>
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<td>4.62</td>
<td>120</td>
<td>120</td>
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<tr>
<td>4 – 6 Years</td>
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<td>160</td>
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<tr>
<td>7 – 9 Years</td>
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<td>7.69</td>
<td>200</td>
<td>120</td>
</tr>
<tr>
<td>10+ Years</td>
<td>30</td>
<td>9.23</td>
<td>240</td>
<td>120</td>
</tr>
</tbody>
</table>

1. **Requests for Time Off.** Employees requesting time off must complete a “Time Off Request” form **in advance (preferably 2 weeks)** of the date they wish to be away from work. Any request for time off turned in with less than a 24-hour notice, will be considered an “Unscheduled Absence” and will be counted towards CHC’s No Fault Absenteeism Policy guidelines. In the case of unexpected absence, a “Request for Time Off” form must be completed and turned in to the employee’s supervisor on the day the employee returns to work. “Request for Time Off forms are located:
   a. at CHC, River Drive – Next to the time clock.
   b. at CHC Moline – On the wall outside of the Clinic Manager’s office.
   c. at CHC Dental – Located at the dictation desk.
   d. at CHC RVC – File cabinet in the folder marked PTO slips.
   e. at CHC Rock Island

   Time off forms must be completed in full and signed by the employee and the supervisor or they will not be accepted by the Payroll Department. Incomplete forms submitted to the Payroll Department will be returned to the employee for completion. Example: If the total hours field is not filled in with the exact number of hours requested, the form will be returned to the employee. See example attached. Payroll will not make any assumptions regarding an employees request for time off. Time Off forms are due to the Payroll Department no later than the Tuesday morning preceding payday.

2. **Payment for PTO Time.** CHC pays PTO time in the normal paycheck distribution and at your normal rate of pay. Your total PTO accumulation will appear on each paycheck stub, along with the number of PTO hours used during the pay period. If you have questions, contact the Payroll Department.

3. **To Sell Back PTO.** Please contact the Accounting Coordinator in the Payroll Department for the sell back form.

No Fault Absenteeism

At CHC, non-exempt employees are responsible for fulfilling all scheduled work commitments at CHC. Employees who are unable to meet their scheduled work commitments, due to unscheduled absence or tardiness, will generally be given the opportunity to correct their unacceptable behavior through the corrective action process. (Please note: The corrective action process for absenteeism is maintained separately from all other corrective actions.)

DEFINITIONS:

1. **Scheduled Absence**: An absence, which has been requested by an employee and approved by their supervisor at least 24 hours prior to the beginning of the shift. A two-week notice is preferred.

2. **Unscheduled Absence**: An absence, which has been requested less than 24 hours prior to the beginning of your next scheduled shift or an absence requested more than 24 hours in advance but not approved by your supervisor.

3. **Late Arrival**: An employee, who is not at his/her workstation and prepared to work at the beginning of the shift, is considered late.

4. **Occurrence**: If an employee misses one or more consecutive days it will be treated as one occurrence for attendance tracking purposes. Arriving to work after the scheduled starting time is also considered one occurrence.

PROCEDURES:

1. All scheduled absences must be approved in writing by your supervisor using a Paid Time Off (PTO) Request Form at least 24 hours in advance.

2. Unscheduled absences will be documented in writing by your supervisor using a PTO form.

3. Points are accrued for each unscheduled absence.
   a. Unscheduled Absence = one point
   b. Late Arrival = ½ point

4. Employees are allowed 5 points per quarter without initiating corrective action.
   a. 1st Quarter: January 1\textsuperscript{st} through March 31\textsuperscript{st}
   b. 2nd Quarter: April 1\textsuperscript{st} through June 30\textsuperscript{th}
   c. 3rd Quarter: July 1\textsuperscript{st} through September 30\textsuperscript{th}
   d. 4th Quarter: October 1\textsuperscript{st} through December 31\textsuperscript{st}

5. New employees will be allowed a prorated number of absences during their first quarter, after which the standard 5-point rule will apply.
6. The corrective action process is progressive and is initiated anytime an employee exceeds 5 points in a quarter.

**Example A**
- 5 ½ points = Coaching & Counseling
- 6 points = First Written Warning
- 6 ½ points = Final Written Warning
- 7 points = Review for Discharge

**Example B**
- 5 ½ points = Coaching & Counseling
- 6 ½ points = First Written Warning
- 7 points = Final Written Warning
- 8 points = Review for Discharge

7. The corrective action process, as it relates to attendance, will start over at the first step with the completion of two consecutive quarters earning 5 or less points.

8. If an employee does not complete a full quarter with 5 or less points, corrective action will continue to advance to the next step with each additional occurrence.

9. Employees receiving any written warning within 6 months of performance evaluations will not be eligible for merit increases or **position transfers**.

**Reporting Absences**
1. Employees must notify their supervisor or designee in advance, whenever possible, of any absence. When prior notification is not possible, staff should call the supervisor no later than 15 minutes after their regularly scheduled shift begins.
2. Employees must speak directly to their supervisor when reporting an absence. Friends or family members may not report the absence for you unless circumstances prevail.
3. If you are not able to contact your supervisor directly, please contact the Human Resource department. Using voicemail is not an acceptable way to report an absence.

**RELATED INFORMATION:**

**Release to Work**
Employees who miss three consecutive days of work must present a release to work form from their physician.

**Job Abandonment**
Employees who are absent for three consecutive workdays or leave during their shift without notifying their supervisor are considered to have voluntarily terminated their position with CHC, Inc.
Position Transfers at CHC

Position Transfers at CHC encourage promotion from within in order to challenge current employees and develop satisfied, capable, long-term employees with commitment to our organization.

When a position vacancy occurs, opportunities to promote from within may be explored, consistent with the goal of filling positions with the most capable individual available. At times, external-recruiting sources will be used simultaneously with the internal search. Promotion or transfer decisions will be made on the basis of current job performance, performance evaluations, attendance records, experience, education, skills, abilities and other qualifications.

Employees are defined, for purposes of position transfers, as regular part-time or full-time employees. Fill-in and temporary employees are not guaranteed consideration with regular employees for vacancies, but may be considered if they meet defined criteria for the position. Employees, who have received a written warning within the past six (6) months, will not be eligible for promotions or transfers. CHC discourages numerous transfers within a short time period and requires employees to complete at least six (6) months in their current position prior to applying for any transfer or promotion; although the CEO/President retains the authority, for the benefit of the organization, to initiate a transfer or promotion even within this six-month period.

PROCEDURES:

1. Specific Procedures for Promotion and Transfer from Within:
   a. Vacancy announcements are posted on the bulletin boards for most open positions. Each position announcement includes a deadline for internal applications and the criteria for the position. Employees are requested to either contact the hiring supervisor or the Director of Human Resources with any questions concerning the vacancy or required qualifications.
   b. In order to be eligible to apply for a posted position, employees must meet the minimum hiring qualifications.
   c. An "Internal Application Form" should be completed and returned to the Director of Human Resources. Employees are not required to notify their supervisor when submitting an internal application for a posted position. However, if an employee is a finalist for the position, the employee’s supervisor will be notified prior to the completion of the application process.
   d. The Director of Human Resources and hiring supervisor will review all internal applications. The hiring supervisor may review the employee’s personnel folder for: attendance records, official warnings, performance evaluations, previous experience, education and other pertinent information.
   e. The hiring supervisor will contact interested applicants to discuss their qualifications or the status of their applications. When appropriate, an interview will be scheduled.
   f. Transferred employees are placed on a probationary period of ninety days. This probationary period is the same as that for a new employee. At the end of the ninety-day period, the new supervisor will meet with the employee for a joint performance evaluation.
   g. At the time of the performance evaluation, the supervisor may opt to finalize the hiring process, extend the probationary period for extra training, or terminate the employment relationship. Employees who do not meet the expectations and requirements of a new position at the end of 90 days are not guaranteed continued employment.

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2. **General Transfer/Promotion Information.** An employee's anniversary date is not affected by a promotion. The anniversary date remains the date of hire in the organization.

The effective date of a lateral transfer or a promotion will be negotiated between the supervisors involved with input from the appropriate Directors. Consideration will be given to staffing and training needs in each department. Supervisors are encouraged to recognize the needs of each department including training, and recruiting. If an effective date cannot be agreed upon, the President/CEO will hear the facts and establish such a date. Supervisors are encouraged to set the effective date to fall at the beginning of a pay period if possible.

An employee receiving a raise for a transfer will be paid the new salary effective the first day on which he/she works in the new position, even if there is a period of working back and forth between both the old and new positions.