Human Resources Procedures Manual



Alabama Department of Public Health Office of Human Resources

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INTRODUCTION

The Human Resources Procedures Manual (Manual) has been developed by the Office of Human Resources (HR). The purpose of the Manual is to assist employees responsible for initiating and completing personnel transactions. The Manual provides information in areas such as classification and pay, examinations, certifications, appointments, performance appraisals, separations and other personnel transactions. Staff are encouraged to refer to the Manual for information needed to effect changes.

The Manual is a reference guide to be used along with other materials such as the <u>Human Resources Policy Manual</u>, the <u>Performance Appraisal Manual</u> and the <u>Discipline Manual</u>. Unusual or complex procedures should be discussed with staff of the Office of Human Resources. As used in the Manual:

- a. The words "shall" or "will" should be interpreted as mandatory and the word "may" as permissive;
- b. The masculine gender should be interpreted to include the feminine gender; and
- c. "Supervisor" means an individual with the authority to assign, direct and review the work of subordinates; and make recommendations for training, promotion and discipline.

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CHAPTER 1

CLASSIFICATION AND PAY

The State's Classification Plan (plan) is made up of approximately 1,350 job classifications. The Code of Alabama gives the State Personnel Department (State Personnel) the responsibility of maintaining the plan. The State Personnel Director presents to the State Personnel Board requests of changes to the plan. Changes may be in the form of revisions to existing classification specifications, establishment of new classifications, the abolition of unneeded classifications, or assigning the classification to a different salary range.

In order to maintain an adequate and up-to-date classification of jobs, the Position Classification Questionnaire (Form 40) is used as a position control tool. The goal of the position control function is to ensure that the hierarchy of positions in state government is justifiable and cost effective. This encourages departments to fill jobs at the appropriate level to minimize staffing costs. It also ensures that employees are classified correctly, therefore, paid fairly for their job assignment and responsibilities.

THE CLASSIFICATION PLAN

Establishing a New Classification

On rare occasions, an existing position may change significantly and is no longer appropriate for the current assigned classification. In some cases, there are new duties and responsibilities with which you cannot match to a current job classification. In both cases, you should contact HR for guidance.

You will need to provide a list of the essential duties along with any special credentials; and the minimum education and work experience. A completed Position Classification Questionnaire (Form 40) is acceptable to use to provide this information.

HR will review the duties to determine if there is a current classification appropriate for the job. State Personnel may be contacted by HR staff for assistance to determine if there is an existing classification within the state system.

If there is no comparable classification, information including job descriptions and salary data from other entities such as government agencies, other nonprofit groups, and private providers may be collected to assist in determining an appropriate salary range. This will be coordinated with the requesting office and HR staff. HR staff will make a request to State Personnel for the establishment of a new classification.

The Classification and Pay Division staff within State Personnel will review the request and documentation. Their staff will contact HR to discuss the request and make recommendations as to the language of the proposed class specification and the appropriate salary range.

After agreement with both agencies, the proposal must be submitted to the State Personnel Board for review and approval. Final approval is made by the Governor.

Revising an Existing Classification

If a job changes significantly, it may be necessary to modify an existing class specification. Title changes also require the approval of the State Personnel Board.

Submit the request for the changes in writing, through the Bureau Director or Area Administrator, to HR for consideration and review.

A letter initiated from HR will be sent to State Personnel requesting the changes.

Changing a Salary Range of an Existing Class

If you are experiencing a high turnover rate, low numbers of applicants on a register, or recruitment problems for a classification, a change in the salary range may be appropriate.

Submit a written request to HR documenting why a change is needed. This request should be supported by data such as turnover rates, recruitment efforts, and salary survey information that documents why such change is warranted to be competitive.

HR will review supporting data to ensure the documentation supports the request. Additional documentation may be requested. After review and approval, HR will make a request to State Personnel, enclosing the supporting documentation for review and approval.

Classification and Pay staff members will review the information for appropriateness. Additional information may be gathered or information verified.

Changes in salary range must be approved by the State Personnel Board. Final approval is made by the Governor.

INSTRUCTIONS FOR FILLING OUT POSITION CLASSIFICATION QUESTIONNAIRE FORM 40

The purpose of the Form 40 is to obtain accurate information about the kind of work and responsibilities of a position. Do not copy other positions' task statements even if they are assigned to the same classification. When the positions are performing the same duties, you may refer to the Form 40 for guidance.

For vacant or new positions, the immediate supervisor or others familiar with the job duties should complete the Form 40.

For reallocation of positions or changes in the position where there is an incumbent, the employee should complete the Form 40.

Responses must be typed. The form must be signed by the incumbent and immediate supervisor. If there is no person assigned to the position, there will be no signature for the "Signature of Incumbent." Furthermore, it is not required for a new employee to sign the Form 40. The Bureau/Office Director or Area/Local Administrator should review the Form 40 to ensure accuracy. They should initial beside the "Signature of Supervisor" line indicating their review and approval.

The "Signature of Appointing Authority" will be obtained by HR staff. The exceptions are for Dr. Karen Landers for PHA 1 and Dr. Larry Robey for Madison County in PHA 2, who serve as the appointing authority for their respective locations.

The following explanations will help you understand what information is needed to describe the position. Read the explanation for each item before answering each question.

- 1. If this is a new position, type in "New Position." Type the name of the employee occupying the position (First and Last), if the position is being reallocated. If the position is vacant, type "Vacant."
- 2. Type the proposed official job classification assigned to this position, such as Administrative Support Assistant III or Health Services Administrator I.
- 3. Type the title customarily used for this job, such as Office Manager or County Administrator.
- 4. Type "Public Health."
- 5. Type the name of the Office, Bureau, Area or County Health Department to which the position is assigned as well as the organization code. *Example:* Office of Financial Services (1010); PHA 5 (2120); Montgomery County Health Department (0510); etc.

- 6. Type the name of the Division, Section, Unit or other principal subdivision of the department to which this position is assigned. *Example:* Food/Milk/Lodging Division; Clinic; etc. If there is none, type "N/A."
- 7. Type the name of the county to which this position is assigned. This will be the base county.
- 8. Type the name and the classification of the position's immediate supervisor, the person who assigns and reviews work; approves leave; and evaluates employee's work. The title must be the official class title such as HCN Nurse Manager.

Note One: State Personnel policy does not permit employees to supervise other employees in the same classification.

Note Two: State Personnel policy requires approval from the State Personnel Director for an employee to supervise another employee in a higher pay range such as a Health Services Administrator supervising a PH Physician. A memo should be submitted to the HR Director with the employees' names, classifications, and organization structure prior to making the assignment.

- 9. Check whether the position is full-time (40 hours per week) or part-time (less than 40 hours per week). Acceptable part-time schedules are 75%, 50%, or 25%. Next, check whether it is a permanent or temporary (104 days or 832 hours) position.
- 10. Complete this item only if the position supervises other employee(s), including completing the performance appraisals. If it functions as a lead worker, do not complete this section. List that responsibility on item 11 b. as a duty.
- 11. a. Give a brief summary of what this position contributes to the department. *Example*: "Serves as the Area 1 Administrator which consists of Colbert, Franklin, Lauderdale, Marion, Walker, and Winston counties."
 - b. Complete column "C" first. Then after listing all job duties, go back and complete columns "A" and "B." You must also identify the essential duties with an "E" and the marginal duties with an "M" by writing the appropriate letter in the "B" column.

In column "C," explain carefully the kind of work assigned to the position. Give the complete work assignment over a long enough period of time to picture the job as a whole. Make the description clear so that anyone who reads the tasks, even if they do not know anything about the job, will understand. Be specific; do not use general phrases. Attach additional sheets if necessary.

The following items should be listed on item 22: "Responds to emergency and disaster assignments when called to duty" and "Performs other duties as assigned."

In column "A", write the percentage of time spent performing each task. The total time must be 100%.

In column "B" write the level of importance associated with each task:

- VI Very Important
- I Important
- SI Somewhat Important

Also, indicate if the duty is essential with an "E" or marginal with "M."

To determine if the duty is essential, answer the following questions.

Is performing the function a fundamental reason the job exists? Will there be serious consequences if the function is not performed? Does the function require most or a majority of the employee's time? Is it impossible to reassign this function to another individual?

If one or more of the above responses is "Yes," the function is essential and should be noted on the Form 40. All other tasks should be marked "M" for marginal.

- 12. Provide an example(s) of the type(s) of important decisions made by this position. If an error is made in making that decision, list the possible effect(s) on the organization or general public.
- 13. If this position has responsibility for controlling and/or authorizing any expenditure of funds, describe and indicate the approximate amount.
- 14. Describe any written guidelines, specific laws, rules, regulations, instructions, or procedures that must be followed while performing the duties of this position.
- 15. Check the block that most accurately describes how the supervisor reviews the work of this position. If "Other" is checked, then be specific.
- 16. Explain the nature and purpose of contacts this position has with people other than fellow workers. Is the purpose to obtain or give information, to persuade others, or to obtain cooperation? Use the guidelines given. (Who contacted, how, purpose of contact, and how often Daily, Weekly, Monthly, Yearly).
- 17. List any equipment, machines, or instruments used and the percentage of total time spent operating that equipment.
 - a. Check whether this job involves typing and, if so, what percentage of time?
 - b. Check whether this job involves shorthand and, if so, what percentage of time?

- 18. The immediate supervisor must read the questionnaire carefully to verify that it is accurate and complete, either comment on the employee's statements or refer to specific items. Do not change the employee's statements without discussing the change with the employee and having them initial the change.
- 19. List any additional and/or more complex duties or responsibilities added to this position to warrant reallocation.
- 20. List any licenses, registrations, or certificates required to perform the duties of this position.
- 21. Check the box that best represents the type of supervision provided by you to this position.
- 22. Use this space to list any additional information that has not been covered previously. List any physical requirements needed. Include statements, (1) Needs to show up on time and be ready to work scheduled hours, (2) Responds to emergency and disaster assignments when called to duty and (3) Performs other duties as assigned.

Questionnaires must be signed by the incumbent, rating supervisor, and the appointing authority. HR staff will obtain the required signature of the State Health Officer. The rating supervisor must also include their title and telephone number. If the position is a new position or a vacant position, leave the signature line for the incumbent blank.

Note One: Once a position has been approved, do not complete a new Form 40 unless there are major changes to the position. Major changes include change in work schedule from full-time to part-time or vice versa; base change; and significant change in essential duties.

Note Two: Do not submit a Form 40 with a new employee's signature if there is no change to the position. The Employee Performance Preappraisal lists the employee's duties with the performance standards.

Note Three: The Form 40 should be reviewed periodically to ensure it is current and complete.

Form 40-Revised 1/95

Personnel De	ION QUESTIONNAIRE LABAMA
	PCQ# (For Dept. Use Only)
1. Employee's Name: Employee Name	
2. Classification: Administrative Support Assistant II (10197)	5. Division or Bureau: County H.D.
3. Working Title: Intake Clerk	6. Section or Unit: Clinic
4. Department: Public Health (011)	7. Work Location (County): County A
 Name and title of immediate supervisor (person who assigns Supervisor Name, ASA III (10198) 	work)
). Position is: full-time ⊠, part-time □, permanent ⊠, tem	porary .
10. SUPERVISION EXERCISED: Only complete this section actually participates in rating other employees. If the position f that responsibility on item 11B as a duty.	
b. Percentage of time spent on supervision and related duti c. If this position DIRECTLY supervises 5 or less employe supervises more than 5 employees give the number and	ees, give names and titles. If this position DIRECTLY
d. As a supervisor, does this position: (Check the activities	
u. As a supervisor, does this position: (Check the activities	
Make daily work assignments?	Interview and make hiring recommendations?
Make daily work assignments? Approve and Disapprove leave requests?	Recommend disciplinary actions?
Make daily work assignments?	
Make daily work assignments? Approve and Disapprove leave requests?	Recommend disciplinary actions? Prepare and conduct performance appraisals?

b. Duty Statement: (Complete Column "C" first)

- In column A, indicate PERCENTAGE of time spent on each duty (total should not exceed 100%).

 In column B, rate the duties as to their IMPORTANCE. VI Very Important I Important SI Somewhat Important In column C, describe in detail each of the position's PERMANENT duties and responsibilities using your OWN words.

A	В	C
%	Rating	Description of Duties
35	VI - E	Greets clients, patients, local officials, general public, and other ADPH staff; signs-in the individual; identifies services needed; schedules visits and calls clients; provides general information; and notifies ADPH employee.
30	VI-E	Makes patient files; reviews forms for completeness; and enters information into PHALCON.
10	VI-E	Assists patients in completing forms.
15	VI-E	Files forms in patient files; employee files; and general correspondence files.
10	VI-E	Orders office supplies; checks when delivered; and puts them up.

(Attach additional sheets if necessary)

identified.			e, staff member may give out protected in the to ask the right questions so that the con	
		If this position has read indicate approxim	esponsibility for the controlling and/or au ate amount controlled.	uthorizing the
N/A				
procedures that must b LIST ITE ADPH policies Program Instruction E	CM	Gives guidance on ke	HOW USED seping files and security measures to folkervices; format to enter information	ow
	relation of			
How is this po Supervisor Supervisor Supervisor Supervisor	sition's work re r reviews most r spot checks w r reviews most r spot checks w	eviewed? (Check one) or all of work while it is ork as it is being done, or all of work after con ork after completion.	7.1 Tr. 10.1	
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How is this po Supervisor Supervisor Supervisor Supervisor Other (de	sition's work re r reviews most r spot checks w r reviews most r spot checks w r does not revie scribe fully) TS; With who	or all of work while it is ork as it is being done, or all of work after con ork after completion. w work. m, outside of co-worke thone, in person, etc.)	rs in this unit, must this position regularl Purpose of Contact	How Ofte
How is this po Supervisor Supervisor Supervisor Supervisor Other: (de	osition's work re reviews most r spot checks w r reviews most r spot checks w r does not revie scribe fully)	or all of work while it is ork as it is being done, or all of work after con ork after completion. w work. m, outside of co-worke thone, in person, etc.)	npletion. ors in this unit, must this position regularly	
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How is this po Supervisor Supervisor Supervisor Supervisor Other. (de 16. WORK CONTAC contact? Who Contacted ADPH staff	sition's work re r reviews most r spot checks w r reviews most r spot checks w r does not revie scribe fully) TS; With who	or all of work while it is ork as it is being done, or all of work after con ork after completion. w work. m, outside of co-worke thone, in person, etc.)	Purpose of Contact Guidance on forms: PHALCON	How Offe

Computer (25%)			
Telephone (10%				
□NO	sition require typing?	<u>25</u> %	b. Does this position red NO YES, Give % of time	quire taking shorthand?
ITEMS TO BE	COMPLETED BY I	MMEDIATE S	UPERVISOR AND/OR APPO	DINTING AUTHORITY
18. Are the state	ements of the employee	e accurate and co	omplete? (Indicate inaccuracies a	and incomplete items)
Yes				
	listed are for reallocat warrant reallocation.	ion of position, v	what additional and/or more con	iplex duties have been added to thi
N/A				
20. List any requi	ired licenses, registration	s, certifications, or	r special requirements necessary to	perform the job.
	v the type of supervision		ne immediate supervisor to this p RAL/ADMINISTRATIVE	position.
21. Check below CLOS 22. Additional in	SE/HANDS ON or information and comme (1) Needs to show up of	ents (additional s on time and be re ency and disaster		ury).
21. Check below CLOS 22. Additional in Item # (SE/HANDS ON or Information and comms (1) Needs to show up of (2) Responds to emerg (3) Performs other duti VERIFIC that I have read the above	ents (additional son time and be reency and disasteres as assigned. ATION—REAL	AAL/ADMINISTRATIVE heets may be attached if necessarily add to work scheduled hours	GNING edge, correct and accurate. I
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REQUEST FOR NEW CLASSIFICATION

MEMORANDUM

TO: Name, Director

Office of Human Resources

FROM: Name, Director

Bureau of Community Health

DATE: June 2, 201-

RE: Establishment of a New Classification

This letter is to request the establishment of a new classification titled "Community Health Program Coordinator" to serve as the coordinator for the healthy lifestyle program. This classification will have the responsibility of overseeing the community health programs for a large population base within the state. Enclosed is a Form 40 that describes the duties.

Recent federal and state legislation have funded programs directed at creating healthy lifestyles for all citizens. It is anticipated that these efforts will dramatically reduce health care costs and provide a more productive workforce.

The employee in the class must have a working knowledge of and background in nutrition, physical exercise, and community resources available. They must be able to work with all types of individuals. This is a critical position which affects the success of the Department in carrying out its mission. With the establishment of a new class, this should help us in filling this critical position with a capable candidate.

Enclosed is documentation of comparable salary data to support starting pay at \$35,589.60 up to \$53,995.20 annually. Your assistance in getting this presented to the State Personnel Board for approval is appreciated.

If you have questions, please call me at (334) 206-xxxx.

GR/sd Enclosures

EXAMPLE REQUEST FOR REVISION OF CLASSIFICATION

MEMORANDUM

TO: Name, Director

Office of Human Resources

FROM: Name, Director

Bureau of Community Health

DATE: June 2, 201-

RE: Revision of State Worker Class Series

This request is to revise the State Worker job description. With the decrease of federal and state tax dollars, it has become essential to identify other revenue sources in order to provide needed services. Please include the following essential tasks in the State Worker II and III job descriptions:

- Identifies and obtains revenue sources to fund mandated activities.
- Writes grant proposals which are in line with the department's mission.
- Attends meetings, conferences, and seminars to present technical information and provide information.

If you have questions or need further information, please call me at (334) 206-xxxx.

MP/sd

REQUEST FOR SALARY RANGE INCREASE

MEMORANDUM

TO: Name, Director

Office of Human Resources

THROUGH: Supervisor Name, Director

Bureau of Community Health

FROM: Name, State Worker IV

Division of Program Development

DATE: June 2, 201-

RE: Salary Survey for Public Health Worker Class Series

As the role of public health expands to areas of community health, it is important to have experienced PH Worker staff with an excellent working knowledge of community health promotion and resources.

Unfortunately, as the field of community health continues to grow, the number of employees trained as PH Workers continues to decline. Three of the 15 PH Workers have resigned in the past three months. All three employees left for higher paying jobs. In addition, we have been trying to fill three newly established positions for the past four months with no success. There are less than ten applicants on the register and none were interested in coming for the current salary.

Enclosed is salary documentation from other southeastern states, schools, and non-profit corporations which support increasing the salary ranges listed below. Also, enclosed are job descriptions for the surveyed jobs.

	CURRENT	PROPOSED
CLASS TITLE	SALARY	SALARY
D		50 (404 400 445 555)
PH Worker I	66 (\$29,954-\$45,501)	68 (\$31,488-\$47,757)
PH Worker II	70 (\$33,086-\$50,119)	72 (\$35,589-\$53,995)
PH Worker III	72 (\$35,589-\$53,995)	73 (\$37,389-\$56,685)
PH Worker IV	74 (\$39,290-\$59,517)	75 (\$41,258-\$62,529)

By increasing the salary ranges, we will be better able to retain and recruit qualified staff for the PH Worker class series. If further information is needed, please contact me at (334) 206- xxxx.

JB/rs Enclosure

POSITION CONTROL

Establishing a New Position

If additional staff is necessary for the efficient operation of the department or agency, a new position may be requested.

A Form 40 must be completed by the supervisor or others familiar with the job.

Submit the original with a memo stating the reason for the position to HR. Reasons may include increase in work; new program requirements; or new duties added. If a supervisory position is being added, include a revised organization chart.

HR will review the request to ensure the Form 40 is complete and that the appropriate class has been identified for the duties.

Upon approval of the request, the Form 40 and supporting documentation will be sent to State Personnel for their review.

State Personnel, Classification and Pay Division staff will review the request to ensure the job duties match the class specification and that the organization structure supports an additional position. If more information is needed, a meeting and/or desk audit may be scheduled. A State Personnel Analyst from State Personnel will interview the supervisor and review work products used or produced by the position.

The Department will be notified in writing of the decision. HR will notify the supervisors of the decision.

Reallocating an Existing Position to another Classification

If the duties and responsibilities of a position have changed so that they are now more in line with another job class than that to which it is assigned, the position may be assigned to another job class through a process called reallocation.

A Form 40 must be completed by the incumbent, supervisor, or others familiar with the job duties.

Submit the original Form 40 with a memo stating the reason(s) for the change in the classification to HR for review. If you are promoting the incumbent who is reachable from a register, then you will also need to submit a Form 15.

HR will review the request to ensure the Form 40 is complete and that the duties are in line with the proposed class change. The paperwork will then be forwarded to State Personnel for their review.

There are two other ways of reallocation.

(1) If an employee has been performing the duties of the higher class for three months or more in a satisfactory manner, the employee may be given status in the new class, if his name was among the upper one-half of the names on the register at the date it was established.

Submit the current Form 40 that describes the job duties that support the higher classification and a memo explaining the new assignment to HR.

(2) If an employee has been performing the higher level duties that support the reallocation for five years or more in a satisfactory manner, the employee may be given status in the new class. The employee's name must be on the register at the date of its establishment and have documentation to show that he has been performing the duties at the higher level.

Submit a copy of the Form 40 and the Preappraisals verifying that the duties have been performed for at least five years along with a justification memo to HR. The HR staff will review these requests to ensure that all criteria have been met.

Staff will also verify that the incumbent in the position is on the appropriate register.

If the incumbent is not on the register or the duties are not in line with the proposed classification, HR will return the paperwork with the reason(s) given.

If the duties are in line with the proposed classification and the employee is on the register, the paperwork will be forwarded to State Personnel for their approval and processing.

State Personnel, Classification and Pay Division staff will review the request to ensure the job duties match the class specifications.

The department will be notified in writing of the decision.

Note: Since the employee is not being promoted, a Request for a Certification of Candidates, (Form 15) is not required. The employee and his position are being reallocated to the new classification with status; therefore, no probationary period is served. This does not result in an increase in salary unless the employee has been at the top of the pay scale in his previous classification for one year or more with no increase in salary and there is no freeze on annual raises, or if the employee's present salary is less than the in-hire salary of the reallocated classification.

Updating the Duties and Responsibilities of a Position

A new Form 40 should be completed when the essential functions, specific duties, and/or important responsibilities of a position have changed substantially.

Submit a memo to HR explaining the reasons for the change in duties along with the updated Form 40 for review.

HR will review the Form 40 to ensure the duties are in line with the assigned class.

The Form 40 will be forwarded to State Personnel for their review and final approval. If the Form 40 is not processed to State Personnel, the Form 40 is not an official record.

Note One: Do not complete a new Form 40 when a new employee is hired into the position if there are no major changes in the position.

REQUEST FOR NEW POSITION

MEMORANDUM

TO: Brent Hatcher, SPHR, HR Manager

Office of Human Resources

THROUGH: Name, Director

Bureau of Community Health

FROM: Name, Director

Administration Section

DATE: June 2, 201-

RE: Establishment of New ASA II Position

Enclosed are the necessary forms to create and fill a new Administrative Support Assistant II position. This position will provide clerical support to the Administrative Section of the Bureau of Community Health. Recent federal legislation has increased the responsibilities of this office. The office has a total of ten professional staff with one clerical support staff. This additional position will be responsible for assisting with the administrative support duties. The position is funded through the BDF grant project.

If further information is needed, please contact me at (334) 206- xxxx.

JB

Enclosures

Form 40-Revised 1/95

	ST.		TION QUESTIONNAIRE ALABAMA repartment	
				PCQ# <u>3531500</u> (For Dept. Use Only)
. Employee's Name:	New Position			
2. Classification:	Admin. Support Asst. I		5. Division or Bureau;	Community Health
. Working Title:	ASAI		6. Section or Unit:	Administration
4. Department: Public Health			7. Work Location (County) Montgomery	
. Name and title of im Jane Brown, H	nmediate supervisor (person w ISA II	vho assign	s work)	
Position is: full-time	e ⊠, part-time □, permane	nt 🗵, tem	porary .	
SUPERVISION Expansion of the street of	ther employees. If the position	his section n functions	if this position completes perform s as a lead worker and only assign	nance appraisals or actua s work, then list that
c. If this position I	me spent on supervision and to DIRECTLY supervises 5 or less re than 5 employees give the to the total supervision and to the total supervision and to the total supervision and to the supervision and to the total supervision and to the supervision and the supervis	ss employ	ies: 0% rees, give names and titles. If this p d official classification of each.	position DIRECTLY
IVA				
	does this position: (Check th	e activitie	s performed)	
		ne activitie	s performed) Interview and make hiring reco	mmendations?
d. As a supervisor, Make daily work Approve and Dis	c assignments? sapprove leave requests?	e activitie	Interview and make hiring reco Recommend disciplinary action	s?
d. As a supervisor, Make daily work Approve and Dis	c assignments?	e activitie	Interview and make hiring reco	s?
d. As a supervisor, Make daily work Approve and Dis Reassign job dut	c assignments? sapprove leave requests?		Interview and make hiring reco Recommend disciplinary action Prepare and conduct performan	is?
d. As a supervisor, Make daily work Approve and Dis Reassign job dut 1. DESCRIPTION Of a. In one or two se	c assignments? sapprove leave requests? ties on permanent basis? F DUTIES PERFORMED: intences, describe the major proutine clerical support to five	urpose of t	Interview and make hiring reco Recommend disciplinary action Prepare and conduct performan	ss? ce appraisals?
d. As a supervisor, Make daily work Approve and Dis Reassign job dut 11. DESCRIPTION Of a. In one or two se	c assignments? sapprove leave requests? ties on permanent basis? F DUTIES PERFORMED: intences, describe the major proutine clerical support to five	urpose of t	Interview and make hiring reco Recommend disciplinary action Prepare and conduct performan this position. onal staff members. Duties include	ss? ce appraisals?

(Complete Column "C" first) b. Duty Statement:

- In column A, indicate PERCENTAGE of time spent on each duty (total should not exceed 100%)

 In column B, rate the duties as to their IMPORTANCE. VI Very Important I Important SI Somewhat Important In column C, describe in detail each of the position's PERMANENT duties and responsibilities using your OWN words.

A %	B Rating	C Description of Duties
25	E-VI	Maintains files including program files, contract files, financial files and administrative files weighing as much as 50 pounds.
25	E-VI	Picks up/sorts/distributes mail weighing up to twenty pounds so that mail is picked up twice a day and distributed to staff by lunch and close of business.
25	E-VI	Answers telephone and provides general information about programs, routes calls to staff members and takes messages.
15	E-VI	Assists with the processing of contracts to include copying, reviewing preapproved forms and notifying counties of effective dates.
5	E-I	Maintains supplies and office equipment for the office to include ordering and stocking cabinets and serving as the contact person for repairs.
5	M-SI	Performs routine clerical duties to assist staff such as shedding documents, typing forms and assisting with mailouts.

(Attach additional sheets if necessary)

empioyee will be respo	onsible for prior	itizing their workload	d and schedule to ensure work is processed	in a timely manne
			responsibility for the controlling and/or aut nate amount controlled.	horizing the
N/A				
			es) List the specific laws, regulations, instr describe how they are used.	uctions, manuals, o
LIST ITEM		HOW USED		
Policy Procedures Mar	nual	Provide instructions		
		14-9		
Supervisor Supervisor	ition's work re- reviews most o spot checks wo reviews most o spot checks wo	viewed? (Check one) r all of work while it rk as it is being done, r all of work after con rk after completion.	is being done.	
☐ Supervisor ☐ Supervisor ☐ Supervisor ☐ Other. (des	cribe fully)		ers in this unit, must this position regularly	come in contact?
Supervisor Supervisor Supervisor Other. (des Who Contacted	cribe fully) TS: With whor		Purpose of Contact	How Ofter
Supervisor Supervisor Supervisor Other. (des	cribe fully) TS: With whor	n, outside of co-work		

Copier	5%		
Shredder	2%		
Telephone	25%		
a. Does this position require	e typing?	b. Does this position rec	quire taking shorthand?
NO		NO NES Circo 0/ of time	and in death of 0
YES, Give % of time sp	ent typing%	YES, Give % of time	spent in shorthand%
ITEMS TO BE COMPLE	TED BY IMMEDIATE SUPP	ERVISOR AND/OR APPO	DINTING AUTHORITY
	e employee accurate and compl	lete? (Indicate inaccuracies	and incomplete items)
N/A			
 If the duties listed are for added to this position to 	or reallocation of position, what warrant reallocation.	additional and/or more con	plex duties have been
N/A			
20. List any required license	es, registrations, certifications, o	or special requirements nece	essary to perform the job.
N/A 21. Check below the type of CLOSE/HANDS	f supervision provided by the in ON or GENERAL	nmediate supervisor to this	position.
21. Check below the type of CLOSE/HANDS 22. Additional information a (1) Needs to (2) Responde	ON or GENERAL and comments (additional sheet show up on time and be ready) s to emergency and disaster ass	ADMINISTRATIVE s may be attached if necessato work scheduled hours	uy).
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REQUEST TO REALLOCATE POSITION

MEMORANDUM

TO: Brent Hatcher, SPHR, HR Manager

Office of Human Resources

FROM: Name, Administrator

Local County Health Department

DATE: June 2, 201-

RE: Reallocation of Supervisor Employee (SSN: 1122) Position to

Administrative Support Assistant III

I am requesting the reallocation of Position No. 0001111 from an Administrative Support Assistant II to an Administrative Support Assistant III. The position is currently held by Supervisor Name, SSAN 1122.

Enclosed is an updated Form 40, which lists the current duties. Supervisor Name has assumed the responsibilities over the impress account to include reconciling the bank statements and writing checks for travel reimbursement. In addition, she supervises Employee Name 1, Custodial Worker, and Employee Name 2, Clerk. She has been performing these duties for four months. Supervisor Name is number one on the register.

If further information is needed, please contact me at (334) 123-xxxx.

CGD/ms Enclosures

REQUEST TO REALLOCATE POSITION (Upper 50%)

MEMORANDUM

TO: Brent Hatcher, SPHR, HR Manager

Office of Human Resources

FROM: Name, Administrator

Local County Health Department

DATE: June 2, 201-

RE: Reallocation of Supervisor Employee (SSN: 1122) Position to

Administrative Support Assistant III

I am requesting the reallocation of Position No. 0001111 from an Administrative Support Assistant II to an Administrative Support Assistant III. The position is currently held by Supervisor Name, SSN: 1122.

Enclosed is a copy of her Form 40, which lists her current job duties. Supervisor Name has assumed the responsibility for the impress account to include reconciling the bank statements and writing checks for travel reimbursement. In addition, she supervises Employee Name 1, Custodial Worker, and Employee Name 2, Clerk. She has been satisfactorily performing these duties for four months and is in the upper one-half of names on the ASA III register.

If further information is needed, please contact me at (334) 123-xxxx.

RBW/ms Enclosures

REQUEST TO REALLOCATE POSITION (Five Year)

MEMORANDUM

TO: Brent Hatcher, SPHR, HR Manager

Office of Human Resources

FROM: Name, Administrator

Local County Health Department

DATE: June 2, 201-

RE: Reallocation of Supervisor Employee (SSN: 1122) Position to

Administrative Support Assistant III

I am requesting the reallocation of Position No. 0001111 from an Administrative Support Assistant II to an Administrative Support Assistant III. The position is currently held by Employee NAME, SSN: 1122.

Attached is a copy of her Form 40, which lists her current job duties. Employee NAME has assumed the responsibilities over the impress account to include reconciling the bank statements and writing checks for travel reimbursement. In addition, she supervises Employee Name 1, Custodial Worker, and Employee Name 2, Clerk. She has been satisfactorily performing these duties for six years and her name appears on the ASA III promotional register. Attached are copies of her performance appraisals for the last five years which documents her duties.

If further information is needed, please contact me at (334) 123-xxxx.

RGS/ms Enclosures

Form 40-Revised 1/95

			FION QUESTIONNAIRE ALABAMA	
	P	ersonnel D	Department	PCQ# <u>2222200</u> (For Dept. Use Only)
1. Employee's Name:	First & Last Name			
2. Classification:	Admin. Support Asst. III		5. Division or Bureau:	Local Co. Health Dept.
3. Working Title:	Administrative Clerk		6. Section or Unit:	Administrative Section
4. Department: Public Health			7. Work Location (Cou	unty) Local County
	nmediate supervisor (person w HSA III, County Administrat		s work)	
9. Position is: full-tim	e ⊠, part-time □, permane	nt 🔀, ten	nporary .	
	ther employees. If the position		n if this position completes perform is as a lead worker and only assigns	
e. If this position I supervises mo	re than 5 employees give the r Custodial Worker	ss employ	ties: 25% yees, give names and titles. If this p and official classification of each.	osition DIRECTLY
	, does this position: (Check the	e activiție		
-		\boxtimes	Interview and make hiring recor	
Make daily work				
Make daily work	sapprove leave requests?	\boxtimes	Recommend disciplinary actions	
Make daily wor Approve and Di Reassign job du			Recommend disciplinary actions Prepare and conduct performance	

b. Duty Statement: (Complete Column "C" first)

- In column A, indicate PERCENTAGE of time spent on each duty (total should not exceed 100%).

 In column B, rate the duties as to their IMPORTANCE. VI Very Important I Important SI Somewhat Important In column C, describe in detail each of the position's PERMANENT duties and responsibilities using your OWN words.

A %	B Rating	C Description of Duties
25	E-VI	Supervises Custodial Worker and Clerk to include assigning and reviewing work, training on job tasks and filling in when they are absent.
25	E-VI	Processes financial forms such as travel requests, expense reports, supply purchases and equipment requests; obtains bids on items required; reconciles financial records, reviews and submits payroll reports and cost accounting reports on county employees.
15	E-VI	Processes personnel forms such as weekly leave reports, request for registers, new hire forms, changes in Personnel Action Forms and separation notices to Health Personnel. Reviews to make sure forms are complete and documentation attached.
5	E-I	Contacts vendors or companies to repair equipment and provide service maintenance on building and equipment.
15	E-I	Drafts general correspondence for county administrator signature to provide/obtain information and request action. Types documents, forms and general correspondence for supervisors' signatures.
5	E-VI	Gathers information for budget to include number of patient visits by program, number of inspections, amount of revenue collected for birth and death certificates and environmental fees.
10	M-I	Performs other clerical duties: answers phone, makes copies and assists in absence of others as needed.

(Attach additional sheets if necessary)

13. FINANCIAL RESPONSIBILITY: If this position has responsibility for the controlling and/or authorizing the expenditure of funds, please describe and indicate approximate amount controlled. Employee has authority to write checks from the imprest account which may be as much as \$50,000. 14. WORK GUIDELINES: (Only include written guidelines) List the specific laws, regulations, instructions, manuals, or procedures that must be followed in performing this job and describe how they are used. LIST ITEM To process financial documents. Personnel Policy Manual To process financial documents. Personnel Policy Manual To make decisions. 15. SUPERVISION RECEIVED: How is this position's work reviewed? (Check one) Supervisor reviews most or all of work while it is being done. Supervisor spot checks work as it is being done. Supervisor spot checks work after completion. Supervisor spot checks work after completion. Other, (describe fully) 16. WORK CONTACTS: With whom, outside of co-workers in this unit, must this position regularly come in contact? Who Contacted How (Phone, in person, etc.) Purpose of Contact How Ofter PH staff-county Phone Request guidance Weekly State staff Phone Request/provide information Daily	Employee has authority to write checks from the imprest account which may be as much as \$50,000. 14. WORK GUIDELINES: (Only include written guidelines) List the specific laws, regulations, instructions, manuals, procedures that must be followed in performing this job and describe how they are used. LIST ITEM HOW USED Finance Manual To process financial documents. Personnel Policy Manual To make decisions. 15. SUPERVISION RECEIVED: How is this position's work reviewed? (Check one) Supervisor reviews most or all of work while it is being done: Supervisor spot checks work as it is being done: Supervisor spot checks work as it is being done: Supervisor odoes not review work. Other (describe fully) 16. WORK CONTACTS: With whom, outside of co-workers in this unit, must this position regularly come in contact Who Contacted How (Phone, in person, etc.) Purpose of Contact How Oft PH staff-county Phone: In person Provide and obtain information Daily Area staff Phone Request guidance Weekly State staff Phone Request guidance Weekly	Employee has authority to write checks from the imprest account which is a support of the imprest account which the imprest account which is a support of the impress account which is a	controlled. I may be as much as \$50,000. I pecific laws, regulations, instrumental instrumenta				
14. WORK GUIDELINES: (Only include written guidelines) List the specific laws, regulations, instructions, manuals, or procedures that must be followed in performing this job and describe how they are used. LIST ITEM HOW USED Finance Manual To process financial documents. Personnel Policy Manual To process forms and provide overall guidance to others. County Manual To make decisions. 15. SUPERVISION RECEIVED: How is this position's work reviewed? (Check one) Supervisor reviews most or all of work while it is being done: Supervisor spot checks work as it is being done: Supervisor reviews most or all of work after completion. Supervisor spot checks work after completion. Supervisor spot checks work after completion. Other, (describe fully) 16. WORK CONTACTS: With whom, outside of co-workers in this unit, must this position regularly come in contact? Who Contacted How (Phone, in person, etc.) Purpose of Contact How Ofter PH staff-county Phone; In person Provide and obtain information Daily Area staff Phone Request guidance Weekly State staff Phone Request guidance Weekly	14. WORK GUIDELINES: (Only include written guidelines) List the specific laws, regulations, instructions, manuals, procedures that must be followed in performing this job and describe how they are used. LIST ITEM HOW USED Finance Manual To process financial documents. Personnel Policy Manual To process forms and provide overall guidance to others. County Manual To make decisions. 15. SUPERVISION RECEIVED: How is this position's work reviewed? (Check one) Supervisor reviews most or all of work while it is being done: Supervisor spot checks work as it is being done: Supervisor spot checks work after completion. Supervisor spot checks work after completion. Supervisor does not review work. Other, (describe fully) 16. WORK CONTACTS: With whom, outside of co-workers in this unit, must this position regularly come in contact Who Contacted How (Phone, in person, etc.) Purpose of Contact How Oft PH staff-county Phone; In person Provide and obtain information Daily Area staff Phone Request guidance Weekly State staff Phone Request provide information Weekly	14. WORK GUIDELINES: (Only include written guidelines) List the procedures that must be followed in performing this job and describe her LIST ITEM Finance Manual To process financial documents. Personnel Policy Manual To process forms and provide or	pecific laws, regulations, instruments on they are used.	uctions, manuals, or			
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Service parties 1 and 10 person 1 derive intermediate							
		1 37/100		2.20			

Copier, shredder, fax machine	5%		
Computer	20%		
Telephone	15%		
a. Does this position require typing	?	b. Does this position require	e taking shorthand?
☐ NO ☐ YES, Give % of time spent typin	ng <u>20</u> %	NOYES, Give % of time spe	ent in shorthand%
ITEMS TO BE COMPLETED B	V IMMEDIATE SUDE	DVISOD AND/OD ADDOIN	PINC AUTHORITY
TEMS TO BE COMPLETED B	I INNIEDIATE SUFE	RVISOR AND/OR AFFOIN	IING AUTHORITY
18. Are the statements of the emplo	yee accurate and comple	ete? (Indicate inaccuracies and	incomplete items)
Yes			
 If the duties listed are for reallocathis position to warrant reallocathis 		additional and/or more comple	x duties have been added to
Responsibilities of supervising	the custodial staff and fi	nancial tasks of reconciling acc	ounting printouts with record
20 11	trations, certifications, o	or special requirements necessar	ry to perform the job.
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EXAMPLE

APPROVAL OF REVISED FORM 40

MEMORANDUM

TO: Brent Hatcher, SPHR, HR Manager

Office of Human Resources

FROM: Name, Director

Bureau of Federal Grants

DATE: June 2, 201-

RE: Revise Form 40 for Employee Name, PH Worker II, (SSN: 2256)

Enclosed is an updated Form 40 for Employee Name's position. With the retirement of Employee Name 1, PH Worker II; the transfer of Employee Name 2, PH Worker I; and the termination of the XYZ grant, we have combined the CDC Grant Section and the Community Grant section. Employee Name 1 will supervise the remaining three employees. These duties are within his job description.

Please process the enclosed Form 40 so there may be an updated job description on file.

RBW/jt Enclosed

SALARY CHANGES

Performance Salary Advance (Annual Raise) for Merit and Hourly Employees

An annual salary raise becomes effective the first day of the month. The employee will receive the increase in the first paycheck of the following month.

Exempt and Unclassified Raises

Employees who are exempt or unclassified from the State Merit System may also be eligible for an annual raise. When the employee is appointed in compliance with the Code of Alabama 36-6-6, the State Personnel Board and the Governor must approve the increase.

Submit a letter including the employee's name, last four-digit social security number, title, and salary information for a request through HR to be forwarded to State Personnel for review and approval by the State Personnel Board.

Probationary Raises

An employee who successfully completes a probationary period may be granted a probationary raise effective the first full pay-period after the probation ends. Granting of such a raise is shown on the Probationary Appraisal Form (Form 13F). Individuals are eligible for a two step probationary raise for a "Meets Standards" or higher overall rating.

Special Merit Raise

The State Personnel Board considers the granting of Special Merit Raises to be justified by extraordinary performance beyond that exhibited at a "Consistently Exceeds Standards" level. The amount cannot exceed the maximum salary rate. As a general rule, these requests are initiated by the State Health Officer.

All requests must be approved by the State Personnel Board. The salary range cannot exceed the maximum rate. The granting of a Special Merit Raise changes the annual raise date.

Step Differentials

The State Personnel Board has approved two-step differentials for Accountants who travel 50% or more in a month. Work time is used to determine an employee's travel status.

To process a differential for an employee, submit a Form 11 checking Item 25, "Other" and typing in "Differential." In Section 34, "Remarks," type "Employee in travel status 50% of work time. Salary adjusted from \$------ semi-monthly to \$------ semi-monthly."

If an employee's travel time changes and he is not scheduled to be away from his base 50% or more for the month, submit a Form 11 checking Item 25, "Other" and typing in "Return to base pay." Indicate the base pay rate in Section 34.

Also, before being appointed to another classification, an employee must be returned to base pay.

ACCOUNTANT IN TRAVEL STATUS

Form 11 Revised 7/08

Submit in Duplicate

1. Name of Employee NAME			2. Social Security Number 333-22-1111	r	3. Salary \$1,520.40 S/M	
First	MI	Last	0000-1-000		and with the same	
4. Position Number 4211111	5. Class Title/Code Accountant		(10611)	6. Class Option N/A	Title/Code	1
7. Department/Code	Accountant	Division/Code	1100117	9. Effective Dat	e	- 1
Public Health	(011)	Program Integrity	(1020)	3/01/2013		
INSTRUCT	ONS		KIND O	FACTION		
		10. Transfer within departme	int ,	18. Retirement Disab	nt Service	···
tem 11 requires signature neads.	of both department	11 Transfer to another depa	ırtment		of temporary appointment	
	arrivo com escal	12. Suspension			of provisional appointment	
tems 11, 13, 14, 15, 21 Personnel Director before ac		13. Demotion				
tems 12, 13, 14, 15 must h	ave copy of letter to	14. Layoff		21. Leave Wi	hout Pay	
employee attached. If volun	tary demotion, letter	15. Dismissal		22. Returned	from LWOP	
			-	23. Military Le	eave Without Pay	
Item 17 should have copy o' or confirmatory letter from do		16. Separation by death		24. Returned	from Military LWOP	🗆
		17. Resignation		25. Other!	Differential	
ITEMS AFFECTED BY A	CTION	FROM:			TO:	
26 Department/Code (Items 10 and 11)						á
27. Division/Code	-				1	
(Items 10 and 11) 28. County of Employment/	Code				- 1	
(Items 10 and 11) 29. Class Title/Code					C	
(Items 10, 11, 13) 30. Class Option/Code) -				1	
(Items 10, 11, 13) 31. Dates	-				1)
(Items 12, 21, 22, 23 an 32. Salary	nd 24)					
(Item 13)						
33. Position Number (Item 10, 11 and 13)			71/2			
34. If action is item 13, 15, 1 recommended? (Y/N)	7 or 18, is reemploymen	it (ii	f "No" explanation must be g	iven.)		
35. Remarks. Employee in Travel St Salary adjusted from S						
36: Signed (Appointing Authority)		-		Date		
37. Signed			Date			
37. Signed (Appointing Authority)				Date		

ACCOUNTANT RETURNING FROM TRAVEL STATUS

		RECOMMENDATION F			Patient	
1. Name of Employee NAME			2. Social Security Number 333-22-1111		Salary 1,520.40 S/M	
First 4. Position Number	MI 5. Class Title/Code	Last		6. Class Option Titl	-10-4-	
4211111	Accountant		(10611)	N/A	erCode ():
7. Department/Code	(644)	8. Division/Code	(1000)	9. Effective Date		
Public Health INSTRUCTION	(011)	Program Integrity	(1020) KIND OF A	6/01/2013 ACTION		
		10. Transfer within departme	1000000	18. Retirement	——————————————————————————————————————	orono 🔲
tem 11 requires signature of	both department	11. Transfer to another depa		Disability	Service	
neads.	220 21 21000			Expiration of t	emporary appointment	
tems 11, 13, 14, 15, 21 rec	uire approval of	12, Suspension		20 Expiration of	provisional appointment	
Personnel Director before action		13. Demotion		21. Leave Withou	t Pay	
tems 12, 13, 14, 15 must have		14, Layoff			LWOP.	
employee attached. If voluntar, rom employee should be attach		15. Dismissal	П			
Selved on the first of the selver content		16. Separation by death			Without Pay	
tem 17 should have copy of let or confirmatory letter from depa				24. Returned from	Military LWOP	🖸
		17. Resignation		25 Other Ret	urn to base pay	
ITEMS AFFECTED BY ACTI	ON	FROM:	4,77		TO:	
26. Department/Code (Items 10 and 11)			7 (i	
27. Division/Code						
(Items 10 and 11) 28. County of Employment/Coo	de -				1	
(Items 10 and 11) 29. Class Title/Code	-					
(Items 10, 11, 13)	-				- ()
30. Class Option/Code (Items 10, 11, 13)			()		1	-)
 Dates (Items 12, 21, 22, 23 and 2 	4)					
32. Salary						
(Item 13) 33. Position Number	-					
(Item 10, 11 and 13)	-					_
34. If action is item 13, 15, 17 or recommended? (Y/N)	18, is reemployme	nt (If	"No", explanation must be give	n)		
35. Remarks. Employée returns to ba	ase pay of \$1,5	20.40 S/M.				
36. Signed (Appointing Authority)				Date		
37. Signed (Appointing Authority)				Date		

CHAPTER 2

EXAMINATIONS

The Examinations Division of the State Personnel Department (State Personnel) is responsible for testing and ranking applicants to surface the best-qualified applicants to fill state job vacancies. State Personnel uses the words "test" and "exam" generically and interchangeably to cover a variety of selection devices. As used in this manual, "test" or "exam" does not mean exclusively a written paper and pencil, multiple-choice test. Other tests include the Application for Examination, a questionnaire, and assessment center.

It is important to note that State Personnel does not verify the accuracy or truthfulness of the information on state applications. Over 100,000 applications are received each year therefore, it would not be practical or cost effective to verify the information. Furthermore, an individual's situation may change from when he submitted the Application for Examination form to when his name is certified. Therefore, it is important that each location verify the information submitted on the application prior to a job offer.

If a candidate does not possess the required work experience or education, or who has falsified the application in some way, the candidate's name may be removed from the Certification of Candidates, Form 15, upon approval from State Personnel (see Chapter 4).

REQUESTING AN EXAMINATION

When you have a funded vacant position and an adequate employment register does not exist, submit a written request to HR requesting the opening of the classification. The request should state the reason why the register is not adequate such as not opened for two years; insufficient number of candidates available; or to allow promotional opportunities for current employees. The memo should also include the vacant position number, the reason for the vacancy (a new position, retirement, resignation of incumbent, etc.), when the position was vacated, and the location of the position.

EXAMPLE

REQUESTING AN EXAMINATION

MEMORANDUM

TO: Name, Director

Office of Human Resources

FROM: Name, Director

Bureau of State Programs

DATE: June 2, 201-

RE: Request to Announce PH Worker I

I am requesting that the State Personnel Department announce the PH Worker I examination. We have one vacancy (PCQ# 3309452) in the Montgomery office due to the retirement of the incumbent. This register was last established in 2007. We have several employees who now qualify, and we would like to provide them an opportunity to apply for the job.

I appreciate your assistance with the request. If further information is needed, please contact Mr. ----- at (334) 205-0000.

REW/dt

EXAMINATION PROCESS

Upon receiving a request to announce a job class, a State Personnel Analyst (Analyst) will contact HR for names of employees to assist in a job analysis. The purpose of the job analysis is to validate the job duties and the knowledge, skills, and abilities needed to perform them as well as the minimum qualifications. To collect other relevant information used to design the selection device, the Analyst may request on-site job observations and/or meetings with the supervisors and/or job incumbents.

After an examination is announced and applicants apply, each person's work experience and education, as shown on his application form, is compared to the minimum qualifications required as shown on the Examination Announcement. A decision is made by the Analyst as to whether the applicant does or does not meet the announced minimum qualifications. If an applicant does not meet these qualifications, he is eliminated from further consideration at this stage. He is notified in writing and may appeal the decision to State Personnel.

The next step for those who meet the minimum qualifications is the selection device (test) itself. Applicants who fail to pass the test are eliminated from further consideration. Again, since "test" is a generic term for many different kinds of selection devices, failing is not limited to performance on a written test. It may also encompass such things as neglecting to submit supplemental questionnaires or not appearing for oral interview panels when scheduled. Those who pass the exam are placed on the employment register for that classification.

KINDS OF EXAMINATIONS

Examinations are announced on either a current or continuous basis.

A <u>current</u> examination is one that is announced with a specific closing date for the acceptance of applications. This type of exam is open for a specified period of time. Applicants remain on the register until a new register is established.

A <u>continuous</u> examination is one that is announced without a definite closing date. Applications can be accepted at any time and examinations are administered several times during the year. Applications from candidates who meet the minimum qualifications but are received too late to be scheduled for an upcoming continuous examination will be held in suspense and the candidate will be scheduled for the next administration of the test. The applicants may reapply after nine months unless the register is closed or otherwise stated on the announcement. An applicant's name is removed from the register after two years unless the register is closed prior to the two years.

Examinations are also announced on an open-competitive and/or a promotional basis.

An <u>open-competitive</u> examination is open to all applicants who meet the minimum qualifications. Veteran preference points are awarded.

A <u>promotional</u> examination is open only to state employees who are in line for a promotion and who meet the minimum qualifications. The job announcement will list the eligible classifications. Veteran preference points are not awarded. Performance appraisal scores, generally the average of the last three years, are part of the evaluation process.

EXAMPLE – PROMOTIONAL JOB ANNOUNCEMENT

State of Alabama
Personnel Department
64 North Union Street
P. O. Box 304100
Montgomery, AL 36130-4100
Phone: (334) 242-3389
Fax: (334) 242-1110
www.personnel.alabama.gov

Continuous Announcement

PUBLIC HEALTH ENVIRONMENTAL MANAGER – 20655

Salary: \$52,663.20 - \$84,276.00 Announcement Date: April 20, 2005 Revised Date: September 1, 2008

JOB INFORMATION

The Public Health Environmental Manager is a permanent full-time position with the Alabama Department of Public Health (www.adph.org). Positions are located throughout the state. This is professional environmental health work in directing environmental health programs at the state or area level.

MINIMUM REQUIREMENTS

- · Current Permanent status as a Public Health Environmental Supervisor
- Bachelor's degree from an accredited* four-year college or university with a minimum of 30 quarter hours or 20 semester hours of course work in biology, chemistry, environmental science, mathematics, or physical science
- Seven years of environmental health work in a public or private agency including two years of experience at the level of a Public Health Environmental Supervisor or above

ADDITIONAL REQUIREMENT

 Applicants must attach a transcript or complete the form on the back of this announcement listing courses taken and credit hours earned.

NOTE

The Alabama Department of Public Health requires documentation verifying possession of the degree prior to employment.

EXAMINATION

- Promotional to current state employees in the classifications identified above.
- Experience Record Questionnaire will comprise 95% of the applicant's final score for the promotional register, with the remaining 5% being based on the average of the applicant's service ratings for the last three years.

HOW TO APPLY

- Complete an Application for Examination Form available at www.personnel.alabama.gov, the above address, or any Alabama Career Center Office.
- . Apply by mail or by fax. Applications will be accepted until further notice.

Individuals currently on the register DO NOT need to reapply to remain eligible for employment.

Veteran's credits are NOT allowed on promotional examinations.

THE STATE OF ALABAMA IS AN EQUAL OPPORTUNITY EMPLOYER

*Please refer to the back of this announcement for complete information on State Personnel's policy for accepting post-secondary and advanced degrees.

Except for pretest information provided by State Personnel to all applicants, you should not directly or indirectly obtain information about examinations. If you do, the State Personnel Director may do several things. One, you may not be given an examination. Two, you may be disqualified after an examination. Three, your name may be removed from a register. Or four, your name may not be certified from the register. (Rules of the State Personnel Board, Chapter 670-x-9). According to the Code of Alabama, 36-26-47, a willful violation of exam security is a misdemeanor. Any person who is convicted of this type of misdemeanor will not get a state job. If they are officers or employees of the state, they will be required to forfeit their office or position for five years.

If you know of anyone who has violated this policy, you should contact the Examination Manager at the State Personnel Department.

COLLEGE COURSE WORK

CREDIT HOURS OUARTER SEMESTER	ENVIRONMENTAL SCIENCE	CREDIT HOURS QUARTER SEMESTER	
CREDIT HOURS QUARTER SEMESTER	PHYSICAL SCIENCE	CREDIT HOURS QUARTER SEMESTER	
CREDIT HOURS	RELATED COURSE WORK	CREDIT HOURS	
	CREDIT HOURS QUARTER SEMESTER	CREDIT HOURS QUARTER SEMESTER PHYSICAL SCIENCE	

State of Alabama Personnel Department

Policy on Accepting College Coursework, Post-Secondary and Advanced Degrees

- Specific college coursework required for a job, as well as Bachelor's, graduate, post graduate, and doctoral degrees
 will be accepted from the schools accredited by any of the six regional accreditation associations in the United
 States. These associations are listed below.
 - Southern Association of Colleges and Schools (SACS)
 - Middle States Association of Colleges and Schools (MSA)
 - Northwest Commission on Colleges and Universities (NWCCU)
 - North Central Association of Colleges and Schools The Higher Learning Commission (NCA-HLC)
 - New England Association of Schools and Colleges Commission on Institutions of Higher Education (NEASC-CIHE)
 - Western Association of Schools and Colleges Accrediting Commission for Senior Colleges and Universities (WASC-ACSCU)
- 2. Coursework or degrees from schools that have not been accredited by a regional accreditation association will be accepted if a regionally accredited school considers the coursework or degree to be an acceptable prerequisite for admission to an advanced degree program. For example, if a regionally accredited school accepts an applicant's bachelor's degree for admittance into a graduate degree program, State Personnel will accept the degree. In the case of required college coursework (but no degree requirement), State Personnel will accept the college coursework if a regionally accredited school accepts the coursework towards a post-secondary degree (e.g., a bachelor's degree). This must be documented by a letter of acceptance from the regionally accredited school. State Personnel will review such requests on a case-by-case basis.

Note: This policy is subject to change. Certain state agencies may have additional requirements.

State of Alabama
Personnel Department
64 North Union Street
P. O. Box 304100
Montgomery, AL 36130-4100
Phone: (334) 242-3389
Fax: (334) 242-1110
www.personnel.alabama.gov

Continuous Announcement

ADMINISTRATIVE SUPPORT ASSISTANT II - 10197

Salary: \$22,272.00 - \$36,489.60 Announcement Date: January 31, 2007 Revised Date: May 23, 2012

JOB INFORMATION

The Administrative Support Assistant II is a permanent full-time position used by various agencies throughout the State. This is advanced and/or supervisory office support work involving a variety of tasks and work methods. Employees in this class are responsible for making decisions and solving problems utilizing their knowledge of the activities, practices, and applicable functions, rules and regulations of the organization in which employed.

MINIMUM REQUIREMENTS

- · High school diploma or a GED certificate
- · Three years of responsible clerical work experience

NOTE

• Typing skills are required for some but not all jobs in this classification. If you wish to be considered (selectively certified) for positions that require typing, we must receive a Certificate of Proficiency which describes your skill level. You should make your own arrangements to take the proficiency test. Certificates of Proficiency are accepted from proficiency test administrators at Alabama Career Centers and business education teachers in Alabama public and private middle schools, high schools, accredited business schools, trade schools, and two-year and four-year colleges. Certificates of Proficiency submitted by candidates will not be accepted. The minimum typing rate is a net of 50 words per minute with 10 or less errors.

EXAMINATION

- · Open-Competitive to all applicants
- · Written Multiple Choice Exam
- The written test will measure your ability to compose phrases or sentences, organize documents, and detect errors
 in grammar or punctuation. Spelling and numerical transcription will be tested. The test will also measure your
 ability to enter simple information on forms, to read and follow instructions, and knowledge of grammar and
 punctuation.

HOW TO APPLY

- Complete an Application for Examination Form available at <u>www.personnel.alabama.gov</u>, the above address, or any Alabama Career Center Office.
- · Apply by mail or by fax. Applications will be accepted until further notice.

THE STATE OF ALABAMA IS AN EQUAL OPPORTUNITY EMPLOYER

*Please refer to the back of this announcement for complete information on State Personnel's policy for accepting post-secondary and advanced degrees.

Except for pretest information provided by State Personnel to all applicants, you should not directly or indirectly obtain information about examinations. If you do, the State Personnel Director may do several things. One, you may not be given an examination. Two, you may be disqualified after an examination. Three, your name may be removed from a register. Or four, your name may not be certified from the register. (Rules of the State Personnel Board, Chapter 670-x-9). According to the Code of Alabama, 36-26-47, a willful violation of exam security is a misdemeanor. Any person who is convicted of this type of misdemeanor will not get a state job. If they are officers or employees of the state, they will be required to forfeit their office or position for five years.

If you know of anyone who has violated this policy, you should contact the Examination Manager at the State Personnel Department.

Applicants hired by the State of Alabama on or after January 1, 2012 will be subject to the E-Verify process pursuant to Act No. 2011-535.

State of Alabama Personnel Department Policy on Accepting College Coursework, Post-Secondary and Advanced Degrees

- Specific college coursework required for a job, as well as Bachelor's, graduate, post graduate, and doctoral degrees will be accepted from the schools accredited by any of the six regional accreditation associations in the United States. These associations are listed below.
- Southern Association of Colleges and Schools (SACS)
- Middle States Association of Colleges and Schools (MSA)
- Northwest Commission on Colleges and Universities (NWCCU)
- North Central Association of Colleges and Schools The Higher Learning Commission (NCA-HLC)
- New England Association of Schools and Colleges Commission on Institutions of Higher Education (NEASC-CIHE)
- Western Association of Schools and Colleges Accrediting Commission for Senior Colleges and Universities (WASC-ACSCU)
- 2. Coursework or degrees from schools that have not been accredited by a regional accreditation association will be accepted if a regionally accredited school considers the coursework or degree to be an acceptable prerequisite for admission to an advanced degree program. For example, if a regionally accredited school accepts an applicant's bachelor's degree for admittance into a graduate degree program, State Personnel will accept the degree. In the case of required college coursework (but no degree requirement), State Personnel will accept the college coursework if a regionally accredited school accepts the coursework towards a post-secondary degree (e.g., a bachelor's degree). This must be documented by a letter of acceptance from the regionally accredited school. State Personnel will review such requests on a case-by-case basis.

Note: This policy is subject to change. Certain state agencies may have additional requirements.

CHAPTER 3

RECRUITMENT

The State Personnel Department, Examinations Division does limited recruitment, predominately for generic classifications. No one classification or agency benefits from such recruitment efforts. Therefore, recruitment for Public Health classifications is the responsibility of this agency. The recruitment activities will affect, to a great extent, the quality of the register and to our workforce.

HR will coordinate the recruitment activities for the Department. Local, program and discipline staff may be asked to attend job fairs and on-campus meetings on behalf of the Department. Upon completion of the recruitment session, the Summary of Recruitment Activities Form, ADPH-HR-40, must be completed and returned to HR within five working days.

A program manager or staff in a specific discipline may aid in recruiting qualified applicants by visiting professional groups, or placing advertisements in professional journals, publications and/or on the Internet. Local offices may also want to attend high schools, technical schools and career fairs sponsored by the community. Information including date, facility, location, classifications which individuals are being recruited, names of the interviewers, and the cost about these activities must be provided to HR as early as possible. It is requested that the Department's Recruitment Coordinator be notified prior to attendance to ensure no duplication of activities and to coordinate other needs of the agency.

All advertisements including magazines, newspapers, brochures, e-mail, and Internet must be submitted to HR prior to release for review and approval.

HR has preapproved announcements for Home Health Aide and Home Health Nurse positions. Information as to where and when these announcements are advertised should be submitted to HR for our records.

APPROVED NEWSPAPER ADVERTISEMENTS HOME CARE PROGRAM Effective January 1, 2014

REGISTERED NUR	SE needed to provide skilled nursing services to homebound patients.
	County Home Care Program. Part-time, full-time, and weekend
contracts available. C	ompetitive visit pay and benefits. Send resume to:
The	County Health Department is an Equal Opportunity Employer.
HOME HEALTH A	IDE needed to provide personal care to homebound patients.
	County Home Care Program. Part-time, full-time and weekend
contracts available. C	ompetitive visit pay and benefits. Send resume to:
The	County Health Department is an Equal Opportunity Employer.

POSTING JOB ANNOUNCEMENTS

As job announcements are published by State Personnel, HR staff will provide them to each facility through e-mail. These announcements are to be posted on a bulletin board located in a place readily accessible to all employees.

Each location must assign an employee the task of posting weekly announcements and discarding old job announcements.

In the RSA Tower, HR staff will post announcements on the 9th floor bulletin board outside of the Training Room and in the HR Office foyer.

TRANSFER OF MERIT EMPLOYEE

In an effort to promote good employee morale and give managers the widest pool of eligible applicants to consider, new or vacant positions may be filled through a lateral transfer. By posting openings, Public Health employees are made aware of openings and have an equal opportunity to apply. Exceptions to the policy may be made in cases of layoffs, reorganization, demotion of an employee, or when deemed in the best interest of the Department. Requests to fill a position through a lateral transfer without posting the position must be made in writing and submitted to the HR Director prior to offering the job.

When interested in filling a new or vacant position by a transfer, complete Page 1 of the Lateral Transfer Job Announcement, Form ADPH-HR-45, (Lateral Transfer Announcement) and submit to HR.

The Lateral Transfer Announcement will be posted for five working days. HR will designate the dates on the form to allow adequate time for locations to post the opening. HR staff will distribute the announcement by a statewide broadcast e-mail. Each location must designate an employee with the responsibility to post new Lateral Transfer Announcements so that employees who work in that location have access to the announcements. The designee should also discard the expired announcements. For central office employees in The RSA Tower, the Lateral Transfer Announcements are posted on the 9th floor bulletin board outside of the Training Room and in the foyer of HR.

Before a probationary employee can transfer, it must be verified that the employee is reachable on the register in the new location. This information can be obtained by contacting HR.

You do not have to interview every applicant. For example, if an employee does not meet the qualifications such as assigned to another classification, you should screen them out prior to the interview. Also, if an employee does not meet a special requirement such as possess a current driver's license, the employee should not be interviewed. Documentation must be maintained as to the criteria used to select the candidate. As always, job-related criteria must be used in making the selection.

Prior to offering an employee a transfer, you must contact HR and provide the following information: employee's full name, the last four digits of his social security number, and his work location. HR staff will provide information about the employee's work history with the State. If the position requires a college degree and the employee's college degree has not previously been verified, a Degree Verification Form must be completed and submitted to HR prior to offering the job.

When filling the position with a transfer, you must document the selection results on Page 2 of the Lateral Transfer Announcement; and submit the completed form to HR with the Form 11.

NOTE: It is <u>not mandatory</u> that managers use the transfer process in filling vacant positions; they may choose to request a register from the onset.

EXAMPLE - LATERAL TRANSFER JOB ANNOUNCEMENT

ALABAMA DEPARTMENT OF PUBLIC HEALTH LATERAL TRANSFER JOB ANNOUNCEMENT

	NEW POSITION:CURRENT JOB RESPONSIBILITIES:	VACANT POSITION: XX
	CURRENT JOB RESPONSIBILITIES:	
1		
1	1. Drafts, proofreads and types correspondence	e and forms.
	2. Organizes and maintains administrative files	4
	3. Provides information to coworkers and the p	ublic.
	4. Communicates witih employees and the gen	neral public by telephone and provides general program information.
1	5. Arranges meetings and takes meeting notes	
1	6. Processes weekly leave reports and payroll	reports.
	SPECIFIC REQUIREMENTS:	
		he Course of Livery Brown States (CUBO)
	Experience in processing leave reports using ti	he Government Human Resource System (GHRS).
1	LOCATION: Bureau of New Programs	
,	CONTACT PERSON: Contact Name, PH STELEPHONE NUMBER: (334) 555-5555	Social Worker II, Program Manager
	COMMENTS:	
*	**************	******************
((This section to be completed by Office of Hu	uman Resources)
1	DATES JOB POSTED:	
	FROM:	TO:

LATERAL TRANSFER RECRUITMENT RESULTS Job Classification: Administrative Support Assistant II Position Number: 2222111 Org. Code: 0000 Number of Employees Applying: 2 Name: First & Last Name Current Employer: AL Dept. of Public Health - Bureau of Grants **Oualifications:** Provides clerical support for 5 professional employees. Extensive experience in GHRS and processes (keys and validates) leave. Name: First & Last Name Current Employer: AL Dept. of Public Health - Bureau of Comm. Programs Qualifications: Experience includes answering the telephone; handling complaints; responsible for budget; completing requisitions and purchase orders; codes certifications. Name: Current Employer: Qualifications: Name: Current Employer: Qualifications: Name of Applicant Selected: First & Last Name Attach additional sheets if necessary. ADPH-HR-45/Rev. Feb 2011

EXAMPLE - TRANSFER WITHIN DEPARTMENT

1. Name of Employee NAME			2. Social Security Number	3. Salary	
	1	Last	111-22-3333	1,015.80 S/	M
4. Position Number 5. Cla	ss Title/Code		1794 75-27	6. Class Option Title/Code	
7. Department/Code	inistrativ	Support Assistant II B. Division/Code	(10197)	N/A 9. Effective Date 7/16/2013	()
Public Health INSTRUCTIONS	(011)	Family Health Service	es (1450) KIND OF A		
Item 11 requires signature of both depheads. Items 11, 13, 14, 15, 21 require appropersonnel Director before action is of Items 12, 13, 14, 15 must have copy employee attached. If voluntary demfrom employee should be attached. Item 17 should have copy of letter of or confirmatory letter from department. ITEMS AFFECTED BY ACTION 26. Department/Code	val of icial. of letter to otion, letter resignation	10. Transfer within department of the partment of the partmen	Only two digit		intment
(Items 10 and 11) 27. Division/Code (Items 10 and 11) 28. County of Employment/Code (Items 10 and 11) 29. Class Title/Code (Items 10, 11, 13) 30. Class Option/Code (Items 10, 11, 13) 31. Dates (Items 12, 21, 22, 23 and 24) 32. Salary (Item 13) 33. Position Number (Item 10, 11 and 13)	Montgo	Health Services mery Support Assistant II	(1450) Ne (51) Mo (10197) Ad N/A	blic Health w Program ntgomery min Support Assistant II	(5000) (51) (10197)
34. If action is item 13, 15, 17 or 18, is recommended? (Y/N))	v 1 1	f "No", explanation must be give		
35. Remarks. Annual Leave: 223,00 Sick Leave: 230,00 36. Signed (Appointing Authority)				Date	
" Aban was a removed t					

PAYMENT OF CANDIDATE'S TRAVEL EXPENSES

In certain situations where significant recruitment problems exist, it may be possible to pay for travel expenses of job applicants for an interview meeting. Requests must be coordinated with the HR Director. Approval must be obtained in advance of the travel. Guidelines have been developed by the State Comptroller's Office and must be followed in order to reimburse the job applicant.

EXAMPLE

PAYMENT OF TRAVEL EXPENSES

DATE

The Honorable ---Governor of Alabama
State Capitol
600 Dexter Avenue
Montgomery, AL 36130-2751

Dear Governor ----:

The purpose of this letter is to request approval of travel expenses for Candidate Name, who is being interviewed to fill a vacancy at the Alabama Department of Public Health as a State Job at pay grade 83. This is a federally funded position paid out of grants from CDC that will be used to pay for travel expenses.

The estimated expenses are as follows:

Travel: \$480.00 (Round trip from Dallas, TX to Montgomery, AL) Lodging: \$144.00 (2 nights at Holiday Inn across from The RSA Tower)

Meals: \$ 52.00 (2 days)

Rental Car: \$100.00 (To be rented at Montgomery Airport)

Total: \$776.00

The candidate will be reimbursed for expenses incurred to cover the dates of September 2 through September 4, 201-.

The justification for this travel is that the job duties and qualifications are specialized and there are a limited number of applicants. During the past eight months, nation-wide advertisement through journals and the Internet resulted in five interested persons, all of them from outside Alabama. Three applied and two met minimum qualifications. We are only interviewing the top candidate.

The terrorism chemist is a highly technical position requiring experience and a Ph.D. in biochemistry or a closely related field. He will work with numerous agencies throughout the state to develop and implement procedures to monitor activities. It is, therefore, important to be able to choose the best candidate through face-to-face interviews. Candidate Name will interview with six (6) staff at ADPH.

Governor	-	
Page 2		
Date		
	k you for your consideration of need additional information.	this request. Please let me know if you have
1		
		Sincerely,
		Donald E. Williamson, M.D.
		State Health Officer
		State Health Officer
DEW/hjl		
DE Willi		
Approved:		
ripproved.	, M.D.	
	Governor	
	Covernor	
	Jackie Graham	
	State Personnel Director	

CHAPTER 4

CERTIFICATION APPOINTMENTS

After classifications are established by the State Personnel Board, positions approved, and examinations administered and scored, the results are furnished to the State Personnel Department (State Personnel), Certification Division. These test results are called "registers." During the process of issuing certifications, employment rules set down by state law and federal court orders are monitored and enforced.

State merit system law permits the certification of only those applicants who have indicated a willingness to work at a particular location. The applicant indicates on the back of his application where he is willing to work. At any time during the existence of a register, the candidate can change his availability by writing to State Personnel, Certification Division, and identifying the job class, available locations, and effective date of the change. Self-limiting of job opportunities in this manner is called "availability."

CERTIFICATION OF CANDIDATES

Hiring Request Memo

When you are going to fill a position you must provide a memo to the HR Director with the following information:

- 1. Classification Title
- 2. Position #
- 3. Funding Source include the type of fund such as WIC, Family Planning; Home Health, SEIB, etc. do not need fund number.
- 4. Date position was vacant and reason if unknown, state not known.
- 5. Summary of duties two or three sentences summarizing the major duties. Do not attach a Form 40 unless the essential duties have changed and state the change in the memo.
- 6. Critical reason to hire give the consequences of position not being filled such as deadlines not met; or loss of funding source.
- 7. If you are changing the position's base or classification, you need to state that in the memo and give the reason. Also, you must attach a Form 11 and Form 40.

If the position is not vacant but will be within the month, you may submit a request. However, you must have submitted the paperwork showing the employee's upcoming separation before it can be processed. Therefore, if the hiring request is sent before the separation forms, the hiring request will be returned with no action taken.

If you are creating a new position, you must attach a Form 40 to the memo requesting the position be established.

Remember, the Administrator or designee must sign all hiring requests.

Requesting the Register

When you are going to fill a position, you must complete a Request for Certification of Candidates (Form 15). It is the responsibility of the requesting location to ensure that the position is budgeted and that there are sufficient funds. Submit a request initialed or signed by the Area/County Administrator or Office/Bureau Director or their designee to HR.

HR staff will review the request to ensure completeness. The Form 15 will then be forwarded to State Personnel for processing.

An organization can only have one certification per classification at the same time.

Working the Register

State Personnel will send a Certification of Candidates, Form 16 (Certification). This is a list of the top 10 candidates who can be considered for appointment. Tied scores are treated the same, therefore, you may have more than 10 names.

Guidelines

To ensure that Public Health continues fair hiring practices, follow the guidelines listed below:

- 1. If you receive a register with 10 or fewer names, contact all candidates. You may send availability letters or expedite the hiring process by phoning candidates to schedule interviews. If interviews are scheduled by phone, follow up with letters to confirm the appointments or declinations.
- 2. If you receive a register with more than 10 names, you may limit the number of interviews by identifying the best qualifications for the position. Review the applications and initially contact candidates with those qualifications. If no candidate is available or interested, contact candidates who meet the next most desirable level of qualifications, and so on. Objective business criteria must be used in determining which candidates to interview, and the criteria must be documented for the interview file. Interviews may be scheduled by sending availability letters or by phone which must be confirmed in writing. If desired, you may schedule all candidates for an interview.
- 3. When you have qualified candidates on the register who are currently employed at the location of the position, you may limit your interviews to those candidates.
- 4. There may be situations where it is appropriate to limit the candidates interviewed such as when you have recruited for the position or recently interviewed candidates whose names are on the register for the same classification. In such instances, you need to document the business reason for limiting the candidates selected for interviews.

When interviewing candidates, it is strongly recommended that supervisors require interviewees to provide updated Application for Examination (State application) prior to or at the job interview. It is acceptable to have the candidate review the application on file; and update or make changes to the application in blue or red ink along with signing and dating the form. These applications will not be returned to State Personnel except for the individual appointed to the position.

It is the responsibility of the Department to verify the information on the applications. Therefore, supervisors must contact work references; verify required licenses such as Professional certifications and driver's licenses; and ensure the candidates meet the minimum qualifications. For candidates who have employment with the State of Alabama, past or present, you must contact HR for staff to review the State Personnel employee file prior to a job offer.

You will need to provide the full name, last four digits of the SS#, current or last State of Alabama employer, and dates of employment by e-mail or memo. For jobs requiring a college degree or coursework, supervisors must submit a Degree Verification Form to HR so the degree or coursework may be verified.

If it is determined that the candidate is not qualified, falsified his application, or has a poor work history and is not suited for the position, a request to remove the candidate from the register should be made in writing to the HR Director and submitted directly to HR. Documentation to support this request must be attached. A letter will be submitted to State Personnel requesting the removal of the candidate's name. Each request will be reviewed according to the facts, situation, and provisions of personnel rules and laws. If removal is justified, State Personnel will notify the candidate in writing and he will be given at least 10 days to respond before a decision is made.

When you pass over a veteran with a higher score or tied score to make an appointment of a non-veteran, you must state your reason in a letter to the State Personnel Director. The letter must be attached to the Certification when returned to HR.

A justification letter or memo is still required when returning a register with no appointment made or when requesting to cancel a register. The justification letter must explain the business reason for returning the register. There is no requirement to provide a reason why any candidate on the register, including a black candidate, was not appointed.

In completing the Form 16, the supervisor must indicate the action taken for each candidate using the following codes:

A = APPOINTED

B = DECLINED - NOT AVAILABLE UNTIL CERTAIN DATE

C = CONSIDERED BUT NOT SELECTED

D = DECLINED OFFER OF APPOINTMENT, NO LONGER AVAILABLE

E = DECEASED

F = FAILED TO REPLY

L = DECLINED POSITION DUE TO LOCATION, SHIFT, AGENCY OR TRANSPORTATION

P = PASS OVER REQUESTED

Q = DECLINED POSITION FOR SALARY

R = REMOVAL REQUESTED

W = WRONG ADDRESS

INSTRUCTIONS FOR CERTIFICATION OF CANDIDATES

A Request for Certification of Candidates, Form 15, is used to obtain a list of eligible candidates from which to fill a position.

- 1. Department In the block, type in "PHD." Beside the blocks, type "Public Health."
- 2. Organization In the block, type in the organization code number, a four-digit number. Beside the block, type in the organization. Example: (0010) Autauga County Health Department; (1450) Family Health Services, etc.
- 3. County In the block, type the two-digit county code. Type the base county beside the block. Example: Family Health Services position based in Montgomery County would read: 51 (Montgomery).
- 4. Class Code and Title In the block, type the five-digit class code number. Beside the block, type the class title.
- 5. Class Option Code and Title If the classification has options, type the three-digit option code in the block. Beside the block, type the class option title. Most classifications do not have options; in those cases, leave blank or type "N/A."
- 6. Register Type In the block, type the register type code. Beside the block, type the register type.

Register Code	Type of Register
1	Continuous, Open-Competitive
2	Continuous, Promotional
4	Current, Open-Competitive
5	Current, Promotional
6	Reemployment, Non-Layoff
7	Reemployment, Layoff

- 7. Employment Type Type an "X" in the block by the number which describes the position.
- 8. Location of Position(s) Type the name of the county where the position is based. In accordance with State basing policy, this is where the work emanates. This should be the same as item #3.
- 9. Position number(s) Type the position number(s) to be filled. You can enter multiple position numbers. You will receive the top ten names (or more if there are tied scores) for the position. For each additional position, you will receive an additional name (11 names for two positions).

- If this is a new position, leave blank and HR staff will write in after number is assigned.
- 10. Selective Certification Code (if applicable) type assigned code in the block. Type in the name of the requirement next to the block. Example: Typing requirement for Administrative Support Assistant II position would read: Typing; 511.
- 11. Number of Vacancies Type in the number of positions to be filled. This number must match the number of position numbers listed in #9.
- 12. Choose Shift Type "X" in the appropriate box, most will be "First Only". Also, type "X" in the "Work involves extensive overnight travel (1/3 of the time)," if applicable.
- 13. Name(s) of previous incumbent, if any Type the name(s) of the employee who occupied the position. If the position has been vacant for more than 180 days, you may leave blank
- 14. Reason for leaving position Type retired, resigned, promoted or transferred.
- 15. Date position(s) vacated Type the last work day.
- 16. Remarks If certifying an employee, type in the name and last four digits of the SS#.
 - For Area or County offices, type of certification by county or area residence; county or area employment required.
- 17. Signed Signature of Appointing Authority (Dr. Donald E. Williamson, Dr. Karen Landers, or Dr. Larry Robey). HR staff will obtain the State Health Officer's signature.
 - The administrator or bureau/office director or his designee must sign or initial beneath the line for signature or in the "Remarks" section. This denotes approval.
- 18. Type today's date.

STATE-AREA LISTING

ORG#	STATE-AREA	ORG#	STATE-AREA
1000	Administration	1700	Epidemiology
1010	Financial Services	1750	Home & Community Services
1020	Program Integrity	1760	Professional & Support Services
1030	Operations Division	1800	Disease Control
1050	Human Resources	1820	Immunization
1060	Logistics Division	1830	Tuberculosis
1070	Facilities Management	1840	STD
1080	General Counsel	1860	HIV/AIDS
1100	PH Area I	1900	Clinical Laboratories (Montgomery)
1110	PH Area I – IMM	1920	Mobile Lab
1120	PH Area I – TB	1960	Health Statistics
1130	PH Area I – STD	1970	Health Promotion & Chronic Disease
1150	PH Area II	1980	Communications Design
1170	PH Area II – IMM	1990	Bureau Of Information Technology
1180	PH Area II – TB	2000	Health Care Facilities
1190	PH Area II – STD	2100	PH Area VI
1200	PH Area III	2200	PH Area VII
1220	PH Area III - TB	2210	PH Area VII – STD
1230	PH Area III – STD	2220	PH Area VII – TD
1250	PH Area IV	2400	PH Area VIII
1300	PH Area V	2410	PH Area VIII – IMM
1320	PH Area V – IMM	2420	PH Area VIII – STD
1330	PH Area V – TB	2500	PH Area IX
1340	PH Area V – STD	2510	PH Area IX - FHS
1380	PH Area VI – TB	2520	PH Area IX - STD
1390	PH Area VI - STD	2530	PH Area IX - IMM
1410	Children's Health Insurance	2540	PH Area IX – TB
1.420	Program	2600	DII A W
1420	Emergency Medical Service	2600	PH Area X
1450	Family Health Services	2620	PH Area X - STD
1600	Health Provider Standards	2630	PH Area X - IMM
1610	Community Env Protection	2640	PH Area X - TB
1620	Food/Milk/Lodging	2700	PHA Area XI
1630	Radiation Control	2710	PH Area XI - STD
1660	Environmental Services Admin	2720	PH Area XI - TB
1680	Emergency Preparedness		

COUNTY NAME, NUMBER, ORGANIZATION

<u>ORG</u>	<u>CO#</u>	CO NAME	<u>ORG</u>	<u>CO#</u>	CO NAME
0010	01	Autauga	0350	35	Houston
0020	02	Baldwin	0360	36	Jackson
0030	03	Barbour	0370	37	Jefferson
0040	04	Bibb	0380	38	Lamar
0050	05	Blount	0390	39	Lauderdale
0060	06	Bullock	0400	40	Lawrence
0070	07	Butler	0410	41	Lee
0800	08	Calhoun	0420	42	Limestone
0090	09	Chambers	0430	43	Lowndes
0100	10	Cherokee	0440	44	Macon
0110	11	Chilton	0450	45	Madison
0120	12	Choctaw	0460	46	Marengo
0130	13	Clarke	0470	47	Marion
0140	14	Clay	0480	48	Marshall
0150	15	Cleburne	0490	49	Mobile
0160	16	Coffee	0500	50	Monroe
0170	17	Colbert	0510	51	Montgomery
0180	18	Conecuh	0520	52	Morgan
0190	19	Coosa	0530	53	Perry
0200	20	Covington	0540	54	Pickens
0210	21	Crenshaw	0550	55	Pike
0220	22	Cullman	0560	56	Randolph
0230	23	Dale	0570	57	Russell
0240	24	Dallas	<u>0580</u>	<u>59</u>	St. Clair
0250	25	Dekalb	<u>0590</u>	<u>58</u>	Shelby
0260	26	Elmore	0600	60	Sumter
0270	27	Escambia	0610	61	Talladega
0280	28	Etowah	0620	62	Tallapoosa
0290	29	Fayette	0630	63	Tuscaloosa
0300	30	Franklin	0640	64	Walker
0310	31	Geneva	0650	65	Washington
0320	32	Greene	0660	66	Wilcox
0330	33	Hale	0670	67	Winston
0340	34	Henry			

EXAMPLE - CONTINUOUS, OPEN-COMPETITIVE, PERMANENT EMPLOYMENT

Form 15 - Revised 03/2011

REQUEST FOR CERTIFICATION OF CANDIDATES

STATE OF ALABAMA PERSONNEL DEPARTMENT

PERSO	ONNEL DEPA	RTMENT		
1. Department PHD Public Health	2. Organizal	ion Autauga Co He	alth Dept	3. County Autauga
4. Class Code and Title Administrative Support Assistant II		tion Code and Title N/A		6. Register Type 1 Cont Open Comp
7. Employment Type:		mporary 5.	Conditional	3. Part-time, Permanent
8. Location of position(s) Autauga County			9. Position number 3304412	(s)
10. Selective Certification Code (if applicable)			11. Number of Vac	ancies
12. Choose Shift 0 All 1 First 2 Second Only	3 Third Only	Work in travel (nvolves extensive ov 1/3 of the time).	emight
	Reason for leaving omoted	g position		15. Date position(s) vacated 1/01/2013
16. Remarks: County Residence Register requested Local county funds used.				
17. Signed			18. Date	
Appointing Authority				
INSTRUCTIONS: Certification for only one class code and/or class option per location may Departments should complete all pertinent sections, including codes.	be requested on	this form.		

EXAMPLE - CONTINUOUS, PROMOTIONAL, PERMANENT EMPLOYMENT

		rces	3. County Montgomery		
	tion Code and Title		51 6. Register Type		
	N/A		2 Gont Promotiona		
☐ 2 Te		Conditional	3. Part-time, Permanent		
		9. Position number 3532149	er(s)		
		11. Number of Va	cancies		
	511				
☐ ³ Third Only			vernight		
eason for leaving	g position		15 Date position(s) vacated		
		18, Date			
	-				
au cio	4.0				
oe requested on	this form.				
	1050 5 Class Opt 2 To	1050 5 Class Option Code and Title N/A 2 Temporary 5 511	Human Resources 1050 5 Class Option Code and Title N/A 2. Temporary 5. Conditional 9. Position number 3532149 11. Number of Value of Value of Value (1/3 of the time). sason for leaving position 18. Date		

EXAMPLE - CONTINUOUS, OPEN-COMPETITIVE, CONDITIONAL EMPLOYMENT

1. Department	2. Organization		3. County
PHD Public Health	1970 Health Pron	notion	Montgomery
4. Class Code and Title	5. Class Option Code and Tit	le	6. Register Type
PH Research Analyst I	N/A		1 Cont Open Comp
7 Employment Type 1 Permanent 4. Part-time, Ter	2. Temporary	5, Conditional	3. Part-time, Permanent
8. Location of position(s) Montgomery		9, Position nu 3100467	nber(s)
10. Selective Certification Code		11, Number of	Vacancies
(if applicable)			1
12. Choose Shift 0 All 7 1 First 2	Second 3 Third W	ork involves extensiv	e overnight
Silits Olly		avel (1/3 of the time)	
13. Name(s) of provious incombent, if any NAME	14. Reason for leaving position Retirement		15. Date position(s) vacated 12/31/2013
16. Remarks: Statewide Register requested See attached grant approval letter:			
17. Signed		18. Date	
Appointing Authority			
INSTRUCTIONS:		0	
Certification for only one class code and/or class option per local	tion may be requested on this form.		

AVAILABILITY LETTER - CALL FOR APPOINTMENT

Date

Candidat	te Name
Physical	Address

Job Class: PH Environmentalist Salary: \$1,312 - \$2,140.70 Location: St. Clair County

Dear Name:

Your name has been certified to us by the State Personnel Department for the classification shown above. You will note that we have indicated the semi-monthly salary range as well as the location of the position listed above. This is not an offer of appointment but is merely to determine your availability for employment consideration.

Please indicate your availability below and return this entire letter to within ten days of the date of this letter. Your failure to respond will be considered a declination for this position until you notify the State Personnel Department otherwise. If you are available for appointment, you need to contact Employee Name, within the ten days, at (812) 987-6543 to schedule a date and time for an interview. If you need any special accommodations for the interview, please let us know at that time.

Sincerely,

Name, Administrator P. H. Area 15

Please	te check the statement that describes your situation. I am available for appointment. I can be reached at:	
()	I am not available; please remove my name from the list until further notice.	
()	I am not available now, but will be available (date).	
()	I am not available at the location shown above but am available for (list counties):	
	Date: Signature:	

AVAILABILITY LETTER - APPOINTMENT ALREADY SET

Date

Candidate Name Street Address

Job Class: Account Clerk

Salary: \$1,024.80 - \$1,520.40 Location: Montgomery County

Dear Candidate Name:

Your name has been certified to the Alabama Department of Public Health for the classification shown above. You will note that we have indicated the semi-monthly salary range as well as the location of the position listed above. This is not an offer of appointment but is merely to determine your availability for employment consideration.

In order to make an appointment in a timely manner, I have scheduled an interview for Friday, June 6, 201-, at 11:00 a.m. Please report to Physical Address. If there is a conflict with the time, please call me at (334) 206-0000 to reschedule. Also, if you need any special accommodations for the interview, please call to let us know prior to your appointment.

If you are not interested, please complete the section below and return this statement to the address shown above within ten days of the date of this letter. Your failure to report for the interview or to reply will be considered as a declination for this position, as well as for all other positions in this classification until you notify the State Personnel Department otherwise.

Sincerely,

Name Health Services Administrator

P	lease	check the statement that describes your situation.
()	I am available for appointment. I can be reached
		at:
()	I am not available; please remove my name from the list until further notice.
()	I am not available now, but will be available (date).
()	I am not available at the location shown above but am available for (list counties):
		,
		Date: Signature:

AVAILABILITY LETTER – ANOTHER CANDIDATE SELECTED

Date

Candidate Name Street Address

> Job Class: Admin. Support Asst. II Salary: \$928.00 - \$1,520.40 Location: Montgomery County

Dear Candidate Name:

This letter is to notify you that another candidate was selected for the vacant position described above in the Office of Health Services, Alabama Department of Public Health. The candidate selected is currently an employee within our office and has been promoted to the Administrative Support Assistant II position.

Sincerely,

Name, Director Office of Health Services

SRW/dwp

PASSOVER VETERAN

Date

Ms. Jackie B. Graham, Director State Personnel Department 64 North Union Street Montgomery, AL 36130

Dear Ms. Graham:

This letter is to notify you that Candidate A, a veteran, was passed over to appoint Candidate B to the PH Senior Environmentalist position. Name is a current employee and has extensive experience in the inspection of restaurants and other food establishments. Therefore, he was determined to be the best-qualified candidate.

Sincerely,

Name Supervisor

JEB/tp

EXAMPLE - CONTINUOUS. PROMOTIONAL REGISTER

REMOVAL OF CANDIDATE'S NAME

MEMORANDUM

TO: Director

Office of Human Resources

FROM: Name, Director

Utopia County Health Department

DATE: January 3, 201-

RE: Removal of Candidate A from Home Health Aide Register

This letter is to request the removal of Candidate's name from the Home Health Aide register. On 05/15/-, we received the HHA Certification of Candidates dated 05/14/201- for Utopia County. Supervisor Name and I conducted the interview with Candidate A on 05/25/-. During the interview, Candidate A stated she was no longer working with the Serenade Nursing Home. She stated that she resigned for personal reasons and was currently working for Chickenin-a-Tub Restaurant.

Employment verification shows that Candidate A was terminated from the Serenade Nursing Home on 10/15/2008 due to allegations of stealing money from a patient and falsifying her time sheet. Although she denied taking any money, Candidate A admitted to incorrect reporting of work hours. Attached is supporting documentation from the Serenade Nursing Home.

This job requires employees to go unsupervised to patients' homes to provide the most personal care. Since Candidate A provided false information in her interview and was terminated for falsifying time records, we are requesting her name be removed from the register.

If further information is needed, please contact me at (256) 344-2090.

JS/js Attachments

ORIGINAL APPOINTMENTS

An appointment of an individual to a position in the classified service that is not filled through transfer, reemployment, promotion, or demotion is considered an original appointment. Generally, candidates begin at the minimum in-hire rate.

In instances where there are problems with recruitment or the best-qualified individual is making a higher salary, a request may be made to State Personnel for approval to hire at a higher step. The request must be made in writing to HR stating the candidate's education and experience that makes him the best qualified; and the selected applicant's current salary and job duties. Documentation of the candidate's current salary must be attached. A copy of his W-2 Form or the most recent pay stub listing hours worked and salary paid, or a letter on letterhead signed by appropriate personnel verifying his salary, is acceptable. If a candidate has another job offer and can provide documentation of such, this may also be used to support an appointment above the minimum. For other exceptions, you should contact HR for guidance.

Generally, original appointments are the beginning of the pay period <u>and</u> the first day of work. For example, if the beginning of a pay period is Saturday, October 16, and the first day worked is Tuesday, October 19 (Saturday and Sunday are off days and the Monday is a holiday), the appointment date is October 19.

For appointments other than the beginning of a pay period, notify HR staff in advance for approval. Individuals must also be told that their first paycheck may be delayed if starting in the middle of a pay period.

Note One: Once an applicant has been appointed from a register, the applicant's

name is removed from that register. If the applicant wishes to remain on the register, he must contact State Personnel in writing requesting to

remain on the list.

Note Two: Current state employees must begin new appointments (new classification,

promotion, or reallocation) at the beginning of a new pay period. There

are no exceptions.

EXAMPLE - NEW HIRE REGISTER

DATE 07/19/2013	NEW HIRE		CERTIFICATION OF CANDIDATES STATE OF ALABAMA Personnel Department	SANDIDATES BAMA irtment			30	CERTIFICATION NUMBER 980800000	UMBER
DEPAR	DEPARTMENT IDENTIFICATION (DEPT /DIV.)	DEPT/DIV.)	CLASSIFI	CLASSIFICATION (CODE/TITLE)	(E)	J	CLASS OPTION (CODE/TITLE)	сорелтися	PAGE
בוחת כווות	eain Deparmente	y nealth oves	W 1 28101	amın Support Assist	- 1	- 1	- 1	- 1	- 1
REGISTER TYPE 2 Continuous Promotion	1 Permi	EMPLOYMENT TYPE anent	COUNTY 51 Montgomery	VACANCIES RA	RACE AGE LIMIT	MIT SEX	O	SHIFT WORK	SALARY S928.00
METHOD O	METHOD OF CERTIFICATION		POSITION NUMBERS	ABERS			SELECTIVE	SELECTIVE CERTIFICATION CODE	CODE
01 Merit System Plus Ties	STies	0773200				ın	511 Typing		
SSAN		NAME AND ADDRESS		RACE V.P.	GRADE	ACT	H	POSITION NO. OF APPT.	APPT, DATE
123456789	CANDIDATE NAME 458 CO RD 37 CLANTON	AL 35045		÷	BAND 03	€	0773200		10/01/2013 \$928.00 S/M
123456788	CANDIDATE NAME 42 FIELDBROOD ROAD MONTGOMERY	AL 36109		÷	BAND 04	Δ.			
123456787	CANDIDATE NAME 400 VANDERBILT WAY MONTGOMERY	AL 36109		- }	BAND 04	0			
123456786	CANDIDATE NAME 3550 PERRY AVENUE MONTGOMERY	AL 36105		a	BAND 04	Α			
123456785	CANDIDATE NAME 810 HOOD LAND RD SELMA	AL 36701		cs	BAND 05	ن د	1		
123456784	CANDIDATE NAME 5005 CEASAR WAY WETUMPKA			ė	BAND 05	2			
123456783	CANDIDATE NAME 1003 CENTRAL LAND CT ECLECTIC			+ €	BAND 0S	σ σ			
CERTIFIED-PERSONNEL DIRECTOR	LDIRECTOR	0	DATE CERTIFIED CERT	CERTIFICATION RETURNED-APPOINTING AUTHORITY	ED-APPOINTIN	G AUTHOR		TAG	DATE RETURNED
FORM 16, REV, 7/95		TANDUM	MBOBTANT: SEE INSTBI ICTIONS ON PEVERSE SIDE	S ON PEVERSE	SIDE				OBIGINAL

APPOINTMENT ABOVE THE MINIMUM

MEMORANDUM

TO: Brent Hatcher, SPHR, HR Manager

Office of Human Resources

THROUGH: Name, Administrator

Area Administrator

FROM: Supervisor, Director

Local County Health Department

DATE: January 3, 201-

RE: Appointment above the Minimum

This letter is to request approval to appoint Candidate D, SS# XXX-XX-4563, at Step 5, \$1,102.70, of the PH Worker Certification of Candidates list (#931311111). Candidate D is currently working at the School of Public Health with the University of Alabama in Birmingham. His duties consist of grant writing; researching publications and periodicals of chronic diseases on the indigent; and entering data onto the computer using SAS software. In addition, he worked with the Florida Health Department completing his internship and has earned a Master's in Public Health.

Candidate D is currently making a semi-monthly salary of \$1,167.70 and is willing to accept the decrease in salary. Enclosed is a pay stub documenting his salary.

In addition to Candidate D, there were two other candidates, Candidate Name B and Candidate Name C. Candidate Name B has no experience in public health. Candidate Name C is currently on staff at the University of South Alabama and is not available for employment until the end of the year.

If additional information is needed, please contact Contact Name or me. Your assistance in getting this approved by State Personnel is appreciated.

KM/sw Enclosure

NEW HIRE APPOINTMENT LETTER

Date

Candidate Name Street Address State, City, Zip Code

Dear Candidate Name:

This letter confirms your appointment to an Administrative Support Assistant II position effective July 1, 201-. As we discussed, your semi-monthly salary rate is \$928.00 for full-time work. In accordance with State Personnel Merit Rules, you will serve a six-month probationary period.

Please report to my office located at the Physical Address on Thursday, July 1, 201-, at 8:00 a.m. To assist in the completion of required paperwork, you should bring with you identification that documents your identity such as a driver's license, other ID card issued by the government; or voter registration card, and an identification that documents your employment authorization such as Social Security Account Number card or birth certificate. You may also provide the required documentation with a U.S. Passport or a foreign passport with Form I-94 or Form I-94A.

I want to welcome you to the Alabama Department of Public Health and look forward to you joining our team.

Sincerely,

Name, Division Director Bureau Name

JP/esa

PROMOTIONS

A promotion is an appointment of a classified employee from a position in a classification with a lower pay range to a position in a classification with a higher pay range. This may occur within a department or between departments. A completed Certification of Candidates (Form 16) supports this type of transaction.

The procedures governing the original appointments from certifications apply. Upon promotion, the salary rate of the employee must be raised to at least the minimum rate of the pay range for the new classification. If the employee's pay is already within the pay range of the new classification, the employee may be given up to a two step promotional increase. Promotional appointments are effective the first day of a pay period, which is the 1st or 16th. There are no exceptions.

Upon promotion with a salary increase, the employee is not eligible for an annual performance evaluation and any resulting performance salary advance during his probationary period. If no steps on promotion are given, then the employee is eligible for an annual evaluation and any salary increases should his annual raise date fall during his probationary period.

Note: The pay range for the higher classification must have a higher maximum salary to be considered a promotion. For example, an Administrative Support Assistant II (pay range of 5257) appointed to an Administrative Support Assistant III (pay range 5964) position is considered a promotional appointment. An Administrative Support Assistant II appointed to an Account Clerk (pay range of 57) is not a promotion but considered a lateral reassignment.

PROMOTIONAL APPOINTMENT LETTER

Date

Name Street Address State, City, Zip Cod

Dear Name:

This letter confirms your promotional appointment to an Administrative Support Assistant II effective July 1, 201-. With a two-step promotional raise, your semi-monthly salary rate is \$1,050.00 for full-time work. In accordance with State Personnel Merit Rules, you will serve a six-month probationary period.

Congratulations on your promotion! Your hard work and dedication to Public Health and your willingness to accept additional responsibilities have made you the best candidate for this position. I look forward to our continued working together to make a difference in the lives of the citizens of Alabama.

Sincerely,

Name, Division Director Bureau Name

JP/eas

EXAMPLE - PROMOTIONAL REGISTER

CERTIFICATION NUMBER 980800000	CLASS OPTION (CODEMITLE) PAGE		MIT SEX OWN TRAVEL SHIFT WORK SALARY N 1 8928.00	SELECTIVE CERTIFICATION CODE	511 Typing	ACT. POSITION NO. OF APPT. APPT. DATE	A 0773200 10/01/2013 2-step raise 5975-80 S/M	ü	ú	ů.	U	Ů.	7	SAUTHODITY
CERTIFICATION OF CANDIDATES STATE OF ALABAMA Personnel Department	CLASSIFICATION (CODE/TITLE)	7 - Admin Support Ass	PY VACANCIES RACE AGELIMIT	POSITION NUMBERS		RACE V.P. GRADE	1 BAND 03	Pand 04	1 BAND 04	2 BAND 04	2 BAND 05	1 BAND 05	1 BAND 05	CERTIFICATION RETURNED-APPOINTING AUTHORITY
CERTIFICATIO STATE C Personne			EMPLOYMENT TYPE COUNTY anent 51 Montgomery	POSITI	0773200	NAME AND ADDRESS	AI 35045	AL 36109	AL 36109	AL 36105	AL 36701	AL 36092	Ā	DATE CERTIFIED
PROMOTION DATE 07/19/2013	DEPARTMENT IDENTIFICATION (DEPT./DIV.)	PHD Public Health Department/Family Health Svcs	REGISTER TYPE EMPL 2 Continuous Promotion 1 Permanent	METHOD OF CERTIFICATION	01 Merit System Plus Ties	SSAN	123456789 CANDIDATE NAME 458 CO RD 37 CLANTON	123456788 CANDIDATE NAME 42 FIELDBROOD ROAD MONTGOMERY	123456787 CANDIDATE NAME 400 VANDERBILT WAY MONTGOMERY	123456786 CANDIDATE NAME 3550 PERRY AVENUE MONTGOMERY	123456785 CANDIDATE NAME 810 HOOD LAND RD SELMA	123456784 CANDIDATE NAME 5005 CEASAR WAY WETUMPKA	123456783 CANDIDATE NAME 1003 CENTRAL LAND CT ECLECTIC	CERTIFIED-PERSONNEL DIRECTOR

REEMPLOYMENT

Former employees with permanent status in the classified service and who left the state in good standing (recommended for rehire) due to resignation, or employees terminated during probationary status due to budgetary reasons, are entitled to have their names placed on a re-employment list for the classification they held.

The employee must request in writing to State Personnel that his name be placed on the re-employment register. The letter must contain his name, social security number, mailing address, job class, and the location(s) where he is available. At any time during the first two years after his separation date, his request is "automatically" approved. Beyond that time, there is a provision to extend re-employment eligibility one year at a time for up to two years. To qualify for an extension, a written request must be made to the State Personnel Department that includes verification of either related work being performed or related course work being taken during that time.

After the employee separates, the individual cannot be re-employed until his break in service is equal to the amount of time for which he received leave payment or unless he repays the difference.

To appoint a former employee from the re-employment register, complete a Form 15 writing "6" and "Register Type" in Section 6; and list the name of the employee and the last four digits of his social security number in the "Remarks Section." A Form 16 will be issued with the employee's name.

An individual may be appointed at the same salary rate or the closest rate to the salary he was making at the time of separation without a reduction in pay. However, he may be hired at a lower salary rate. You cannot appoint the individual on a Reemployment register at a higher salary rate even if the candidate's current salary is at a higher rate.

A re-employed individual serves a three month probationary period as opposed to the normal six months as required of a new appointee. An exception is a laid off permanent employee who is rehired at the same worksite. They receive permanent status upon appointment.

When an employee is re-employed after a break in service, the annual performance appraisal date will be projected to a year from the month that he was rehired. An exception to this rule is an employee who is being re-employed from a re-employment layoff register. In this case, the annual performance appraisal date will remain the same as it was before the employee was laid off

Note: It was determined in July 1992, by the Attorney General, that a probationary employee laid off could be placed on the re-employment register as well as the active open-competitive register. When such employee is re-employed from a re-employment register, he is allowed to complete the previous probationary period if hired at the same location. If the employer deems that this time is insufficient, then the supervisor can request an extension. If the employee is rehired from any register other than the re-employment register, then he must serve the usual six-month probationary period.

CHAPTER 5

OTHER APPOINTMENTS

There are other ways to appoint employees for permanent and limited time frames. Such appointments may be done in cases of emergencies; when there is no register available; when a job is such that a test cannot measure the differences among candidates or the majority of the essential tasks; and when the position is for unskilled duties and for temporary duties.

These types of appointments are effective the first day of work. Exceptions are limited to those employees already employed by the state. The effective date then becomes the first day of the pay period.

New employees normally begin at the minimum pay rate for the job classification. In cases where a higher pay rate is required to attract a qualified candidate, a request may be made to the State Personnel Department through HR by providing supporting documentation. Requests for this must be justified on an individual basis and should include such information as the relatedness of the work being performed; the number of other qualified candidates available; the recruitment effort made; and a current pay stub reflecting the amount presently earned.

The other types of appointments and the respective procedures are outlined in this chapter. In addition to different steps to filling these positions, the benefits may differ. These are also discussed.

HOURLY APPOINTMENTS (Nurse-Hourly, LPN-Hourly, and Health Specialist-Hourly)

Appointing authorities with positions in the classified service involving Hourly employees may appoint persons meeting minimum qualifications from the register without resorting to a regular appointment through a competitive examination. Approval is required by the State Finance Department and State Personnel Department for each appointment of this type.

Hourly Employees do not receive leave benefits, retirement and health insurance as regular, merit employees. They aren't eligible for annual merit increases nor is their work related injuries or illnesses covered under the State Employee Injury Compensation Trust Fund (SEICTF) program.

Hourly Employees do not have merit system status. They do not serve a probationary period and are not provided layoff protection as defined by the State Personnel Board Rules.

A memo must be sent to Human Resources to request the establishment and register for the position. A Form 40 outlining the duties of the position and Form 15, requesting certification of candidates must also be submitted.

Hourly Employees work hours which vary from week to week are best suited for hourly appointments. The employee is paid an hourly rate based on reported hours through the payroll report.

After the appointment of the Hourly employee the following forms must be submitted:

- a. New Hire Reporting Form Information Sheet (Fax to HR within first 3 work days)
- b. Contract Orientation Checklist (File in worksite employee file)
- c. Form 1-9 Employment Eligibility Verification (File original in worksite 1-9 file)
- d. Contract Employee Handbook Acknowledgment (File in worksite employee file)
- e. Direct Deposit Request (Optional-ADPH Finance)
- f. Form W-4 (ADPH Finance)
- g. Form A-4 (ADPH Finance)

EXTRAORDINARY APPOINTMENTS

Extraordinary appointments are named because these appointments do not involve the more usual personnel transactions such as transfer, promotion, demotion, or initial appointment from a certification. Four types of appointments are defined as extraordinary:

Provisional Appointment

A provisional appointment is made when there is no appropriate register from which a regular appointment can be made or when there are fewer than three available candidates. The statewide register is used to determine the availability of candidates and the need for a provisional appointment. If the provisional results in a promotion for a State employee, then the pay rate is determined in accordance with the promotion guidelines outlined in Chapter 4.

To make a provisional appointment, submit one original and a copy of a completed Provisional Appointment form (Form 4), and two Application for Examination forms (State applications) with original signatures from the proposed appointee to HR. When it is a new position or reallocation of an existing position, you must also submit a Form 40. The employee must meet the minimum qualifications for the classification. The appointee is eligible for all benefits afforded to permanent employees except merit system status. They do not serve a probationary period while in provisional status.

Once an examination is given and an eligible register is established for the classification, the top ten scoring candidates' names will automatically be certified to the department with the provisional appointee. The provisional appointee's name must be on the register in a reachable position in order to remain employed. Procedures governing original appointments from certifications apply.

In no case is a provisional appointment to be continued for more than 156 workdays. Provisional appointments who are part-time employees can work the equivalent of 156 workdays or a maximum of 1,248 hours.

Time served in a provisional appointment does not count toward completion of the probationary work period.

Office Occupation Student Trainees and Student Aides are employed through the provisional process and can only work during the school term.

Temporary

For duties that are for a limited time period, a person may be selected without regard to their standing on a register. The temporary appointment is not to exceed 104 work days or 832 hours. Semi-monthly appointments are counted by days and hourly appointments are counted by hours. Do not include holidays in the 104 days. If an employee goes on Leave Without Pay (LWOP) during his appointment, the Department can extend his time up to a maximum of five days.

Successive temporary appointments to the same position or with the same person shall not be made under this provision. There must be a break in service. Generally, the break in employment is for at least 60 days.

The Departmental Appointment Notification (Form 5) permits appointments to temporary classifications such as Clerical Aide

At the time of the interview, the applicant must be screened for possession of the minimum qualifications. A completed Application for Examination and a completed Form 5 must be submitted to HR. The forms will be reviewed and forwarded to State Personnel for final review and approval.

For instructions on how to process temporary appointments (Notice of Appointment to Labor Position, Form 8), see Unskilled Appointments (Page 5-15).

Provisional appointments may also be temporary. The Form 4 contains a space under "Employment Type" to record the appointment as temporary.

Conditional

A conditional appointment is made when the position is for an identified reason such as a temporary project, new grant funding for a specific time frame, or to assist while an employee is on Extended Leave/Leave Without Pay. The employee serves a six-month probationary period and is entitled to all benefits provided to merit employees.

When the condition is no longer met (i.e., the project is completed; funding is stopped; person returns to work, etc.), the position is abolished and the employee is separated. The conditional employee has no layoff rights.

Emergency

When an emergency arises and it is necessary in order to prevent loss of lives or serious inconvenience to the public, an appointing authority may employ a qualified individual immediately during the period of the emergency without taking time to secure a Certification of Candidates from State Personnel. Incidents which rise to the level of an emergency include natural disasters.

Emergency appointments must receive verbal approval from the HR Director or designee prior to the assignment.

An appointing authority must justify by letter to the State Personnel Director as soon as possible any emergency appointment. Information must include the name of the appointee, the rate of pay, the probable length of time, the nature of the emergency, and the nature of duties performed.

Emergency appointments may not exceed ten workdays.

A vacancy in a permanent position for regular work duties is not an emergency.

Exceptional

In rare cases, a position in classified service which requires peculiar and exceptional qualifications of a scientific, professional or educational nature, the State Personnel Board may suspend the examination requirement for such a position.

These appointments must be justified by a letter and approved by the State Personnel Board, which meets once per month. At this time, the Department of Public Health does not have any classifications in this category.

EXAMPLE – PROVISIONAL APPOINTMENT

Full Name of Appointee	1112212121	APPOINTMENT Social Security Number	er	
NAME		111-22-3333		
Agency/Code		Organization/Code		
Public Health	PHD	Montgomery County		0 5 1 0
Class Title/Code		Class Option Title/Cod	e	
PH Manager	2 0 9 9 9	N/A		
Position Number		County of Employmen	t/Code	[ala
1122345	1	Montgomery		5 1
Salary Rate Upon Appointment \$ 1,719.10 S/M	Salary Grade (Range) 75	Salary Step 1	Effective Date of App 10/01/2013	ointment
Employment Type: 1. (v) Perman 5. () Condition If part-time, indicate percentage of time	nal	3. () Part-time Perma	TION 4. () Paren	me Temporary
Shift Work: (v) First Sh	ift () Seco	and Shift	() Third Shift	
Sex Requirement	Sex/Code		Race/Code	
N/A	Male	M	Black	2
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			City			Cour			State		Zip C	ode
Telephone No	Ç.	Home:	(334)	111-22	22			Work:	(334)	222-1111		
Education: Hig	gh Scho	ol Gradu	uate or G	ED?	(✓) Yes () N	lo	If No, circle I			mpleted: 1		3 4 11 1
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JAME					Montgomery,		1) 444-5555 Physician 1) 555-6666 Medical Technologist					
MINIC							PERIENCE			viedicai Te	echnologis	
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certify that all	stateme	ents mad	e hereon	and attac	hed hereto are true	and correc	t to the best of	my knowle	edge. I	understand th	hat any false s	tatements may ca
ne to be refus	ed the employm	opportuni ent, milit	ity of exa tary servi	mination, ce and cr	hed hereto are true to be removed from minal records. If en rked.	an eligib	le register, or te	erminated t	from en	nployment. I	further autho	rize the release o

Form 5-2/97

DEPARTMENTAL APPOINTMENT NOTIFICATION

Full Name of Appointe NAME Agency/Code Public Health Class Title/Code	ce		2. Socia	10 110 1		
3. Agency/Code Public Health			A Company of the Party of the P	Security Number		
Public Health			012-2	3-3456		
				nization/Code		
5. Class Title/Code		PHC	Walke	r County		0 6 4 0
			_	Option Title/Code		1
Clerical Aide	L	1 0 1 0 3	I N/A			
7. Position No.				ty of Employment/C	ode	
3233333			Walke	r County		6 4
9. Salary Rate \$657.70	Grade 28	Step 13	10. Effi 11/01/	ective Date 2013		
11. Employment Type:	1. () Permanent Full-	ime 2. (Tempor	ry Full-time	3. () Part-Time	Permanent 4. () Part-	-time Temporary
	5, () Conditional	6. () Limited	Tenure	If part-time, indi	cate percentage of time worke	
12. Shift Work:	1. 🕢 First Shift	2 () 2nd Shii	t	3.() 3rd Shift		
13, Date Position Vacated		14. Sex/Code			15. Race/Code	_
09/03/2013		Female		F	White	1
Certification of Appoi position Signed:	nting Authority: 1 certify tha	it to the best of my knowle	edge and belief	the proposed appoin	tee is fully qualified to perfor	m the duties of this
	Appointing A	uthority				
18. Approved:						
To Tippio Tao				Date: _		
Signed:						
Signed:	Personnel Dir		CONTRACTOR	Secretary Newscond	TO SERVICE STORY OF THE STORY	
Signed:	00	MENT TYPE PAY CI	ASS DIF	ERENTIAL STEP	ANNUAL RAISE DATE	PROB END DATE
Signed:	00		ASS DIFF	ERENTIAL STEP	ANNUAL RAISE DATE	PROB END DAT

LIMITED TENURE

The purpose of the Limited Tenure Appointments is to provide a vehicle for the recruitment and employment of individuals with Bachelor's degrees into state government in order to train for skilled, difficult positions. At this time, the State Professional Trainee, Programmer Analyst and Nurse Trainee classifications have been approved for such appointments.

- 1. Limited Tenure Appointments can last for no more than two years. By that time, employees so appointed must either have been employed through the normal competitive process or separated.
- 2. There will be no positions assigned to the State Professional Trainee classification. In order to qualify for such an appointment, the department must have a vacancy in the classification for which the Trainee is to understudy. This position will then be "underfilled" by the Trainee. The minimum qualifications for the position must meet the criteria of requiring a degree and no more than two years' experience.
- 3. Employees appointed through this process will not serve a probationary period and cannot receive permanent status or a six-month probationary raise. They may, however, be considered for an annual performance evaluation and merit raise. For the purpose of determining benefits including leave, insurance, etc., these employees will be treated in the same manner as a provisional employee.
- 4. Appointments are made through use of the Departmental Appointment Notification form. Also, attach a copy of the State of Alabama application from the individual proposed for the appointment; a memo including the classification, PCQ number of the position and justification for the appointment; and a copy of the agreement with the applicant acknowledging the conditions of employment.

Form 5 - 2/97

STATE OF ALABAMA PERSONNEL DEPARTMENT

	ntec		1 2	2. Social Security Number		
VAME			0	12-23-3456		
3. Agency/Code				. Organization/Code		
Public Health		P		Walker County		0 6 4 0
5. Class Title/Code		1		. Class Option Title/Code		
Clerical Aide		1 0 1	0 3	I/A		
7. Position No.				3. County of Employment/C	ode	
3233333			A	Walker County		6 4
9. Salary Rate \$657.70	28 28	rade 5	7.30	0. Effective Date 1/01/2013		
11. Employment Type:	1.() Per	manent Full-time 2. (Temporary Full	-time 3. () Part-Time,	Permanent 4.() Part-	time Temporary
	5.() Co	nditional 6. () Limited Tenure	If part-time, indi	cate percentage of time worke	ed
12. Shift Work:	I. (/) Fit	rst Shift 2. () 2nd Shift	3. () 3rd Shift		
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APPOINTMENT LETTER

Date

Name Street Address City, State, Zip Code

Dear Name:

This letter confirms your appointment to a State Professional Trainee position with the Alabama Department of Public Health. As discussed in your interview, you will be learning the duties of a Programmer Analyst. This appointment is considered a limited tenure which means the appointment cannot exceed beyond two years of the appointment date. Furthermore, this position does not provide for merit system status, therefore, no appeal rights or layoff regulations as granted under the merit system apply.

Please report to <u>Physical Address</u> on Wednesday, December 1, 201-, at 8:00 a.m. You will be paid a semi-monthly salary rate of \$1,130.00 for full-time work. During your employment, you will be eligible for leave benefits, annual salary raises, health insurance coverage and participation in the retirement plan. In order to secure merit system benefits and continued employment beyond this appointment, you must be appointed to a merit system job class from the appropriate register.

Congratulations on your appointment. I am looking forward to you joining our team.

Sincerely,

Employee Name Senior Programmer Analyst

KB/cc

Limited Tenure Appointment Employment Agreement

I,		_, understand that my emplo	oyment as a Limited	
Tenure Appointme	nt cannot extend beyond t	wo years of my appointmen	nt date and no	
expectation of emp	loyment beyond this time	should be made. Merit sys	tem status is not awarded	
to Limited Tenure	Appointments and, therefore	ore, no appeal rights or layo	ff regulations as granted	
under the merit sys	tem apply. I understand the	hat in order to secure merit	system benefits and	
continued employn	nent beyond the duration of	of this appointment, I must l	be appointed to a merit	
1 2	om an appropriate merit sy	* *	11	
<i>y</i>	11 1			
Limited Tenure Ap	pointee	Departmental Representative		
Signed this	(day) of	(month),	(year).	

RETIRED STATE EMPLOYEE

The hourly, conditional classification of Retired State Employee, class code 11903, was established to reemploy State Merit System retirees. Employees in this classification will be placed in the General Option (003). No pay ranges will be assigned to this classification. The minimum is \$7.25 per hour (minimum wage) and the maximum is the hourly equivalent of employee's rate of pay at the time of retirement from a merit/classified classification.

To initiate an appointment of a Retired State Employee, a letter requesting the establishment of a position must be submitted to HR. The letter must include duties of the position. You will also need to submit a Form 15 requesting a re-employment register including the person's name and the last four digits of the social security number in the "Remarks" section.

Appointments to this classification will be made using the re-employment register, which provides re-employment rights to previous permanent employees based on the attainment of status in a classified position. Minimum qualifications are retirement from the State Merit System in a permanent position; therefore, any person so appointed will have previously passed a competitive examination and gained permanent status in a merit system position. Employees who retire from the State Merit System may request to State Personnel to have their name placed on the re-employment register for this classification and will be certified at the request of the appointing authority. Additionally, for those individuals who are no longer eligible for re-employment (retired more than four years ago), a regular register will be established for the Retired State Employee class and individuals can file an application through the regular examination process.

Appointments to this class are made on an hourly, conditional basis. Retired State Employees are not eligible for longevity pay or any other benefits normally given to State Employees. As with other appointments, persons hired in this class must remain off the payroll until the number of hours/days has passed to equate to the terminal annual leave payment made to the employee.

Certifications for these appointments will print with the semi-monthly rate; however, when appointments are returned, hourly equivalents must be indicated. To reiterate, salaries cannot exceed the previous rate of pay at the time of retirement or the salary range for which the person attained status in a classified position/class.

Note One: Individuals who were public officials, directors, assistant directors, department or division chiefs, purchasing or procurement agents having the authority to make purchases, or any person who participated in the negotiation or approval of contracts, grants or awards, are specifically prohibited by the "Revolving Door Provision" of the State Ethics law from entering into a contract with or otherwise accepting re-employment with the agency or department from which they separated from service for a period of two years after that separation. Any individual who falls under the above definition may not be rehired as a "Retired State Employee" by the department from which they were last employed for a period of two years.

Questions concerning the applicability of the "Revolving Door" to a specific fact situation should be referred to the HR Director for review and guidance.

Note Two: Persons hired in this class must remain off the payroll until the number of hours/days have passed to equate to the terminal annual leave payment made to the employee.

UNSKILLED APPOINTMENTS (FORM 8)

Appointing authorities with positions in the classified service involving unskilled or semiskilled labor may appoint persons meeting minimum qualifications without resorting to a regular appointment through a competitive examination. Approval is required by the State Personnel Department for each appointment of this type. Laborers are employed in this manner.

Laborers

A. Semi-Monthly Appointments - Form 8 appointments for regularly, scheduled duties. The work hours are set and consistent for each semi-monthly period. Employees receive leave benefits, retirement, and health insurance as regular, merit employees. They are eligible for annual merit increases. In addition, their work related injuries or illnesses are covered under the State Employee Injury Compensation Trust Fund (SEICTF) program.

Semi-monthly, Form 8 employees do not have merit system status. They do not serve a probationary period and are not provided layoff protection as defined by the State Personnel Board Rules.

A Form 8 must be completed and submitted prior to the appointment date.

B. Hourly Appointments - Form 8 appointments with work hours which vary from week to week are best suited for hourly appointments. The employee is paid an hourly rate based on reported hours through the payroll report.

They do not receive benefits unless they are employed for a continuous year or more with the department. At that time, they may be eligible for annual leave, retirement benefits, and health insurance. Chapter Six covers the leave benefits in detail.

A Form 8 appointment must be completed and submitted prior to the effective date.

EXAMPLE - SEMI-MONTHLY LABORER

Social Security N	umber 111-22-	3333			Position No 4110000
Full Name NAM					Location of Position Montgomery
	irst	Middle		Last	Department Public Health
Address 400 N	lain Street, #2 House or		Street		The second secon
Montgomery City	M	ontgomery County	AL State	36010 Zip Code	Division Service Bureau
	Montgomery		AL	Elp 5030	County Montgomery
	County		State		Class Title Laborer
Date of Mon Birth 12	Day Year 11 1969	Sex (Check one) 1. Male	2. Temale		Class Code 90101
Race (Check one		Black Indian or Alaskan Na	3. ☐ Hispanic 4. [ative 6. ☐ Other	Asian or Pacific Islander	Pay Rate \$707.90 S/M
Check highest gra	ide completed	1 🗆 2 🖂 3 🖂	4 🗆 5 🗆 6 🖂 7 🖂	8 🗆 9 🗆 10 🗆 11 🗵 12	Effective Date 02/01/2013
Kind of Action:		al Employment * * *	Renewal	☐ Change of Pay	☐ Change in Job Title
	Change	in % Worked From_	<u>%</u> To9	<u>/6</u>	
Employment Type	1. X	Full-time 2.	☐ Temporary (104 work d	ays or less) 3. Part-tin	ne 4. Part-time temporary
Signed		of Supervisor	DateDate		
		nel Director	Date		
Approved	Person				
Approved	Person				
Approved	Person		*** IMPORT		
Approved	Personi	You MUS		ANT * * * n for the initial appointme	nt.
Approved	Person	You MUS			nt.
Approved	Person	You MUS			nt.
Approved	Person	You MUS			nt.
Approved	Person	You MUS			nt.
Approved	Person	You MUS			nt.

EXAMPLE – HOURLY LABORER

Social Security N	umber 111-22-3333	Position No 4110000		
Full Name NAM		Location of Position Montgomery		
	irst Middle		Last	Department Public Health
	Main Street, #2 House or Apt. No.	Street		Division Service Bureau
Montgomery City	Montgomery County	AL State	36010 Zip Code	County
Legal Residence	Montgomery	AL		Montgomery
Date of Mon	County Day Year Sex (Check one)	State		Class Title Laborer
Birth 12 Race (Check one	11 1969 1. X Male	2. Female		Class Code 90101
	5. American Indian or Alaskan Na	ative 6, Other	Asian or Pacific Islander	Pay Rate \$7.25 Hourly
Check highest gra	ade completed 1 1 2 3 1	4 🗆 5 🗆 6 🖂 7 🖂	18 □ 9 □ 10 □ 11 ⊠ 12	Effective Date 02/01/2013
Kind of Action:	×** Initial Employment ***	Renewal	☐ Change of Pay	☐ Change in Job Title
	Change in % Worked From_	% To	<u>%</u>	
Signed	Name of Supervisor Appointing Authority Personnel Director	DateDateDate		
		***IMPOR	TANT ***	
	You MUS	ST attach an application	on for the initial appointme	nt.

DIRECT APPOINTMENTS

Certain job classes involving unskilled or semiskilled work are designated as suitable for Direct Appointment by the State Personnel Director. The type of work performed by these jobs is such that normal examination is difficult. The only practical measurement of success is by observing the employee work.

Persons interested in these jobs must submit their application form directly to HR or the local or area office. The departmental procedures for maintaining applications must be followed.

A current list of Direct Appointment classifications can be found on the Document Library.

Direct Appointments are made through use of the Departmental Appointment Notification (Form 5). A copy of a State of Alabama application from the individual proposed for appointment is to be included with the form and sent to HR for review and processing to State Personnel.

Approved individuals serve a probationary period in the same manner as persons appointed from a certification list.

LIST OF DIRECT APPOINTMENT CLASSES

10103 – Clerical Aide

MQ's: Completion of 10th grade and enrollment in high school or graduation from a standard senior high school/GED equivalency.

10901 – Canteen Clerk

MQ's: Six months retail store experience.

10920 – Warehouse Worker

MQ's: At least one year's experience in manual labor in a large warehouse and completion of 8th grade OR High School Diploma or GED

11403 – Employment Security Temporary Clerk

MQ's: Graduation from a standard senior high school or GED equivalency.

80101 – Custodial Worker I

MQ's: Six month's experience in janitorial work, grounds maintenance or related work

80111 – Building Custodian I

MQ's: One year of experience in janitorial or general cleaning work and routine building maintenance tasks.

80211 – Laundry Worker I

MQ's: Completion of 8th grade.

80301 – Food Service Worker

MQ's: Completion of 8th grade.

90103 – Utility Laborer

MQ's: One year of semi-skilled work experience in a building or mechanical trade or one year of semi-skilled work experience operating equipment such as tractors or forklifts.

90140 – Grounds Worker

MQ's: Completion of 6th grade. Two years of experience in grounds keeping and gardening work.

90240 – Transportation Worker, Senior

MQ's: Completion of 8th grade, plus 1 year of experience in maintenance work at the level of a Transportation Worker.

90241 – Transportation Worker

MQ's: Completion of 8th grade.

Form 5 - 2/97

DEPARTMENTAL APPOINTMENT NOTIFICATION

STATE OF ALABAMA PERSONNEL DEPARTMENT

and the same of the same	itee		13	2. Social Security Number			
1. Full Name of Appointee NAME				012-23-3456			
3. Agency/Code				1. Organization/Code			
Public Health P H D				Walker County 0 6 4 0			
5. Class Title/Code				6. Class Option Title/Code			
Custodial Worker		8 0 1	01	V/A			
7. Position No.				3. County of Employment/0	Code		
9011100			1	Walker County 6 4			
9. Salary Rate \$762.00	Gra 39	de	74.	10. Effective Date 1/13/2013			
11. Employment Type:	1. (/) Pern 5. () Cond) Temporary Full) Limited Tenure		e, Permanent 4. () Part- licate percentage of time worke	time Temporary	
12. Shift Work:	1. () Firs	t Shift 2. () 2nd Shift	3. () 3rd Shift			
13. Date Position Vacated 14. Sex/Code N/A Male			de	[20]	15. Race/Code	2	
16. Did any veterans app	ply for this position		No If yes and	a veteran was not selected.	Black give the reason(s) below or on		
16. Did any veterans applications applications application of Appl		17 ()Yes V		a veteran was not selected,		an attached sheet.	
16. Did any veterans арр	cointing Authority:	17 ()Yes V		a veteran was not selected, d belief the proposed appoin	give the reason(s) below or on	an attached sheet.	
16. Did any veterans application of Application. Signed: Signed:	cointing Authority:	1? () Yes (a veteran was not selected, d belief the proposed appoin	give the reason(s) below or on	an attached sheet.	
16. Did any veterans application of Appropriation. Signed: 18. Approved:	ointing Authority:	1? () Yes V		a veteran was not selected, d belief the proposed appoin	give the reason(s) below or on	an attached sheet.	
16. Did any veterans application of Application. Signed: 18. Approved: Signed:	oointing Authority; Ap	I certify that to the best of spointing Authority	'my knowledge an	a veteran was not selected, d belief the proposed appoir Date:	give the reason(s) below or on	an attached sheet.	
16. Did any veterans application of Appropriation. Signed:	ointing Authority:	1? () Yes V		a veteran was not selected, d belief the proposed appoint	give the reason(s) below or on	an attached sheet.	
16. Did any veterans application of Application. Signed: 18. Approved:	oointing Authority; Ap	I certify that to the best of spointing Authority	'my knowledge an	a veteran was not selected, d belief the proposed appoir Date:	give the reason(s) below or on	an attached sheet.	

EXECUTIVE SECRETARY

Executive Secretary is a quasi-merit classification that includes positions providing administrative and complex secretarial support to a department head. The department has one such appointment.

The individual selected must be a current employee in the department and must have status in the classified service as an Administrative Support Assistant II or comparable clerical classification. The employee appointed retains merit system status in the classification from which appointed. Persons employed in this classification serve at the pleasure of the department head. There is no probationary period or attainment of status in this classification. Normal rules of salary of progression apply to these appointments. Anyone appointed to this position must be given a statement documenting the conditions of the appointment and return to classified service. A copy of this document should accompany the letter of request and a Recommendation for Personnel Action (Form 11) documenting the appointment.

At the conclusion of this appointment, the employee is returned to the merit system classification vacated to accept the Executive Secretary position. The salary must be adjusted to the rate that would have been attained had the person remained in the classified position. A Form 11 is used to return the employee to the classified position.

CHAPTER 6

ORIENTATION OF NEW EMPLOYEE

The Alabama Department of Public Health has several types of employees: semi-monthly merit, hourly and semi-monthly Form 8, and personal services contract. The benefits and protection provided to each category of employee can be found in other chapters. During the orientation process, it is important to discuss with the employee the benefits and responsibilities of his job.

There is an orientation checklist for each type of employment specifying the information that must be covered with the employee and which forms must be completed. The forms discussed in this chapter are those required for semi-monthly employees; some of the forms do not apply to hourly and contract employees. Unless otherwise noted, the most recent versions of required forms can be found in the Lotus Notes Document Library in the Human Resources category.

HUMAN RESOURCES FORMS

Employee Handbook Acknowledgment Form

Each new employee must be given an Employee Handbook for his personal use. There are separate Handbooks for semi-monthly, hourly, and contract employees. The employee is to read the Handbook and sign an Acknowledgment form (located in the back of the Handbook or in the Document Library under Human Resources, with forms for new employees).

Original – worksite employee file Copy – employee

Employee Orientation Checklist

The applicable Employee Orientation Checklist (semi-monthly, hourly, or contract) must be completed within the first 2 weeks of employment.

Original – worksite employee file Copies – HR; employee

New Hire Reporting Form

The New Hire Reporting Form must be completed for semi-monthly, contract, and hourly employees to comply with State law. The completed form is to be faxed to HR within the employee's first three days of work. HR staff will electronically submit the information to the Department of Industrial Relations.

Original – worksite employee file (after faxing to HR)

Form I-9 (Employment Eligibility Verification) and E-Verify

The purpose of the Form I-9 is to document that each new employee (both citizen and noncitizen) is authorized to work in the United States. Under federal law, a Form I-9 must be completed for all employees (semi-monthly, hourly, contract, and temporary).

The employee must complete Section 1 of the form on the first day of employment. Completion of Section 2 involves examining evidence of the employee's identity and employment eligibility; this is done by the supervisor or designee (usually the Office Manager or personnel contact). A list of acceptable documents is included with the Form I-9.

During completion of the Form I-9, a copy of the instructions and a list of acceptable documents must be made available to the employee. The employee may be notified in his appointment letter to bring in required documentation. However, employers cannot specify which document(s) they will accept from an employee. Suggested wording for the appointment letter:

"To assist in the completion of required paperwork, you should bring with you identification that documents your identity such as a driver's license; other ID card issued by the government; or voter registration card, and an identification that documents your employment authorization such as Social Security Account Number card or birth certificate."

<u>County/Area Offices and Clinical Lab</u>: The I-9 and E-Verify must be completed within the employee's first 3 work days. Copies of the I-9, supporting documents, and the E-Verify confirmation notice must be submitted to HR; originals filed in local I-9 records.

<u>Bureaus/Offices in RSA Tower</u>: E-Verify is completed in HR. The original I-9 and copies of supporting documents must be put in an envelope marked "Confidential" and delivered to HR before the end of the employee's *second* work day; this is necessary in order for HR to meet the deadline for E-Verify (completion within employee's first 3 work days). The original I-9 and copies of documents will be returned to the Bureau/Office to be filed in local I-9 records; copies will be kept in HR.

<u>Personal Services Contracts</u>: Form I-9 and E-Verify must be completed when the contract is signed. A copy of the E-Verify confirmation notice (but not the I-9) must be attached to the signed contract for processing. The original confirmation notice and I-9, as well as copies of supporting documents, must be kept in the worksite I-9 files.

For employees who indicate an employment authorization expiration date in Section 1, the supervisor or designee is required to re-verify employment authorization on or before the expiration date shown and complete Section 3 of the form. A system at the local office should be put in place to ensure this requirement is met.

Note: U.S. citizenship is not required to qualify for employment with the State of Alabama; however, the State does not sponsor aliens (immigrants).

Total Service Date Form (ADPH-HR-12)

This form records a semi-monthly employee's previous State service, which is used to calculate his total service date (TSD). The TSD is the date used to determine the annual leave accrual rate and longevity payment. All new merit employees must complete the form, and the form is to be returned to HR within the first 3 work days. If the new employee has no previous State service, he should write "none" in the appropriate section; his TSD will be the date of hire. If an individual had previous State service, the TSD is calculated by adding up all previous periods of State service (minus any breaks in service and periods of long-term leave without pay) and subtracting the total amount of time from the date he is hired. *Example*: An individual worked fulltime for the State for a total of 4 years and 5 months, left State service for a period of 2 years, is then reemployed with the State. The employee's TSD would be 4 years and 5 months prior to the date he is reemployed.

Note One: The TSD may not be the same date as an employee's date for determining retirement eligibility.

Note Two: Home Attendant time counts towards total service.

Original – HR; copy will be returned to worksite for employee file, noting total service date

Selective Service Registration Form (if applicable)

This form must be completed by all male employees (semi-monthly, hourly, contract, and temporary), ages 18-25.

Original – worksite employee file Copy – HR

Compensatory Time Agreement Form (ADPH-HR-26) (employees in non-exempt positions)

Under the overtime provisions of the Fair Labor Standards Act (FLSA), employees in nonexempt jobs must be compensated at the rate of one and one-half times the normal rate of pay for hours worked in excess of 40 hours in a workweek. State employees are compensated with compensatory time rather than monetary payment for overtime worked. The Compensatory Time Agreement form must be completed by all newly hired employees in nonexempt job classifications.

Note: Home Health Aides have been approved by the State Personnel Board to receive monetary payment for overtime worked. Procedures are maintained at the county offices.

Original – worksite employee file Copies – HR; employee

PAYROLL FORMS

Federal Tax Withholding Form (Form W-4)

Original – Health Payroll Copies – worksite employee file; employee

State Tax Withholding Form (Form A-4)

Original – Health Payroll Copies – worksite employee file; employee

Direct Deposit Request Form (optional)

Original – Health Payroll Copies – worksite employee file; employee Employees' Retirement System (ERS) Member Information Record (ERS 100)

Semi-monthly (merit and Form 8) employees must participate in the State retirement program if employed in a non-temporary position on at least a half-time basis. The ERS 100 form must be completed and returned to Health Payroll within the first 3 work days.

Hourly Form 8 employees become eligible to participate in the retirement program after 1 year of service and 1,040 hours worked in the previous 52 weeks. Upon notification by Health Payroll that eligibility requirements have been met, the ERS 100 form must be completed and submitted to Health Payroll to enroll the employee.

Original – Health Payroll Copies – worksite employee file; employee

Health Insurance Enrollment Form (IB02)

Semi-monthly merit and semi-monthly Form 8 employees are immediately eligible to receive health insurance coverage. Hourly Form 8 employees become eligible after they have been employed for 1 year and worked 1,500 hours in the previous 52 weeks. They must maintain their eligibility by working 1,500 hours each year. Temporary employees are not eligible for health insurance coverage.

For semi-monthly employees, the Health Insurance Enrollment Form must be completed within the first 3 work days. Employees must mark their health insurance election as applicable: 1) State Employees' Health Insurance Plan (SEHIP) Basic Medical (primary coverage); 2) Supplemental Coverage (secondary medical); 3) Southland Optional Policies (Vision/Dental/Cancer/ Hospital Indemnity); 4) Decline Coverage; 5) Health Reimbursement Arrangement (HRA).

Optional dental coverage is available for a separate premium from Blue Cross or Southland. Employees also have the option of enrolling in the Southland Vision Supplemental for a separate premium.

Specific information about each option is available on the SEIB website (<u>www.alseib.org/HealthInsurance/SEHIP</u>). Employees may contact the SEIB at (334) 263-8341 or (866) 836-9737 if they have questions about coverage or premiums.

Original – Health Payroll Copies – worksite employee file; employee

Note: Some contract employees may be eligible for health insurance coverage if provided in their contract. The coverage is not the same as that provided to merit system and eligible hourly employees.

Re-Employed State Retiree Health Insurance Form (if applicable)

To comply with federal law, SEIB must show that it is the primary payer for all employees covered by SEHIP, including re-employed retired State employees who are Medicare-eligible or have a Medicare-eligible dependent. All re-employed State retirees must complete this form rather than the standard Health Insurance Enrollment Form.

Original – Health Payroll Copies – worksite employee file; employee

OTHER FORMS AND INFORMATION

Non-Tobacco User Premium Discount Application

To qualify for a non-tobacco user discount off their monthly insurance premium, employees must complete this form certifying that they (and their spouse if covered as a dependent) have not used tobacco products in any form (cigarettes, cigars, pipe, oral tobacco products, etc.) within the last 12 months. New employees will be given a 60-day grace period before being charged the tobacco fee.

Original – If completed within first three work days, submit to Health Payroll with Health Insurance Enrollment Form. If completed later within 60-day grace period, send directly to the SEIB.

Copies – worksite employee file; employee

Wellness Premium Discount

New employees eligible for health insurance coverage have 60 days from the date of hire to apply for the wellness premium discount. They may qualify for the discount by participating in a Worksite Wellness Screening or by having a health screening performed by their physician and submitting a completed Provider Screening Form (IB13) directly to the SEIB. If any of the specified health risks are identified, the employee will need to submit a completed SEHIP Wellness Discount Certification Form showing the risks are being addressed (available on SEIB website: www.alseib.org/HealthInsurance/SEHIP/Wellness.aspx).

Federal Poverty Level Discount Application (if applicable)

An employee whose total family income is less than or equal to 300% of the Federal Poverty Level (FPL) may qualify for discounted health insurance premiums. The employee must complete the FML Discount form and attach recent income tax returns and pay stubs.

Federal Poverty Level guidelines and discount application forms are available on the State Employees' Insurance Board website (www.alseib.org/healthinsurance/SEHIP/FPL.aspx). Employees may contact the SEIB for assistance with the application if needed (866-836-9737 or 334-263-8341). Applications are to be submitted directly to the SEIB.

Premium Conversion Plan

The Premium Conversion Plan (PCP) allows for payment of premiums for State Employees' Health Insurance Plan (SEHIP) and certain qualified voluntary insurance programs using pre-tax dollars.

Employees who enroll in SEHIP are automatically enrolled in the PCP for payment of SEHIP premiums; to opt out, they must contact the State Employees' Insurance Board (SEIB).

To enroll in the PCP for voluntary insurance program coverage, employees must complete the Salary Reduction Agreement, Premium Conversion Plan form and submit it directly to the SEIB. For program details and a list of approved carriers for voluntary coverage, see the Flex Plan Handbook on the SEIB website. (www.alseib.org/healthinsurance/Flex)

Health Care and Dependent Care Reimbursement Accounts

Merit employees may set aside pre-tax money via payroll deductions to pay for qualifying out-of-pocket health care expenses (such as drug copays, deductibles, and physician office copays) or for dependent care expenses (such as child daycare or for the care of a child or adult dependent inside or outside the home). Information about the Flexible Employee Benefits Plan is available on the SEIB website (www.alseib.org/HealthInsurance/flex). New employees may enroll within 90 days of employment, with coverage effective the first day of the month following the receipt of the enrollment.

The employee may enroll online (www.alseib.org/HealthInsurance/flex) or submit a completed form directly to SEIB via mail or fax. For Flex Plan information, employees may visit the website or contact the SEIB at (866) 833-3378 or (334)-263-8312.

SEICTF Employee Instructions (SEICTF Form 5)

All employees are covered under the State Employee Injury Compensation Trust Fund (SEICTF) for on-the-job injuries. Each employee must be given a SEICTF Form 5 (card) which provides instructions about what to do in case of job-related injury, whether it occurs at the worksite or out of the office

Salary Deferral Forms for Deferred Compensation Plans (optional)

There are two deferred compensation plans that semi-monthly paid employees may participate in if they choose. New employees should be informed about the availability of the programs and directed to the website for each plan (see below) for enrollment information and required forms. If enrolling in either plan (or both), the employee must submit the salary deferral form to Health Payroll (the Salary Deferral Agreement for Great West; the Authorization to Defer Compensation for RSA-1).

State of Alabama Deferred Compensation Plan, Great-West Retirement Services (https://alabamaretire.gwrs.com)

RSA-1 Deferred Compensation Plan (http://www.rsa-al.gov/RSA-1/rsa-1.html)

Original – Health Payroll Copies – worksite employee file; employee

PerksCard

All State employees (including semi-monthly, hourly, and contract) are eligible to receive a PerksCard, which provides discounts at participating local and national businesses. The PerksCard program is coordinated through the State Personnel Department.

Instructions for printing PerksCards for new employees are available in the Document Library, Human Resources category, with new employee forms.

Alabama Public Health Association (AlPHA) Information

Each new employee should be provided an Alabama Public Health Association (AlPHA) brochure or directed to the AlPHA website (www.alphassoc.org) for information on how to join if they wish.

Orientation of Employees who Transfer within Department

When an employee transfers from one office to another within the Department, the location he is leaving will move his personnel file to their inactive records. The new location will start a personnel file for that employee. If an issue arises and HR needs copies of documentation for an employee, the employee's current location will be contacted for it.

The new location is responsible for making sure the employee has received appropriate orientation, training, etc. The Employee Orientation Checklist must be completed and a copy returned to HR as indicated.

- All HR forms must be completed, except the New Hire Reporting Form.
- It is acceptable for the Form I-9 to be copied and sent to the new location. If a copy is not sent, the new location needs to complete one.
- Forms noted for return to Health Payroll do not need to be completed unless the employee is making some type of change.
- Provide other information/items listed on the Checklist.
- If the employee's LCMS transcript or other verification shows that the employee has viewed the required videos/slide shows, he does not need to watch them again. However, if there is no verification, the employee is required to view them and document it has been completed.

- Forms or items that are not being completed may be crossed through on the Checklist and a note of explanation included.
- The employee's previous rating supervisor should send to the new location a copy of the employee's previous R&R's and a summary of the employee's work performance up to the point of transfer, along with a copy of the most recently completed form showing review of Departmental policies at annual appraisal (ADPH-HR-63), if applicable. The new rating supervisor may contact Human Resources for the employee's appraisal period dates.
- The new location must ensure that the employee is listed on the payroll report so Health Payroll can make the necessary changes to the check location and funding.

CHAPTER 7

HUMAN RESOURCES RECORD KEEPING

In accordance with federal and state laws, certain records must be kept on all employees. To ensure required documentation is maintained and readily available if needed, these guidelines must be followed.

All hiring and employment records should be regarded as confidential documents since they contain personal and private information about individual applicants and employees. Some records, however, are more sensitive than others because the information in these documents is of a particularly private nature. As such, they must be treated with more than usual care in their preparation, handling, filing and disclosure. For example, medical records, background investigative reports, pre-employment reference information, and legal action reports qualify as sensitive reports.

A file is created on all employees and kept at the local workplace. When an employee transfers to another department/county, the employee file remains at the location. The local file should have a Recommendation for Personnel Action (Form 11) showing his separation from that location. The Form 11 may be a separation due to a promotion, lateral transfer, resignation or retirement. The new location is responsible for creating a new file, which will cover the time period for that location. Since the employee has a new supervisor, it is important that the new supervisor takes the time to orientate the employee to their office operations.

Each location should assign an employee with the responsibility of maintaining the files. Generally, the Office Manager serves in that role. It is also recommended that there be an employee assigned to assist in the record keeper's absence.

Note: When there is a lawsuit or EEOC charge pending, no human resources records may be destroyed.

RECORDS FOR HUMAN RESOURCE MANAGEMENT

Position Classification Questionnaire (PCQ) Files (Form 40)

File the Form 40 by organization code and then the PCQ number within each organization folder. If you update a Form 40 and submit through HR to State Personnel for approval, file the revised Form 40 with the old Form 40. After the former Form 40 is over four years old, you may discard it and keep only the current one.

Job Announcements

A file of job announcements including newspaper ads, ads placed in periodicals, and jobs that are announced through the Internet must be kept for two years. Local offices are not responsible for keeping State of Alabama job announcements as they will be maintained by HR.

Applications or Resumes

All offices should have written procedures in place concerning the acceptance of applications and resumes. The Application for Examination (Application), Form 3, for merit classifications should not be accepted, except for jobs with direct appointments. Applicants should be told to send the Application directly to State Personnel for processing. This protects the Department from discrimination charges and from being held responsible for an Application not meeting a deadline. Applications may be accepted for available Form 8 hourly positions, Personal Services Contracts, and direct appointments. Applications must be kept for two years.

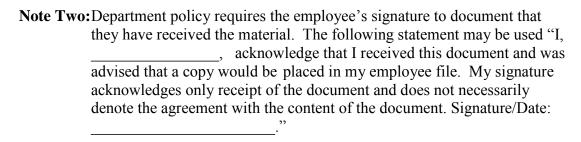
Interview Records

Maintain a separate file, by job, on all documents used in the hiring process. This includes Applications for all considered candidates, interview questions, reference contacts and any other selection criteria used in the hiring process. Documentation, including Applications, must be kept for two years.

Employee Files

Employee files should include the employee's State Application For Examination; Certification of Candidates with a copy of the appointment letter; a completed, signed and dated Employee Orientation Checklist; acknowledgment of policy forms; Total Service Date form; performance appraisals; records of training; personal status changes (name, address, social security correction, etc.); copies of finance enrollment forms; employment verifications; promotions; transfers; separation information and disciplinary actions (see notes below). Form 11's placing an employee on leave without pay (LWOP) and returning the employee from LWOP must not contain any medical information. Any supporting medical documentation should be filed in the employee's medical file. Employee files are to be kept for six years after an employee becomes inactive.

Note One: In accordance with state law, employees must be provided a copy of any documents pertaining to disciplinary actions such as, written warning, written reprimand, suspension, or counseling meeting forms pertaining to matters that may be used regarding the employee in a disciplinary action, within ten calendar days after placement of the documentation in their personnel file.



Although human resource files are considered public records, this does not mean that members of the public have unlimited access to these records so that business is disrupted. Prior to providing a non-employee access to an employee file, you should contact HR for guidance.

Employees may inspect their own employee file but may not remove documents from their file. When an employee requests to have a copy of his file, it is recommended that you allow the employee to review his file and identify documents he does not have. Employees are provided copies of most documents that are placed in the file and are expected to keep them for later reference. Requests to review an employee file should be scheduled at a mutually convenient time for the employee and the record keeper. Employees should sign in, noting the date and time of review of the record. If the record keeper does not know the employee, the employee must show his ADPH badge. It is recommended that the record keeper review the employee file to ensure that the file does not contain misfiled documents (such as medical documents, another employee's documents, etc.) before allowing the employee to review it.

Only supervisory and management employees, who have an employment-related, need-to-know purpose for information about another employee, may inspect the files of that employee. The inspection should be recorded on a sign-in sheet noting the date and time. The documentation may be discarded after one year.

Form I-9 and E-Verify

A Form I-9 and E-Verify must be completed for each new hire (see Chapter 6 for information about the process). Keep original I-9, original E-Verify, and copies of supporting documents in local I-9 files.

The Form I-9 must be maintained for three years after an employee is hired or one year after the individual is terminated, whichever is later. The Form I-9 files should be labeled as active and inactive. Keep the Form I-9's in alphabetical order on all active employees (merit and nonmerit), and the inactive files should be filed alphabetically by separation year. When an

employee leaves the agency, put his Form I-9 in the inactive folder for that year. At the beginning of each year, you can shred the inactive forms which are older than three years.

See Chapter 6 for more information; complete instructions are available in the Document Library, under Human Resources.

Leave Records

Leave records must be maintained separate from the employee file. A file should be kept for each employee with his Employee Weekly Leave Documentation forms and verification of monthly leave balances. Any records of compensatory time earned and used should be placed in this file. Records must be kept for three years.

Medical Records

All medical information such as advanced sick leave, FMLA forms, leave donations, and ADA claims must be kept separate from employee files. Furthermore, medical documentation requested and kept is limited to what is needed to make a personnel decision. For example, if an employee requests an accommodation under the Americans with Disabilities Act (ADA), you can ask for the medical documentation which applies to the request, but no more. The medical files must be maintained for six years after the separation of the employee.

Investigation Files

File contains all documents relating to an investigation such as with a grievance or client/patient complaint. This includes allegations; employees' statements; work products; and investigative report. The file should be retained for five years unless it becomes part of an EEOC charge or lawsuit.

EEOC Complaint/Lawsuit Files

Files contain a copy of the charges or lawsuit and all materials used in a case. If a charge has been filed, all files pertaining to the charge must be kept until the matter is resolved. This includes investigation files and information on all other employees or applicants seeking or holding positions similar to the one involved in the charge. The file must be retained for three years after settlement.

Accident/Injury Report

Files contain accident reports and other related State Employee Injury Compensation Trust Fund (SEICTF) forms. These must not be filed in employee records. It is recommended that you maintain the Injury Forms in a separate folder filed alphabetically by calendar year. If the employee's injury requires them to be off for more than three work days, create a separate folder to keep the medical documentation and forms for the individual's claim until the employee is released to full duty from SEICTF or separated from State service. SEICTF documents must be retained for six years after the employee's separation.

CHAPTER 8

LEAVE

The following chapter covers leave programs for semi-monthly and hourly employees. Contract employees are not eligible for leave.

There are several types of leave authorized for Public Health employees. Certain types of leave are taken under special conditions and require the partial or total loss of pay and employment benefits. Special attention must be paid to the requirements for each type of leave. Violations of leave requirements should be reported through the chain of command or to HR for review and appropriate action.

A designated employee within each office/county must be assigned the responsibility for maintaining employees' leave balances. Their tasks include entering employee leave usages; comparing monthly leave balances reported on a monthly leave printout provided by HR to the Employee Weekly Leave Documentation (EWLD); providing monthly leave balances to each employee to verify and identify errors; and correcting discrepancies.

RECORDING LEAVE FOR SEMI-MONTHLY EMPLOYEES

Leave Request

Each Area and Bureau is responsible for implementing a standard procedure for requesting leave. The acceptable procedure should be provided to employees in writing.

Employee Weekly Leave Documentation (EWLD)

The EWLD form records the employee's work hours, leave accrued and used, and other time off. It also records the family and medical leave used and overtime earned. Each semi-monthly employee must complete the EWLD and submit it to his supervisor for signature following the end of each work week. The Leave Clerk must file the original form in the employee's leave file and provide a signed copy to the employee.

Leave usage must be entered in 15 minute increments: 15, 30, or 45. No other minute increments are acceptable. Accruals are available for use after the close of business on the 15th and last day of the month.

Monthly Leave Printouts

Each month, a printout is sent to the leave clerk in each office for verification of employee leave balances. Upon receipt of the printout, the leave clerk must provide to each employee his leave balances for review and validation. The employee must initial off indicating agreement with the balances or notify the leave clerk of any discrepancies with his balance. The leave clerk is responsible for identifying the correct balances and reporting any changes/corrections to HR.

The leave clerk should mark out the incorrect leave balance(s) on the monthly printout and write in red ink the correct balance. Changes and corrections must be attached. Corrections made after the report is printed will not be reflected until the next month's report. The leave clerk can check the "QLBL" screen for the most recent balances. The printout must be signed by the leave clerk acknowledging the validation of employees' leave and returned to HR by the 15th of the following month in which the report is received.

Annual, sick, and comp time (for nonexempt employees only) leave balances are also recorded on employees' pay stubs. Employees should report any discrepancies with their leave balances to their leave clerk.

Corrections

The following procedures should be followed in submitting corrections/changes when you are able to identify the error.

1. Make a copy of the EWLD. Make sure the copy is legible. It should show the Bureau, Area, or County names and numbers; the week ending date; the employee's name and complete social security number; the week day; and the leave clerk's signature. If you

- cannot read the copy, fill in the parts that are not legible, or make a legible copy.
- 2. Do not white-out or erase the original figure when making corrections. Mark through the incorrect transaction and put the correct entry above the mark. All corrections must be marked in red.
- 3. Make a copy of the corrected EWLD for the local file. Attach the corrected EWLD copy to the employee's EWLD for that week
- 4. Send the corrected EWLD original showing the corrections in red to HR.
- 5. Do not send a memo explaining the change.
- 6. Do not fax corrections.
- 7. The correction should only be sent once. If you don't think the correction has been sent or keyed, call the HR leave coordinator.
- 8. If subsequent EWLDs are incorrect due to the correction, you may note the changes on the EWLDs and have the employee initial off or update the EWLDs as appropriate.
- 9. If the balance(s) change(s), make sure the employee types in the corrected balances on the latest EWLD. If not done, the balances will continue to be incorrect.
- 10. If you send a Daily Leave Sheet (see below) with the correction marked, do not send a corrected EWLD.

Daily Leave Sheet

When you are unable to find the error on the EWLD or have to go back one month or more to find the error, complete a Daily Leave Sheet.

- 1. Write the employee's name; social security number; and base location (bureau/area/county).
- 2. Check the "QLBL" screen to find where the leave balance matches the EWLD balances. On the "QLBL" screen, leave balances are based on usage, accruals, and corrections that have taken place through the end of the indicated month.
 - Write each transaction (usage or accrual) by the date it occurs and total the balance; do not combine transactions.
- 3. All of the following types of leave need to be recorded on the Daily Leave Sheet: annual, sick, comp (nonexempt), personal leave day (write under annual and record personal leave day), and leave without pay.

- 4. Advanced Sick Leave hours should be recorded with a minus sign. Sick leave, annual leave, and comp time (for nonexempt employees only) being used to pay back Advanced Sick Leave should be recorded with a plus sign.
- 5. If an employee received donated leave, record the total number of hours shown on the Request to Donate Leave (Form 25A), with a plus sign. The date shown in the "From" section of the Form 25A should be used as the "EVENT DATE." Record any leave used by the actual date the leave was taken.

If an employee donated leave to another employee, the total leave hours shown on the Form 25A should be deducted using the date given in the "From" section on the donating employee's Form 25A.

6. If the correction is included on the Daily Leave Sheet, do not send a corrected EWLD.

Rejections and Miscellaneous

When leave has been keyed and the batch has been submitted for processing (i.e., you have completed entering leave and entered "Q" for the batch), you may receive one or more error messages (rejections). All errors must be corrected before the batch will be accepted for processing. Following are some common error messages when keying leave, along with instructions for correcting the errors.

- 1. "Employee Not in Database" Usually an incorrect social security number. Check social security number and make needed correction. Tab to FUNCTION, type "Q" and press "Enter."
- 2. "Event Date Not in Current Pay Period" The date typed in the event date line is not in the current pay period. Check date and correct if needed; tab to "FUNCTION"; type "Q" and press "Enter." If date of leave was in a prior pay period, delete the line. Send a correction using a EWLD or print a copy of the rejection.
- 3. "Leave Event Invalid for Employee" Usually it is comp time keyed for an exempt employee. If this is the only entry on the document, tab to "FUNCTION", type "DD" (delete document), tab to DOCID and delete CPER and press "Enter." This will delete the whole document. Tab to FUNCTION, type "Q" and press "Enter."
 - If there is more than one entry on the document, it will tell you the line the error is on and give the number of the error message. Tab to FUNCTION, type "DL" (delete line), then tab down to the error in the event date and delete the date; press "Enter." Next change the INPUT TOTAL to the correct amount on the document, tab to FUNCTION, type "Q" and press "Enter."
- 4. "Leave Amount Exceeds Available Balance or 1st Sub Leave Type Exceeded" This error means there is not sufficient leave for the amount of leave being used. You will need to check the employee's leave balances and make corrections. If there is not

enough sick leave to cover the absence, make a correction to charge available sick leave, then add to the document either annual, comp time, or leave without pay, according to the directions for more than one entry to the document; or change the code to annual, leave without pay, or comp time; press the "Home" key and type "Q" and press "Enter." If there is still a rejection to the same employee's document, repeat the procedure. If you need to delete the line, follow the directions for deleting a line in #3. Remember that sick leave cannot be used in place of annual leave or comp time. If there is insufficient annual leave or compensatory time to cover the employee's absence, and the reason for being off work does not qualify for sick leave, the employee must be charged leave without pay.

5. "Input Total Not = Computed Input Total" - Check the total in the INPUT TOTAL on the document. It should match the amount in the COMPUTED INPUT TOTAL. Identify error and make correction; tab to FUNCTION, type "Q" and press "Enter."

ANNUAL LEAVE

Upon approval from his supervisor, an employee may use accumulated annual leave for any reason (except for outside employment).

Semi-Monthly Employees

<u>Full-time Employees</u>: Employees with a 40 hour-week schedule in permanent positions, including provisional appointees, who are in pay status at least 80% of the semi-monthly pay period, earn annual leave in accordance with their number of years of service.

Total Service	Accumulation By Pay Period	Annual <u>Accumulation</u>
Less than 5 years	4 hrs 20 min	13 days
5 through 9 years	5 hrs 25 min	16 days, 2 hours
10 through 14 years	6 hrs 30 min	19 days, 4 hours
15 through 19 years	7 hrs 35 min	22 days, 6 hours
20 through 24 years	8 hrs 40 min	26 days
25 years or more	9 hrs 45 min	29 days, 2 hours

<u>Part-time Employees</u>: Permanent part-time employees (fewer than 40 hours per week), who are paid semi-monthly, accrue annual leave in accordance with the chart for "Percentage of Time Worked/Accruals Earned." (See page 8-8.)

The definition of a permanent part-time employee is one who works 25%, 50%, or 75% of the number of hours in the pay period. Permanent, part-time employees must be in pay status 80% of their work schedule to earn leave.

Note: The number of hours per pay period varies, with a minimum of 72 hours to a maximum of 96 hours. The Leave Clerk is provided a chart showing the required hours by pay period each calendar year. Supervisors are responsible for making sure the part-time employee accounts for the required number of hours in each pay period.

<u>Accrual of Leave</u>: An employee eligible to earn annual leave will accrue annual leave only when he is in pay status for at least 80% of his work schedule. Accruals are posted at 5 p.m. on the 15th and last day of each month.

<u>Maximum Carried from One Year to the Next:</u> No more than 60 days (480 hours) of annual leave may be carried over beyond December 31 each year.

<u>Payment for Unused Annual Leave on Separation</u>: Upon separation from service, an employee will be paid for the actual number of annual leave hours he has earned, up to the maximum of 480 hours, at his hourly rate of pay at the time of separation.

The Form 11 submitted to separate an employee must indicate any unused leave at the time of separation. The balance should be recorded in the "Remarks" section of the Form 11. It is important that all absences be reported to the Leave Clerk by the close of business on the employee's last work day. Upon receipt of the Form 11 and shortly after the last day worked, HR will contact the Leave Clerk to validate the recorded leave. The payroll report, submitted to Health Finance two weeks after the employee's last paycheck, is the form used to pay the separation pay after validating the leave balances with HR.

Note: To be eligible for payment of unused annual leave when an employee resigns from one agency to accept employment with another agency, there must be a break of at least one work day between jobs. The employee can only receive payment up to the number of work days absent. *Example:* from 5 p.m. on Monday (last day in former position) to 8 a.m. on Wednesday (first day in new position), the employee can receive payment for one day (Tuesday). However, from 5 p.m. Friday (last day in former position) to 8 a.m. on Monday (first day in new position) is not considered a break in employment.

Furthermore, an employee who separates from state service and requests to return to state employment, must wait the number of days for which he received leave payment. This includes merit employees who enter into a contract.

LEAVE ACCRUAL PERCENTAGE OF TIME AND NUMBER OF HOURS (% HOUR)

PERCENTAGE OF TIME WORKED/ ACCRUALS EARNED								
YEARS OF SERVICE	100%	75%	66% SEICTF	50%	25%			
LESS THAN	4 HOURS	3 HOURS	2 HOURS	2 HOURS	1 HOUR			
5 YEARS	20 MIN	15 MIN	52 MIN	10 MIN	5 MIN			
5 TO <10	5 HOURS	4 HOURS	3 HOURS	2 HOURS	1 HOUR			
YEARS	25 MIN	4 MIN	35 MIN	43 MIN	22 MIN			
10 TO <15	6 HOURS	4 HOURS	4 HOURS	3 HOURS	1 HOUR			
YEARS	30 MIN	53 MIN	18 MIN	15 MIN	38 MIN			
15 TO <20	7 HOURS	5 HOURS	5 HOURS	3 HOURS	1 HOUR			
YEARS	35 MIN	42 MIN	2 MIN	48 MIN	54 MIN			
20 TO <25	8 HOURS	6 HOURS	5 HOURS	4 HOURS	2 HOURS			
YEARS	40 MIN	30 MIN	44 MIN	20 MIN	10 MIN			
25 OR MORE	9 HOURS	7 HOURS	6 HOURS	4 HOURS	2 HOURS			
YEARS	45 MIN	19 MIN	27 MIN	53 MIN	27 MIN			

LEAVE FOR FORM 8 HOURLY EMPLOYEES

Form 8: Laborer and Home Attendant

Form 8 hourly employees are eligible to earn annual leave after working one year with 1,500 hours. Eligibility is maintained by working 1,500 hours in the year following the establishment of eligibility. In addition, they must not have a break in service of 15 consecutive calendar days or more of unexcused absences. Excused absence includes annual leave, FMLA leave, military time, jury duty, or absence with a physician statement. If an employee does not maintain his eligibility, he must re-qualify for eligibility.

Each office should have written procedures for requesting leave. When an Hourly employee requests time off, the supervisor should verify with the leave clerk the employee's leave status and the employee's leave balance. This information is found on the Hourly Employee Leave Card.

When an Hourly employee is off for an extended period of time due to a medical reason, the supervisor should provide the employee approval in writing with an expected return date. If the employee does not return to work or contact the supervisor or designee by the approved return date, the supervisor should contact the employee to determine his work status.

Accrual of Leave

Eligible Hourly employees who work a minimum of 80% each semi-monthly pay period will be credited with four hours 20 minutes of annual leave. Eligible hourly employees may not accumulate more than 15 days of annual leave at any time during the year. Annual leave earned after a maximum of 15 days will not be credited to the employee.

Holiday Schedule

Hourly employees eligible for annual leave accrual are also eligible for holiday pay. In order to be entitled to holiday pay, the employee must be on the payroll the day before and the day after the holiday and normally scheduled to work on that day of the week. The employee must earn leave in the pay period in which the holiday occurs. The holiday pay will be based on the number of hours the employee normally works on that day of the week. If the number varies, the holiday day will be based on the average number of hours worked on that day of the week for the previous three months. Time-off may be granted for the holiday at a later time.

Recording of Leave

<u>Hourly Employee Leave Request Form</u>: Hourly employees should follow their office procedures for requesting leave. If the supervisor denies the employee's leave request, the employee should be notified immediately in writing but no later than the date of the leave.

<u>Hourly Employee Monthly Leave Printouts</u>: The Leave Clerk is responsible for validating the leave balances of each hourly employee. Each hourly employee must be provided his leave balances. If the annual, personal leave day or compensatory time is incorrect, mark out the

reported balance and write in red the correct balance. All incorrect balances should be corrected by submitting Daily Leave Sheets. Corrections made after the report is printed will not be reflected until the next month's report. The printout must be signed and returned to HR no later than ten days after it is received.

Daily Leave Sheet

If the monthly leave does not balance and you have to go back one month or more to find the error, use the Daily Leave Sheet form.

- 1. Write the employee's name, county worked, and social security number. Sign and date the bottom of the form.
- 2. Start with the end of the month balance where the balances agree. Enter each daily transaction and accruals and do a running total. Do not lump daily transactions together; record each event separately.

MANDATORY ANNUAL LEAVE OR LEAVE WITHOUT PAY

An appointing authority, with the approval of the State Personnel Director, may require an employee to use accumulated annual leave or leave without pay, under certain conditions, when the appointing authority deems the employee's absence from work to be in the best interest of the agency. Examples of such circumstances would include a period of time when the employee is under investigation for charges such as theft; violence in the workplace; or when the employee is physically incapacitated from performing the work assignment (such as in a state of intoxication). In cases where there is immediate physical harm to employees, patients, or the general public, you should call local law enforcement for immediate action. For state offices in the State Capitol Complex, the first contact in such cases should be the State Capitol Police at (334) 242-0700.

Requests to place an employee on mandatory leave/leave without pay should go through the Area Administrator or Bureau/Office Director or his designee to the HR Director or designee. When the Administrator or Director is not available and the situation requires immediate action, the recommending supervisor may directly contact the HR Director or designee. Supervisors must provide specific reason(s) with supporting documentation such as witness statements to the HR Director. The HR Director will request approval from the State Personnel Director or designee and draft a letter to the employee for the appointing authority's signature.

The State Personnel Director shall have the discretion to restore accumulated annual leave and/or approve a subsequent re-instatement of any benefits forfeited by the employee during the leave without pay status, upon recommendation of the appointing authority.

Note: No supervisor has the authority to send employees home. This is considered Mandatory Leave/Leave Without Pay, and the guidelines must be followed.

EXAMPLE

MANDATORY ANNUAL LEAVE/LEAVE WITHOUT PAY

LETTER FROM SUPERVISOR

MEMORANDUM

TO: Name, Director

Office of Human Resources

FROM: Name, Assistant Area Administrator

County Health Department

DATE: May 2, 20--

RE: Mandatory Annual Leave/Leave Without Pay

Name, Public Health Employee

As discussed with you by telephone, this memo is to request your assistance in having Employee Name, Public Health Worker I with the Location, placed on mandatory annual leave/leave without pay. During a meeting with Supervisor about inaccurate recording of money collected, Employee became loud and argumentative. Shortly afterwards, he slammed his door and said he was leaving. Several co-workers reported they heard him say, "Supervisor doesn't want to mess with me" and "I dare him to do anything." Their statements are attached. Due to the seriousness of the matter, I am requesting Employee be removed from the workplace until an investigation is completed.

Upon completion of an investigation, a recommendation with supporting documentation will be submitted to the appointing authority for his review and final decision.

Thank you for your help in this matter.

XX/xx Attachment

HOLIDAYS

Full-time employees are entitled to 12 holidays plus a Personal Leave Day each year. Baldwin County and Mobile County employees receive a holiday for Mardi Gras Day in lieu of the Personal Leave Day.

Part-time employees receive pay for a holiday only if it is on one of their regularly scheduled work days. They are paid for the number of hours they normally work on that day of the week.

An employee must be in pay status a minimum of half of his normal work hours on the work day before and the work day after a holiday to receive pay for the holiday. If the employee is not eligible for the holiday, record under the "LWOP" column on the EWLD the appropriate leave without pay code. If the employee is entitled to holiday pay, enter the normal hours worked in the "HOLIDAY/MISC" column.

If an employee works on a holiday, he receives equal hours off at another time. For example, if a full-time employee whose normal schedule is eight hours per day, five days per week works four hours on a holiday, he receives four hours off at a later time. He does not get time and one-half for working a holiday. An exception is if a non-exempt employee physically works more than 40 hours; the employee is compensated at one and one-half time for hours physically worked in excess of the 40-hour workweek.

If an employee works on a holiday, the supervisor should schedule the employee to use the holiday time in the quarter it is earned, prior to the use of annual leave or compensatory time. If the holiday time is not used in the same quarter it is earned, the employee has the option to be paid for it or carry it forward for up to one year. If the employee chooses to be paid for the holiday time or the holiday time has been accrued for one year, the supervisor must send a request for payment to Human Resources through the Area Administrator/Bureau Director with an explanation of why the holiday time was not used.

SICK LEAVE

Sick leave is defined by the Rules of the State Personnel Board to mean "the absence from duty of an employee because of: (1) illness; (2) bodily injury not incurred in the line of duty, or bodily injury or occupational illness incurred in the line of duty; (3) attendance upon members of the immediate family whose illness requires the care of such employee; and (4) death in the employee's immediate family. Immediate family is defined to include spouse, children, grandchildren, parents, grandparents, sister, brother, mother-in-law, father-in-law, daughter-in-law, and son-in-law. Where usually strong ties exist, due to an employee's having been supported or educated by a person of some relationship other than those listed, this relationship may be recognized for leave purposes. In such case, the employee concerned shall file with his appointing authority a written statement of the circumstances which justify an exception to the general rule." Sick leave may be used for medical and dental appointments.

Sick leave with pay is not a right for which employees may make demand, but a privilege granted in accordance with prescribed rules, to which the Board may make exceptions as the best interest of the service demand.

An appointing authority or his designee may require that a claim for sick leave be supported by adequate evidence; and any unjustified or fraudulent claim for sick leave may be punished by loss of pay, loss of accumulated leave, suspension or dismissal. If you have a valid reason to question a claim for sick leave or documentation submitted to support sick leave, you should call your Area Administrator/Bureau Director to obtain guidance from the HR Director or ERO. **Supervisors must not allow employees to use sick leave for non-qualifying reasons.**

When medical verification is required to support an employee's absence, the following language must be provided to the health care provider to ensure compliance with the Genetic Information Nondiscrimination Act of 2008 (GINA): The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

<u>Full-time</u>, <u>Semi-Monthly Employees</u>: An allowance of four hours 20 minutes for each semi-monthly period of service is made for sick leave without regard to an employee's number of years of service. Employees must be in pay status at least 80% of the pay period to earn sick leave.

<u>Part-time</u>, <u>Semi-Monthly Employees</u>: An allowance in proportion to the amount of time worked for each semi-monthly period of service is made for sick leave without regard to an employee's

number of years of service. (See chart for leave accrual schedule for part-time employees.) Employees must be in pay status at least 80% of their work schedule to earn sick leave.

<u>Temporary Employees</u>: Temporary semi-monthly employees are eligible to earn sick leave in accordance with the above instructions, provided they are in pay status at least 80% of the given pay period.

<u>Hourly Employees</u>: Employees paid by the hour do not earn sick leave.

<u>Accrual of Leave</u>: Leave does not accrue except when an employee is actually working or is on authorized leave with pay. Accruals are posted at the close of business on the 15th day and the last day of the month.

Maximum Accrual from One Year to the Next: No more than 1,200 hours (150 days) of sick leave may be carried over beyond the last day in a calendar year. Any sick leave earned above 1,200 hours will be placed in an excess sick leave balance as it is earned. If an employee suffers an extended illness or disability lasting more than 150 days, the State Personnel Board may, on recommendation of the appointing authority, approve the use of excess sick leave.

<u>Payment for Unused Sick Leave</u>: Upon retirement or death, the employee or employee's beneficiary is entitled to be paid for 50% of his accumulated and unused sick leave up to 600 hours (75 days).

Restoration of Accumulated Sick Leave: Employees who left state service in good standing and are re-employed within four years from the date of separation may have sick leave accumulated during previous employment restored. The employee must request the restoration of sick leave. For employees who worked in other state agencies, documentation of previous employment to include date of separation and sick leave balances must be provided. Upon recommendation by the appointing authority and approval of the State Personnel Director for classified employees; and by the State Health Officer for exempt and unclassified employees, this leave will be placed in the employee's leave balance. The effective date is the date signed by the State Personnel Director or State Health Officer, as applicable.

Transfer of Sick Leave into the Merit System: Persons entering the State Merit System may transfer sick leave accumulated outside of the System only when transferring from public schools or public post secondary institutions of the State of Alabama. Upon approval of the appointing authority, a record of accumulated sick leave may be retained in escrow, which may be used only in the case of illness and when all sick and annual leave have been exhausted. This is accomplished by submitting a letter and documentation from the school system to HR for processing to the State Personnel Department. The balance (escrow) will not be counted as accumulated sick leave earned with the State and will not be paid upon employee's retirement or death. Acceptance of this leave is an option of the appointing authority and is not mandated under State Personnel regulations. A letter from the employee must be submitted requesting to use this leave for an extended illness.

ADVANCED SICK LEAVE

Advanced sick leave is not a right of an employee, but a privilege granted in accordance with policies and procedures. Supervisors should consider the employee's reason for being off; leave history; probability to pay back leave; budget constraints, and the approval/denial of other employees in similar situations when making the decision. Under the Department's Grievance Policy, the denial of leave is not grievable.

In case of serious disability or illness, sick leave may be advanced to any employee in the following condition:

- 1. Be employed at least six months with the Department of Public Health and have permanent status.
- 2. Exhaust all accrued leave sick, annual, compensatory, and personal leave. The leave must be validated with HR prior to submitting the Application for Advanced Sick Leave, Form 12.
- 3. Absence from duty for five or more full consecutive work days.
- 4. The total advances of sick leave shall not at any time exceed 24 work days.
- 5. All requests submitted by employees must be processed to HR through the appropriate Bureau/Office Director or Area Administrator with his signature (line 11 on the Form 12). The forms should be submitted at least two work days prior to the effective date.
- 6. Each application must be supported by a certificate from a health care provider. If an employee qualifies for FMLA, the FMLA forms must be attached.
- 7. If released from the Health Care Provider, the employee may return to work early. However, if the employee returns to work before being out for five full consecutive work days, the advanced sick leave request is null and void and LWOP will be charged.
- 8. When approved, the Leave Clerk will receive a copy of the Application for Advanced Sick Leave that lists the approved dates. The employee will also receive an email confirming the approval with a copy to his supervisor.
- 9. An employee's leave clerk should record leave usages on the EWLD. These usages will put the employee's balance into a negative.
- 10. Repayment of Advanced Sick Leave will be charged against sick leave, annual leave, and comp time (for non-exempt employees) accrued by the employee until the leave has been repaid. The employee will not be able to use leave until the advanced leave has been paid in full.

- 11. An employee may reimburse the Department with the amount of money equivalent to the hours owed. The amount paid back is at the rate of pay when it was borrowed.
- 12. Upon certification of family physician, Advanced Sick Leave can also be used for attendance to immediate family members.
- 13. If an employee separates from the Department prior to repaying the leave, write "No" for rehire on the Form 11 until the leave is paid in full. In the "Remarks" section, type in the reason and amount owed the State. The employee must be informed in writing that he is not being recommended for rehire due to owing money for Advanced Sick Leave, and that the recommendation will be changed to "Yes" once the debt is paid (unless there are additional reasons for the "No" recommendation).

EXAMPLE - ADVANCED SICK LEAVE

FORM 12

STATE OF ALABAMA APPLICATION FOR ADVANCED SICK LEAVE

Signed: Date: Signed: Signed	1. Name of Employee	2. Social Security Number
3. Class Title/Code Health Services Administrator I (40761) N/A () 5. Department Public Health Publ	NAME	xxx-xx-1111
Health Services Administrator I (40761) N/A () 5. Department Public Health		4 Class Outries Title/Code
Public Health Advance Sick Dates: From: 3/3/2014		N/A ()
From: 3/3/2014 To: 3/14/2014 (Date) 9. "In the event of separation from State service, I understand that the Rules of the State Personnel Board require me to reimburse the State for any advanced sick leave in an amount in excess of that subsequently accumulated, and I agree to make such payment as calculated on the basis of the total days advanced me." Signed: Date: [Employee] 10. Recommended: Date: [Supervisor] 11. (x) Approved () Disapproved Signed: Date: [Area Administrator/Bureau or Office Director] 12. CERTIFICATE OF ATTENDING PHYSICIAN (To be filled in by physician) "I hereby certify that I am a duly qualified practitioner of medicine and that I have personally attended in my professional capacity. I estimate that during the period beginning and ending said person will be physically unable to attend work because of [Illness] Signed: Date: [Illness]		
State for any advanced sick leave in an amount in excess of that subsequently accumulated, and I agree to make such payment as calculated on the basis of the total days advanced me." Signed:	The state of the s	
(Employee) Recommended:	State for any advanced sick leave in an amount in excess of that calculated on the basis of the total days advanced me."	
10. Recommended:		Date:
(Supervisor) 11. (x) Approved () Disapproved Signed:	1011 11 21 2	
(Supervisor) 11. (x) Approved () Disapproved Signed:	Description distri	Descri
11. (x) Approved () Disapproved Signed:		Date:
Signed:	1, 4, 1, 7	
(Area Administrator/Bureau or Office Director) 12. CERTIFICATE OF ATTENDING PHYSICIAN (To be filled in by physician) "I hereby certify that I am a duly qualified practitioner of medicine and that I have personally attended	() Disapproved	
(Area Administrator/Bureau or Office Director) 12. CERTIFICATE OF ATTENDING PHYSICIAN (To be filled in by physician) "I hereby certify that I am a duly qualified practitioner of medicine and that I have personally attended	Signed:	Date:
(To be filled in by physician) "I hereby certify that I am a duly qualified practitioner of medicine and that I have personally attended		
in my professional capacity. I estimate that during the period beginning and ending said person will be physically unable to attend work because of		
and ending said person will be physically unable to attend work because of (Illness) Signed: Date:	"I hereby certify that I am a duly qualified practitioner of n	nedicine and that I have personally attended
and ending said person will be physically unable to attend work because of (Illness) Signed: Date:	in r	ny professional capacity. I estimate that during the period beginning
Signed: Date:		said person will be physically unable to attend work because
Signed: Date:	of	
	7	(Illness)
Address:	Signed:	Dates
	Address:	

GINA NOTIFICATION

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA. Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by GINA. To comply with GINA, we are asking that you not provide any genetic information when responding to this request for medical information, except in the form of family medical history to comply with the certification requirements of the Family and Medical Leave Act, State or local leave laws, or certain employer leave policies.

"Genetic information" as defined by GINA, includes an individual's family history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Modified by ADPH (Feb. 2012)

LEAVE DONATION

In accordance with state law and the State Personnel Board Rules, the Department allows employees to receive donated leave under certain conditions. The guidelines and procedures are below.

Qualifying Conditions:

An employee may request donated leave if he has a catastrophic illness or injury. A catastrophic illness or injury has been defined by State Personnel as one from which an individual will never fully recover the ability to work or which is life threatening, or one requiring a recuperation period of approximately one year or longer. The catastrophic condition must be certified by a licensed physician.

- 1. An employee may also apply for donated leave to serve as a caregiver for a member of his/her immediate family (husband, wife, son, daughter, father, or mother) with a catastrophic illness or injury.
- 2. In addition, employees may receive leave donations for pregnancy to include delivery and recovery. The recovery period is normally six weeks for a regular birth and eight weeks for a C-section birth. Should complications arise before or after delivery that require the employee to be absent from work, the employee may be able to receive additional donated leave. The situation must be documented by the treating physician, and the documentation must be submitted with the request for donated leave.
- 3. An employee may receive donated leave for Family and Medical Leave (FMLA) absences only.

Other Requirements:

- 1. Effective October 1, 2012, no employee may receive more than 480 hours of donated leave throughout his State career.
- 2. The beneficiary (receiving) employee must have exhausted all leave including sick, annual, personal leave day, and compensatory time. The leave must be validated with HR prior to submitting a REQUEST FOR DONATED LEAVE, Form 25.

Procedures:

Requests must be made in writing by completing the REQUEST TO DONATE LEAVE, Form 25. Documentation from the treating licensed physician must list the diagnosis, prognosis, and treatment plan along with an expected date of recovery. The FMLA forms must also be attached to the initial Form 25. All forms must be initialed by the Administrator, Bureau/Office Director, or designee.

Allow two weeks for processing the initial Form 25. After State Personnel has approved or disapproved the request, the Leave Clerk, Area/Local Administrator, or Bureau Director will be notified by e-mail.

Requests must be approved prior to being used; and cannot be made retroactive.

After approval, the employee must recertify his Form 25 every 30 days or by the date designated by the State Personnel staff for recertification. The employee must fill out a new Form 25 and attach updated medical information to HR at least one week in advance. The Form 25 must be initialed by the Administrator, Bureau or Office Director, or designee.

After approval, the Form 25A may be submitted. The donating employee must fill out the number of hours of annual leave, sick leave, or comp time (if non-exempt employee) he is donating and sign the form. The Administrator, Bureau or Office Director, or designee must initial the Form 25A. All signatures and initials must be original and in blue ink.

All requests must go through the beneficiary's Leave Clerk, who is responsible for entering the dates on the Form 25A. The employee's accruals must be used between donations.

An employee cannot donate leave upon resignation or retirement from the State.

Unused donated leave cannot be returned to the donator.

When the Form 25A has been approved by State Personnel, the Leave Clerk at the location, for the beneficiary and the donating employee, will be e-mailed the amount of hours to add to the beneficiary's leave or deduct from the donating employee's leave. A copy of the Form 25A will be attached to the e-mail.

SAMPLE

INSTRUCTIONS FOR COMPLETING REQUEST FOR DONATED LEAVE (FORM 25)

- 1. Employee Name Type in employee's full name.
- 2. SSAN Type in employee's entire social security number.
- 3. Agency Type in Public Health.
- 4. Division Type in Area, County or Bureau.
- 5. Beneficiary Employee: signature of employee acknowledging he has read statement.
- 6. AUTHORIZATION is signed if the beneficiary employee wants State Personnel to publish his name and illness on their website soliciting leave on his behalf. A designee signature will not be accepted. If the form is not signed, the employee's name will not be published. The employee must also give ADPH authorization to circulate a request for donated leave.
- 7. The employee's Administrator, Bureau Director, or his designee must also initial the Form 25 indicating his review by the Beneficiary Appointing Authority signature line.
- 8. The Form 25 must be sent to HR for review and processing to State Personnel for the State Personnel Director's signature.

INSTRUCTIONS FOR COMPLETING REQUEST TO DONATE LEAVE (FORM 25A)

- 1. Employee Name Type the Beneficiary and Donating employees' first and last names.
- 2. Social Security Number Type both employees' complete social security numbers.
- 3. Class Code/Pay Range Type in employees' class codes and pay ranges.
- 4. Department/Division Type Public Health/Bureau, Area, or County for the beneficiary employee. If not a PH employee, in the Donating Employee Information blanks, type in the Department and Division, if applicable.
- 5. Donated Leave Dates Type in the beginning date "From" and the ending date "Through." The dates must be after the approved effective date on the Form 25. Write in the total hours donated next to the type of leave for the dates shown on the Form 25.
- 6. Catastrophic Illness/Injury Type in the condition (*Example*: Breast Cancer and treatment) approved by State Personnel for leave donation. This information is provided to the leave clerk in an e-mail notifying him of State Personnel's approval. If the request is for delivery of a baby and recovery, the date of birth must be recorded in this section.
- 7. Certification of Donating Employee The donating employee indicates his donation by signing and dating the form.
- 8. Certification of Donating Employer The donating employee's Administrator, Bureau or Office Director, or designee must initial the Form 25A by the Appointing Authority's signature. Forward the Form 25A to HR for processing. The appointing authority's signature will be obtained by HR.
- 9. Acceptance of Beneficiary Employer For ADPH employees who are receiving donated leave, HR will obtain the appointing authority's signature.
- 10. Approved when the request from State Personnel is received, the leave clerk(s) for both the beneficiary and the donating employee will be e-mailed the number of hours that should be added to the beneficiary's leave or deducted from the donating employee's leave balance. The leave clerk is responsible for notifying the supervisors and employee.

EXAMPLE - REQUEST TO DONATE LEAVE

Form 25A June 2007

STATE OF ALABAMA PERSONNEL DEPARTMENT REQUEST TO DONATE LEAVE

	Beneficiary I	Employee Information	Donating E	mplayee Information			
Employee Name	yee Name NAME			NAME			
Social Security Number	111-22-3333		222-33-4444				
Class Code/ Pay Range	10197	/ 5051	40761	/ 6872			
Department/Division	Public Health	/ Tuscaloosa County	Public Health	/Bibb County			
Donated Leave Dates:	From 5/02/2010	Through <u>5/13/2</u>					
Catastrophic Illness/In	njury: Ovaria	un Cancer					
Certification of Donatin				3			
coercion or other impro Beneficiary Employee l	per means. I further certi	ify that my agency has permi d my leave balance will be re	eficiary Employee listed ssion to donate the above duced by the number of h	listed hours of my leave to the			
coercion or other impro Beneficiary Employee I necessary for the benefi	per means. I further certi- listed above. I understand	ify that my agency has permi d my leave balance will be re	ssion to donate the above	listed hours of my leave to th			
coercion or other impro Beneficiary Employee I necessary for the beneficiary for the b	pper means. I further certificated above. I understand ciary's illness/injury as short general control of the c	ify that my agency has permi d my leave balance will be re	ssion to donate the above duced by the number of t Date	listed hours of my leave to the total to the state of the			
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FAMILY AND MEDICAL LEAVE ACT (FMLA)

Under the federal Family and Medical Leave Act (FMLA), covered employers are required to provide a certain amount of job-protected time off to eligible employees for qualifying reasons. The law does not entitle employees to additional paid leave, nor does it apply only when an employee runs out of accumulated paid leave. The law allows employers to count paid leave (when applicable) as part of the employee's protected time off, and it is the State's policy to do so. It is the goal of the Department to ensure that the policy is applied fairly and consistently, and it is the responsibility of supervisors to determine if requested leave (whatever the type) qualifies under FMLA and if the employee is eligible. If a leave occurrence qualifies under the FMLA, and the employee is eligible for FMLA leave and has time available under his FMLA entitlement, the leave must be counted as FMLA leave and appropriate procedures must be followed.

Eligible Employees:

Employees (semi-monthly, hourly, and contract) are eligible for leave under the FMLA if they:

- 1. have been employed by the Department for at least 12 months (the 12 months do not have to be consecutive; however, employment prior to a break in service of seven years or more will not be counted unless the break was due to the employee's fulfillment of National Guard or Reserve military service obligation); and
- 2. have physically worked at least 1,250 hours during the 12-month period immediately preceding the leave (holidays; leave without pay; and leave, with the exception of military leave, do not count toward hours worked).

Qualifying Reasons for FMLA Leave:

- A. Traditional FMLA Leave: Employees who are eligible for leave under FMLA are entitled up to 12 workweeks (480 hours) of combined paid and unpaid leave during a 12-month period (not calendar year, but rolling year*) for one or more of the following reasons:
 - 1. For the birth of a child and to care for the healthy newborn after birth (i.e., bonding time), provided the leave is taken within a 12-month period following the birth.
 - 2. For the employee to care for a child placed with him for adoption or foster care, provided the leave is taken within a 12-month period following adoption or placement. This includes absences for related counseling sessions, meetings with attorneys, court appearances, social work home visits, and bonding time.
 - 3. For the employee to care for his child, spouse, or parent (but not parent-in-law) with a serious health condition (defined below).

- 4. Because the employee has a serious health condition that makes him unable to perform one or more of the essential functions of his position.
- 5. Because of a qualifying exigency (urgent matter) arising out of the fact that the eligible employee's spouse, son, daughter, or parent is on or has been notified of an impending call to covered active duty in the Armed Forces. For a member of a regular component of the Armed Forces, covered active duty means duty during deployment with the Armed Forces to a foreign country. For a member of the National Guard or Reserves, covered active duty means duty during deployment to a foreign country under a call or order to active duty in support of a contingency operation. There are several categories of qualifying exigency which are explained in the FMLA Policy.
- * The rolling 12-month period is measured backwards from the date an employee uses any FMLA leave. Each time an employee takes FMLA leave, the amount of FMLA leave still available is the balance of the 12 weeks that has not been used during the immediately preceding 12 months. When determining if an eligible employee's leave for a qualifying reason on a particular day may be covered under the FMLA, count the number of hours of FMLA leave the employee has used in the preceding 12 months. If the employee has used the maximum of 480 hours of FMLA leave during that 12-month period, the leave for that particular day will not be FMLA-covered leave.

Example: Eligible employee is absent from work for 8 hours on 1/26/12 for a qualifying reason. The 12-month period for counting FMLA leave usage would be 1/27/11 – 1/26/12. If the employee had used 480 hours of FMLA leave since 1/27/11, the leave on 1/26/12 would not be FMLA covered. If the employee had used less than 480 hours of FMLA during the period, part or all of the day (1/26/12) may be FMLA covered leave. For example, if the employee had used 475 hours of FMLA leave since 1/27/11, he would have 5 hours of FMLA leave available to use on 1/26/12.

B. Military Caregiver Leave: Eligible employees who are the spouse, son, daughter, parent, or next of kin of a covered servicemember are entitled to up to 26 weeks (1,040 hours) of leave during a single 12-month period (measured forward from the beginning date of the leave) to care for the covered servicemember. Any other FMLA leave taken during the same 12-month period will be counted against the 26-week leave entitlement. A covered servicemember is: 1) a member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy; is otherwise in outpatient status; or is otherwise on the temporary disability retired list, for a serious injury or illness (incurred in the line of duty on active duty or existed before the active duty and was aggravated by service in the line of duty on active duty); or 2) a veteran who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness and who was a member of the Armed Forces, including the National Guard or Reserves, at any time during the period of five (5) years preceding the date on which the veteran undergoes that medical treatment, recuperation, or therapy.

Work-related Injury - When an employee is on leave for a work-related injury (using accrued leave or on 2/3 compensation under the State Employee Injury Compensation Trust Fund), the time off qualifies under the FMLA if the employee meets the eligibility requirements and has time available under his FMLA leave entitlement.

A husband and wife who are both employed by the Department and are both eligible for FMLA leave are entitled to:

- a maximum of 12 weeks of leave combined (rather than 12 weeks each) to care for a parent with a serious health condition; for the birth of a child; or for placement of a child with them for adoption or foster care;
- 12 weeks of FMLA leave each if the leave is due to their own serious illness or the serious illness of the spouse or a son or daughter;
- a combined maximum of 26 weeks of FMLA leave for military caregiver leave during a single 12-month period (maximum includes any other FMLA leave taken during the 12-month period).

Overview of Procedures:

1. When an employee specifically requests FMLA leave or the supervisor has knowledge that an employee's leave may be FMLA-qualifying, the supervisor provides the employee a Notice of Eligibility and Rights & Responsibilities (ADPH-HR-79) within five business days. This form notifies the employee whether or not he meets the eligibility requirements for FMLA-protected leave and, if so, what his rights and responsibilities are. If the employee is eligible for FMLA leave, the supervisor will provide the employee with the appropriate certification form for completion, if applicable.

The supervisor will choose the certification form that is appropriate for the situation:

- Certification of Health Care Provider for Employee's Serious Health Condition (ADPH-HR 41E)
- Certification of Health Care Provider for Family Member's Serious Health Condition (ADPH-HR-41F)
- Certification of Qualifying Exigency for Military Family Leave (ADPH-HR-80)
- Certification for Serious Injury or Illness of Covered Servicemember for Military Caregiver Leave (ADPH-HR-81)
- 2. The employee is given fifteen calendar days to return the completed certification form. When the employee returns the completed certification form, the supervisor reviews it to determine if the information is complete and sufficient and if the FMLA applies to the requested leave.
- 3. Within five business days after making a determination, the supervisor completes a Designation Notice (ADPH-HR-54) for the Administrator's/Director's signature and provides it to the employee. The Designation Notice serves one of three purposes:
 - a) notifies the employee that the leave is going to be counted against his FMLA leave entitlement; the amount of time to be counted, if known; that he is required to use

- accumulated paid leave as part of FMLA entitlement; and whether or not a fitness-for-duty certification is required for return to work (section A of the form);
- b) notifies the employee that additional information is needed to determine if the FMLA applies to the leave (section B of the form); in this case, the supervisor will indicate the specific information needed and give the employee seven calendar days to provide it; the supervisor will provide another Designation Notice after receiving and reviewing the additional information requested; or
- c) notifies the employee that the leave is not FMLA leave and the reason (section C of the form).
- 4. FMLA absences are to be coded as such on the Employee Weekly Leave Documentation (EWLD) form and entered with appropriate codes in the leave system. If an absence is being retroactively designated as FMLA leave, the change must be written on the EWLD, and the change must be initialed and dated by the employee and the supervisor. An explanation may be documented in "Comments." If the leave has already been keyed in the system, it does not need to be re-entered.
- 5. A Form 11 must be submitted when an employee goes on long-term leave without pay (20 or more consecutive work days). If the absence is FMLA-covered, indicate in the "Remarks" section how many hours of FMLA leave the employee has used prior to the effective date of the leave without pay.
- 6. All completed FMLA forms and documentation must be kept in a confidential, secure medical file, separate and apart from the employee's personnel file.

OTHER TYPES OF ABSENCES

Personal Leave Day

Under the conditions described below, State employees (other than those employed in Baldwin and Mobile counties, who receive the Mardi Gras Day holiday) receive a personal leave day each year. This includes full-time, temporary, probationary, provisional, and non-merit (e.g., unclassified) employees.

The personal leave day is granted as of January 1 of each year; therefore, only those employees who are employed as of January 1 are entitled to the time. If an employee enters state service after January 1, he does not receive the personal leave day for that calendar year. Also, employees must be in pay status a minimum of half of his normal work hours the work day before and the work day after January 1 of each year to receive a personal leave day for the year. The Leave Clerk must notify HR within the first pay period concerning any employees who are not entitled to a personal leave day due to LWOP on the work day before or the work day after January 1.

Part-time employees are entitled to a partial personal leave day based on their percentage of time worked as of January 1 (i.e., the personal leave day is six hours for a 75% employee, four hours for a 50% employee, and two hours for a 25% employee). Employees on SEICTF will receive five and one-half hours for a personal leave day. Employees who are part-time as of January 1 and later change to full-time do not receive the additional hours; employees who are full-time as of January 1 and later change to part-time do not lose their hours.

The first full day off (other than sick day) should be charged as a personal leave day. It is the policy of the Department that all employees should use their personal leave day no later than November 1. If an employee has not used his personal leave day by November 1, the supervisor must coordinate with the employee to schedule a day off as soon as possible. If the personal leave day is not used prior to the end of each calendar year, payment for the day must be made to the employee. For employees who have not used this day and could not be scheduled to be off, a letter from the immediate supervisor through the chain of command to the State Health Officer must be submitted to HR outlining the appropriate justification. The letter will be forwarded to State Personnel for the State Personnel Director's approval before payment is made.

Court Attendance Leave

Employees who are required to attend court as jurors are granted Court Attendance Leave with pay. Employees are required to provide the summons to their supervisor for the leave to be granted. When using jury leave, employees may retain any jury fees received. If the employee is released from serving on the jury, he should return to work if time permits or be on other approved leave. An employee is allowed the time to return to work. Any additional time off must be charged to the appropriate leave.

Court Attendance Leave is to be entered on the EWLD under the column marked "OTHER" and notated on the "Comments" line. A copy of the summons must be attached to the EWLD.

Attendance in court as a witness in an official capacity (job-related) is not considered leave but is considered part of an employee's assigned duties. The employee must turn over to the Department any witness fees received.

Employees who are subpoenaed as witnesses for non-job-related duties must use annual leave, personal leave day, compensatory time or leave without pay.

Educational Leave

Under certain conditions, employees may be allowed to attend an accredited college or university during work hours and receive their usual pay and benefits during the approved time. To participate in the program, employees must meet specific eligibility requirements and have the recommendation of their immediate supervisor and the Area Administrator or Bureau/Office Director. The course work must be of benefit to the employee in his current job. The State Personnel Director makes the final approval for educational leave.

Educational leave is coded in the "HOLIDAY/MISC" column on the EWLD; on the "Comments" line, the employee is to note that the miscellaneous hours are for educational leave and include his current equivalent hourly rate of pay.

Military Leave

All employees with the State who are active members of the Alabama National Guard or Naval Militia, or of the reserve components of the U.S. Army, Navy, Marine Corps, Air Force, or Coast Guard are entitled to military or naval leave of absence on all days that they are engaged in field or coast defense or other training or on other service ordered under the provisions of the military laws of Alabama or of the National Defense Act, or of the Federal laws governing the U.S. Naval Reserves, without loss of pay, time, annual leave, or sick leave: no such leave with pay shall be for more than 168 hours (21 work days) in any one calendar year. Holidays are not counted as military leave. In addition, such persons are entitled to be paid for no more than 168 hours for any one request when called by the Governor to duty in the active service of the State.

No such leave with pay shall be for more than 168 hours (21 work days) in any one calendar year. Holidays are not counted as military leave. In addition, such persons are entitled to be paid for no more than 168 hours for any one request when called by the Governor to duty in the active service of the State.

Hours are reported in hourly increments.

A request for Military Leave is submitted on an Application for Military Leave form (Form 14). A copy of the military orders is to be attached to this form and submitted to HR for processing. This leave must be placed on the EWLD under "Other" with a notation in the "Comments" section that leave is for military use.

If an employee is required to serve beyond the 168 hour allotment, this additional time must be treated as leave or leave without pay. If the employee receives military orders and has exhausted his military time, you cannot deny the time off. In cases where an employee's absence is creating a hardship for the office, you may ask him to try to reschedule his absence. If he is unable to reschedule, he must be granted time off. Annual raise, longevity, and total service dates are not adjusted for LWOP for military time. For employees called to active Military Duty for 30 days or more, please refer to Memos dated September 25, 2001 and July 24, 2002.

Compensatory Time

It is the State's policy to use compensatory (comp) time, rather than wages, to compensate nonexempt employees for overtime worked. The Fair Labor Standards Act governs the practices for overtime worked. Exceptions may be granted by the State Personnel Board.

<u>Nonexempt employees</u> - hours physically worked in excess of 40 hours per week are compensated at one and one-half times; all other overtime is compensated at straight time. Comp time will be figured automatically on the leave document.

In cases where a nonexempt employee is nearing the allowed maximum hours of compensatory time (240 hours) by federal law, the supervisor should immediately cease assigning the employee work after hours until the overtime hours are reduced. If a nonexempt employee must continue to work over the maximum number of hours in order to accomplish the Department's mission, the supervisor must submit a letter to request payment for the hours in excess of 240 hours through the chain of command explaining the reason for the overtime hours to the State Personnel Director. The letter must be submitted to HR for review and processing.

Accumulated compensatory time is to be used before annual leave unless this would cause loss of accumulated annual leave at the end of the calendar year. In such cases, documentation must be kept at the local office for audit purposes.

Upon separation from the department, nonexempt employees must be paid for their balance of compensatory time. This leave is not transferable to another state agency, but is transferable within the Health Department. The balance must be recorded on the Form 11 to separate the employee and put on the payroll report as separation pay in order for the employee to be reimbursed for the hours earned.

Exempt employees – Exempt employees within the Department may receive compensatory time on a time-for-time basis for hours worked in excess of their normal scheduled work hours, provided the overtime is approved by the supervisor in advance and is in the best interest of the Department, not for the convenience of the employee. Exempt employees may not accumulate more than 80 hours of comp time. All comp time earned and used must be recorded on the leave document, but it is not keyed. The Leave Clerk is responsible for maintaining records for accruals and usages. Comp time for exempt employees should be used within 60 days, and it cannot transfer within the Health Department or to another state agency. Employees will not be paid for accumulated comp time upon separation.

Accumulated compensatory time is to be used before annual leave unless this would cause loss of accumulated annual leave at the end of the calendar year. In such cases, documentation must be kept at the local office for audit purposes.

Blood Donation

Employees at the State Office are allowed time off to donate blood in conjunction with blood drives sponsored by the Health Department. Area and county employees will be allowed time off to donate blood at the local blood bank in accordance with the State of Alabama policy and upon supervisory approval. Employees will be allowed time for blood donation and recovery. In addition, employees who donate blood will receive blood donation leave time in accordance with state policy. If, during the screening process, an employee does not meet the health requirements to donate blood, the employee is allowed the time off required for attempting to donate blood, but not the additional time awarded for donating blood. Blood donation leave should be used within 30 days from the date blood was given and should be taken all at once. Supervisors are responsible for scheduling and coordinating the times their employees donate blood so that all program services continue to be provided. Blood donation leave is reported under the "HOLIDAY/MISC" column on the EWLD form and notated in the "Comments" section as blood donated leave.

Office Closings

When offices are closed during regular business hours for reasons such as inclement weather, employees will be granted time off without having to use their leave. This absence is reported under the "HOLIDAY/MISC" column on the Employee Weekly Leave Documentation form and notated in the "Comments" section. If an employee was previously scheduled to be off, leave will still be charged.

Voting Time

Employees who wish to vote during work hours must use their leave time, unless their work hours do not allow them two hours before work or one hour after work to vote. For example, if polls open at 7:00 a.m. and close at 7:00 p.m., an employee whose work hours are 8:00 a.m. to 5:00 p.m. would not be granted time off to vote without using his own leave. In this case, even though the employee's work hours begin less than two hours after the polls open, the employee has more than one hour after work hours to vote before the polls close. If the employee's work hours do not allow him the appropriate amount of time to vote before or after work, he may be allowed up to one hour off to vote without using accumulated leave. The time off is reported under the "HOLIDAY/MISC" column on the EWLD form and notated on the comments line.

Bereavement Leave

Employees in permanent merit system positions may be granted bereavement leave for the death of a person related by blood (limited to fourth degree or first cousin), adoption, or marriage. A maximum of three days per occurrence may be granted to an employee who does not have accrued sick leave. Employees who work 8-hour days may get 24 hours; employees who work

10-hour days may get 30 hours. The leave must be repaid to the state in the form of accrued leave, including sick, annual, or personal leave day within the calendar year of use. The leave will be paid in consecutive pay periods until paid in full. If the employee has not paid back the leave with his leave accruals within one year, the amount owed will be deducted from his paycheck until paid in full. If the employee leaves state service prior to repaying the leave, the remaining time will be deducted from the employee's final paycheck. In the event that the final paycheck is not sufficient to repay the state, the employee will not be eligible for rehire and will be disqualified for any state job until his obligation is met.

PERSONAL LEAVE DAY ACCRUALS FOR PERCENTAGE EMPLOYEES

PERCENTAGE WORKED AS OF JANUARY 1	ACCRUED HOURS
25%	2.00
50%	4.00
66%	5.30
75%	6.00

EXAMPLE - APPLICATION FOR MILITARY LEAVE

Form 14 Adobe Revised March 2009

ATTACH COPY OF ORDERS

1 copy Department 1 copy Employee

APPLICATION FOR MILITARY LEAVE

STATE OF ALABAMA

Personn	el Department				
Name of Employee NAME	2. Social Security Number 111-22-3333				
First MI Last					
3. Class Title/Code	4. Class Option Title/Code				
Programmer 10515	N/A				
5. Department/Code	6. Division/Code				
Public Health	Choctaw County				
7. Branch of Service	8. Military Rank				
National Guard	Master Sergeant				
9. Military Duty Dates	10. Total Hours				
From: 06/22/2013 To: 06-24-2013	24				
(Date) (Date)					
(number of hours) request does not exceed the 168 hours allowed by law each calend I have already had	/ leave this year."				
From:	To:				
(Date)	(Date)				
Signed:	Date:				
(Employee)					
12. Approval of Appointing Authority					
Signed:(Appointing Authority)	Date:				

LEAVE WITHOUT PAY (LWOP)

When an employee goes on leave without pay, the leave clerk must e-mail the HR Leave Coordinator with the employee's name; social security number; date; and number of hours for verification.

Short-Term Leave Without Pay - absences less than 20 consecutive work days. Leave without pay (LWOP) should be requested only under exceptional circumstances. The request should have the reason stated in the comment section of the EWLD. The employee must use all appropriate leave prior to going on LWOP. The hours must be recorded on the EWLD under "LWOP" and keyed using the short-term LWOP codes. For example, if an employee requests to go on leave without pay for educational purposes, he must have exhausted his personal leave day, annual leave, and compensatory time. Sick leave is not allowed for educational time off.

Long-Term Leave Without Pay - absences of 20 or more consecutive work days. Holidays are not counted. The employee must submit a letter requesting the leave, stating the reason, and giving an expected date of return. A letter should also be given to the employee notifying him of the approval or denial of his request. If approved, a Form 11 must be submitted to HR for processing to State Personnel. The letter to the employee must be attached along with the supervisor's approval. Item #35 on the Form 11 should indicate the date the employee's FMLA coverage will expire. The State Personnel Director has final approval. The absence must be recorded on the EWLD form and keyed using the long-term LWOP codes. A Form 11 must also be submitted to return the employee to work.

Long term leave without pay changes the total service date which determines the number of accrual hours for annual leave and the eligibility for longevity payment. The continuous service date adjusts the annual raise month by the LWOP and retirement service which is based on the number of months worked in the calendar year. It may also affect the retention score in case of a layoff.

An employee who fails to report for duty at the expiration of an approved leave of absence without pay may be subject to dismissal. However, before expiration of the leave period, the supervisor should remind the employee in writing of the date he is expected to return to work, and a failure to reply, or a declination (preferably in writing) may be treated either as a resignation or may be considered cause for dismissal action, depending on the circumstances and the decision of the appointing authority.

MATERNITY LWOP

An employee who was on LWOP for maternity purposes may purchase retirement service credit for that time. Follow the procedures below.

Employee must be active and contributing to the Employees' Retirement System at the time of purchase. Employee must pay the full actuarially determined cost for the service.

Employee must submit a completed Application to Obtain Service Credit for Maternity Leave without Pay form to the Retirement Systems. Payment must be made no later than June 30 of the calendar year following the end of the maternity leave.

EXAMPLE – LWOP

				N FOR	PERSONNE	LACT				
Name of Employee NAME				2	Social Security 111-22-333			3. Salary \$1,093	00 S/M	
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	ass Title/Code count Cler				(10	0601)	6. Class Option N/A	Title/Code		()
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INSTRUCTIONS	[011]	Lindrice				ND OF A				
		10. Transfe	er within depar	rtment			18. Retiremen		Service	
Item 11 requires signature of both de	partment	11 Transfe	er to another d	denartme	nt	П				
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ltems 11, 13, 14, 15, 21 require appr	oval of				949 (44929 (24 (4224 (449		20. Expiration	of provisiona	appointment	
Personnel Director before action is o	fficial.	13. Demot	on				21. Leave Wi	thout Pay		
Items 12, 13, 14, 15 must have copy		14. Layoff		****	**************					
employee attached. If voluntary den from employee should be attached.	notion, letter	15. Dismis	sal	L DOUGH ALL ALL	O TO THE OWNER AND SERVED WHEN					
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Item 17 should have copy of letter o or confirmatory letter from departmen		7 1 2 4 7 5 6					24. Returned	from Military I	LWOP	
		17. Resign	auon	+000+0+0+0+0		Д	25. Other			
ITEMS AFFECTED BY ACTION	1		FROM:					TO:		
26. Department/Code	Ĭ					1	_		5	
(Items 10 and 11) 27. Division/Code	-				1 1	-				
(Items 10 and 11) 28. County of Employment/Code						_			1)
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29. Class Title/Code (Items 10, 11, 13)					()	10			- ()
30. Class Option/Code (Items 10, 11, 13)					7 . 1				- 1	Ý
31. Dates					-				- 1	- 1
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(Item 13) 33. Position Number	-									
(Item 10, 11 and 13)										
34. If action is item 13, 15, 17 or 18, i recommended? (Y/N)	s reemployme	nt		(If"No	, explanation mu	st be give	en.)			
35. Remarks.		-	1.							
Employee has 96 hours of	FMLA pri	or to going	on LWOF	0.						
20 8:4										
36. Signed (Appointing Authority)							Date			
37. Signed (Appointing Authority)							Date			
111.										

EXAMPLE – RETURN FROM LWOP

Name of Employee		RECOMMENDATION	FOR PERSONNEL AC 2. Social Security Number	ION	3. Salary	
1. Name of Employee NAME First	AT	Last	111-22-3333		\$1,093.00 S/M	
4. Position Number 5. Cla	ass Title/Code			6. Class Optio	n Title/Code	
3673210 Acco	ount Cler	k 8. Division/Code	(10601)	N/A 9. Effective Da	ate	()
Public Health INSTRUCTIONS	(011)	Finance	(1010) KIND OF	3/28/2014		
INSTRUCTIONS		10 Transfer within denorm	nent	18. Retireme	ent	
Item 11 requires signature of both de	nartment			Disal	bility Service	
heads.	partition.	Control of the Contro	partment	19. Expiratio	on of temporary appointment .	
Items 11, 13, 14, 15, 21 require appro	oval of	12. Suspension ,		20. Expiratio	on of provisional appointment.	
Personnel Director before action is of	ficial.	13. Demotion		21. Leave W	/ithout Pay	
Items 12, 13, 14, 15 must have copy	of letter to	14. Layoff		22. Returned	d from LWOP	
employee attached. If voluntary dem from employee should be attached.	odon, letter	15. Dismissal			eave Without Pay	_
Item 17 should have copy of letter of	resignation	16. Separation by death				77
or confirmatory letter from departmen		17. Resignation			d from Military LWOP	
		,	_	25. Other	kvermenne errote inte interessor	
ITEMS AFFECTED BY ACTION		FROM:			TO:	
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27. Division/Code					-1	
(Items 10 and 11) 28. County of Employment/Code	-					1_
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(Items 10, 11, 13) 30. Class Option/Code	-)
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(Items 12, 21, 22, 23 and 24)	16					
32. Salary (Item 13)	1					
33. Position Number (Item 10, 11 and 13)						
34. If action is item 13, 15, 17 or 18, is	reemolovme	nt.		1.0		
recommended? (Y/N)	reempleyme		(If "No", explanation must be given	en.)		
35. Remarks.						
36. Signed (Appointing Authority)				Date		
37. Signed (Appointing Authority)				Date		
38. Approved				Date		



Donald E. Williamson, MD State Health Officer

September 25, 2001

MEMORANDUM

TO: Office, Bureau, Division, and Branch Directors
Area Health Officers
Area Administrators and Assistant Area Administrators
Local Health Officers

FROM: Sandra Wood, SPHR

Office of Personnel and Staff Development

RE: Rights of Employees Called For Military Duty

Based on current events, I am going to summarize an employee's rights if called to active military service. These rights are provided by Title 36-26-31, <u>Alabama Code</u>, 1975, and the Uniformed Services Employment and Recemployment Rights Act (USERRA), Chapter 43, U.S. Code.

1. All employees in the state service who are engaged in field or coast defense or other training or in other service ordered under the provisions of the military laws are entitled to military leave with pay up to 21 working days per calendar year. Additional absences may be annual, compensatory time, personal leave time, or leave without pay. Holidays during military leave will not be charged to military leave. The type of leave charged is based upon its availability and the employee's request.

An employee must give notice to their employer prior to departure; however, the supervisor does not have the authority to disapprove such notice. Attach the orders to the Application for Military Leave, Form 14, and forward to Health Personnel for processing.

The employee on leave without pay can continue their health insurance coverage up to 18 months by paying the premium.

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- 3. The employee's time off will not count as a break in service, therefore, the time off will not be deducted from his/her total service date.
- 4. Upon return, the employee shall be reinstated to the job they would have had if not for his/her absence due to military service. His/her seniority, classification, and rate of pay will be what they would have had if they had remained continuously employed.
- 5. Employees may be eligible to buy the time for retirement purposes.
- 6. Employees have a reemployment right of up to 5 years.

If you have further questions, please contact Ms. Susan McElvy at (334) 206-5833.

/saw

cc: Office Managers



Donald E. Williamson, MD State Health Officer

July 24, 2002

MEMORANDUM

TO: Office, Bureau, Division, and Branch Directors

Area Health Officers

Area Administrators and Assistant Area Administrators

Local Health Officers

FROM:

Sandra Wood, Director

Office of Personnel

RE

Military Pay Differential and Leave Restoration

The Alabama Legislature recently passed Act No. 2002-430 which became effective July 1, 2002, and is retroactive to September 11, 2001. This Act provides for compensation for state employees who are members of the military and are called into active duty for 30 or more consecutive days during the war on terrorism

Employees who have been called into active duty for 30 or more consecutive days and who are on military leave without pay, may be due the additional compensation which is equal to the difference between the lower active duty base pay and the higher public salary. The length of time the employee receives this pay shall be determined by the Adjutant General of the Alabama National Guard. The term "military pay" has been interpreted to be "basic pay." Eligible employees must submit a completed Military Leave/Differential Request, Form 1, and attach his/her military orders and the Leave and Earnings statements for each pay period. The Office of Personnel staff will obtain certification from the Adjutant General. The difference in the amount of pay will be calculated at a daily rate and the amount owed to the employee will be forwarded to State Personnel for verification and processing. The money owed will be made in the employee's next regular paycheck.

Employees who meet the requirements of this Act and used their annual leave, can request to have their leave restored. If they qualify, any leave used before or during activation that they certify was used for this purpose will be restored to their leave balance. The employee must

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submit a completed Military Leave/Differential Request, Form 1, with his/her attached military orders and submit the forms to his/her supervisor for verification. The Form 1 and attachments must be forwarded to the Office of Personnel for restoration of leave.

NOTE: The hours of annual leave used can only be restored one time.

Example: The employee has 60 days of annual leave. The employee chooses to use 40 days of leave for his activation, leaving him with a balance of 20 days (plus any leave accrued during the 40 days of annual leave usage). The employee requests the 40 days be restored to his leave balance. The leave is restored and he now has a balance of 60 plus days. If the employee is reactivated and uses 60 days of annual leave, only 20 days of leave is due to be restored because 40 days of leave was already restored.

If you have questions, please feel free to contact this office.

/saw

Attachment

CHAPTER 9

PERFORMANCE APPRAISAL

The Department of Public Health (Department) has adopted the State of Alabama Performance Appraisal system for merit system employees, semi-monthly laborers, and hourly employees.

Every supervisor is required to attend training on the Employee Performance Appraisal System. A Rating Supervisor (Rater) who has not completed the Performance Appraisal training should obtain guidance throughout the appraisal period from the Reviewing Supervisor (Reviewer), who is usually the Rating Supervisor's immediate supervisor. The Department's Office of Human Resources (HR) provides training and a reference manual which covers the Department's procedures.

An employee's immediate supervisor, the Rater, should conduct the appraisal process. The supervisor must be familiar with the employee's work performance and his compliance with expected work behaviors. The supervisor should monitor the employee's behavior and communicate performance feedback throughout the appraisal period so that the appraisal is based on objective and accurate information and is not a surprise to the employee. Generally, the supervisor should be an employee in a higher classification. An instance may occur where this is not possible. In such rare occasions, a written request listing the job classifications, employees' names, and the business reason must be provided to the HR Director for approval from the Sate Personnel Director prior to the supervisory assignment.

There are different appraisal forms for the following types of employees: probationary; semi-monthly merit with permanent status; hourly; and Form 8 hourly.

Performance appraisals for contract employees are not processed through HR or sent to State Personnel. However, it is important that work performance of contract employees be evaluated annually. Completed appraisals should be kept in contract employees' files at the worksite.

GENERAL APPRAISAL INFORMATION

There are three phases in the appraisal period: Preappraisal; Midappraisal; and Final Appraisal (Probationary or Annual). A form and meeting are associated with all three phases.

Preappraisal

The Employee Performance Preappraisal (Form 13P) must be completed for every employee at the beginning of each appraisal period, and the supervisor should hold a meeting with the employee to discuss it.

The appraisal period is indicated in the heading of the Form 13P, labeled as "Period Covered," with "from" and "to" dates. For new or promoted employees entering a probationary period, the beginning date is the first day of employment. The probationary appraisal period is generally six months for new hires and promotions. (See Example 1, page 9-12) The Licensure and Certification Surveyor classification has a 12-month probationary period. Employees hired from a reemployment register typically serve a three-month probationary period. For employees entering a probationary period, the form should be completed within the first three days of employment or promotion. For transfers, contact Human Resources for appraisal period dates. When an employee completes probation and receives a probationary raise, the appraisal period immediately following probation is approximately ten months (so that the next opportunity for a salary increase will be twelve months from the time of the probationary raise). Thereafter, appraisal periods are for one year.

The Form 13P describes the responsibilities and results expected of the employee during the appraisal period covered. Responsibilities and Results statements (R&Rs) should be written at the "Meets Standards" level "2". The supervisor should also provide the employee examples of how to earn ratings of "Exceeds Standards" "3" and "Consistently Exceeds Standards" "4".

The Form 13P also documents a discussion of policies and procedures related to Work Habits. Each employee should be provided written procedures regarding attendance requirements; call-in procedures; and dress code standards.

The first Form 13P for a new employee or one who has been promoted is generated in the local office; thereafter, the form is generated in State Personnel with heading information completed, and sent to HR for distribution to the employee's work location.

The Rater, Reviewer, and employee must sign and date the Form 13P. The Form 13P remains at the worksite in the employee's personnel file, with a copy provided to the employee.

If an employee's Responsibilities change during the appraisal period, the changes should be noted on the Preappraisal form (revisions; R&Rs added; or R&Rs deleted). Each change should be dated and initialed by the Rater and the employee. Three months of performance is the minimum period sufficient to observe an employee for a reliable evaluation. Therefore, when time for the final appraisal, the employee should not be rated on any new or revised R&Rs unless he/she has performed them for at least three months.

Midappraisal

A Midappraisal session must be held in the middle of each appraisal period and documented in the "Employee Performance Midappraisal" section of the Form 13P. (See Example 1, page 9-12)

- For employees serving a six-month probationary period, the Midappraisal is done at the three-month point. If an employee resigns prior to the Midappraisal but worked at least two months, the Midappraisal should be completed and filed in the employee's worksite personnel file.
- The appraisal period immediately following completion of probation is for approximately ten months, so the Midappraisal is to be completed at the five-month point. Thereafter, appraisal periods are for twelve months, with the Midappraisal at the six-month point.

Note: Each location must have a system in place to ensure the Midappraisal session is held and documented on the Form 13P. For audit purposes, the Midappraisal is to be completed by the date that is the midpoint of the appraisal period.

Examples:

Probationary period: 1/16/12 to 7/15/12; Midappraisal completed by 4/16/12. (See Example 1, page 9-12)

Appraisal period immediately following probation: approximately ten months (7/16/12 to 5/1/13); Midappraisal completed by 12/16/12.

Next annual appraisal period 5/1/13 to 5/1/14: Midappraisal completed by 11/1/13.

The Rater should draft information for the "Employee Performance Midappraisal" section of the Form 13P documenting the employee's work performance and forward to the Reviewer and any mandatory consult for review and approval. The Rater then meets with the employee to discuss it. This provides the employee feedback on his strengths, development needs, and any action needed to raise performance to a satisfactory level.

The Midappraisal session is not to be used as a disciplinary session. Any disciplinary action should be addressed at a separate meeting, not on the same day as the Midappraisal meeting. The date of the Midappraisal meeting is to be noted on the form, and the form must be signed by the Rater, employee, and Reviewer. The Form 13P remains at the worksite in the employee's personnel file, with a copy provided to the employee.

Final Probationary Appraisals and Annual Appraisals

Several weeks prior to the end of an employee's appraisal period (for annual appraisals, this is approximately three months prior to the annual raise month), HR will send the appropriate appraisal form (Employee Performance Probationary form (Form 13F) or Employee Performance Appraisal form), ((Form 13) to the local office manager or other designated contact for routing to the Rater). (See Examples 2 & 3, pages 9-14 and 9-16) (See below for more specific information about probationary and annual appraisals.) A Due Date Notice is attached to each set of appraisals, indicating what needs to be returned to HR and when due. A Preappraisal form for the upcoming appraisal period is also attached for completion; it is not to be returned to HR.

When appraisal forms are received from HR for completion, a copy of each appraisal form should be made to use as a draft; once finalized, information should be transferred to the original forms

The Rater should draft ratings and any applicable documentation and forward to the Reviewer and any mandatory consult for review and approval, prior to finalizing the appraisal form. Any disagreement about ratings must be resolved prior to discussing the appraisal with the employee.

Any changes or corrections made on the form must be initialed by the employee, Rater, and Reviewer.

For probationary and annual appraisals, an **Employee Training Report (ADPH-HR-33)** (See Example 4, page 9-18) must be completed, documenting any training the employee received that is not documented through the Learning Content Management System (LCMS). This form is to be **kept in the worksite employee file**; it is not sent to HR.

For annual appraisals only, form **ADPH-HR-63** (**Departmental Rules and Policies for Review at Annual Performance Appraisal**) must be completed and **submitted to HR with the appraisal**. (See Example 5, page 9-19)

The employee must be given a copy of all documents related to his performance appraisal.

PROBATIONARY PERFORMANCE APPRAISAL

At the end of the probationary period, based on the employee's work performance, the supervisor will recommend one of the following: permanent status, extended probation, or separation from employment. The recommendation must be marked on the form to ensure there is no confusion as to the intent.

It is imperative that probationary appraisals be returned to HR by the due date for processing to State Personnel; a probationary appraisal not received in State Personnel by the deadline will result in removal of the employee from the payroll (or, if the employee was promoted, a return to his previous classification). If unable to meet the deadline, contact HR for guidance.

Probationary appraisal forms are distributed by HR with the probationary raise effective date noted. If the employee is granted permanent status and a probationary raise, the increase in the paycheck will be reflected the second payday after that date. Examples: an employee whose probationary period is from 01/16/12 to 07/15/12 has a raise effective date of 07/16/12, and the probationary increase is reflected in the 08/16/12 paycheck. If a probationary appraisal is being returned to HR with permanent status recommended, the spaces related to salary increase (amount and step number) should be left blank, to be completed by HR. (See Example 2, page 9-14)

Probationary appraisals must have the initials or signature of the Area Administrator or Bureau Director, indicating agreement with the Rating and Reviewing Supervisors' recommendation, which must be marked on the form.

There are three possible recommendations: "Continued in the probation" (extension); "Given permanent status in the position;" or "Separated before or at the end of the probationary period" (termination). A probationary employee rated below "Meets Standards" in one or more R&Rs or rated "Unsatisfactory" in one or more Work Habits must be considered for an extension of probation or separation.

Extension

- If extension is recommended, a memo addressed to the HR Director giving the reason(s) for the extension must be routed through the Area Administrator/Bureau Director for initials and submitted with the Form 13F; the memo should be signed and dated by the employee, indicating receipt of a copy. An extension may be recommended if the employee is not performing all R&Rs at the "Meets Standards" level or above and/or has a problem in one of the Work Habits but is expected to be able to correct the issues. In addition, it may be recommended in cases where the employee has not completed all necessary training or continues to require more supervisory guidance than should be needed for the level of the position. The employee should have received feedback about his performance prior to the recommendation for extension so he is not surprised by it.
- Probationary extensions are for three months; an employee's probation may be extended twice, for a maximum total of 12 months. Probationary periods are automatically extended for periods of 20 or more consecutive days that the employee is not on the payroll (LWOP or 2/3 pay). (No extension is allowed for the L&C Surveyor classification, which requires 12-month probation.)

Permanent Status

- If the employee is recommended for permanent status, the salary increase information will be completed by HR. If the employee satisfactorily completes a regular six-month probationary period, a two-step raise may be given effective the first pay period following the completion of the probationary period; a salary increase during the probationary period due to a change in pay range or a Cost of Living Adjustment

(COLA) does not prevent the employee from receiving a probationary raise. The Department grants a two-step raise for "Meets Standards" or above upon receiving permanent status after a regular, six-month probationary period, provided raises are not frozen (see below concerning raises allowed on completion of probation when appointed from a reemployment register). In no case may an employee's salary be raised to more than the maximum of his pay range.

- Permanent status should not be recommended until the supervisor is confident the employee has demonstrated fully competent performance in all essential duties; has no problems in Work Habits; has successfully completed any required training; and has obtained any required license.

Separation

- If the employee is being recommended for separation, the supervisor(s) must contact the Employee Relations Office in HR, prior to the deadline, for review of documentation and drafting of the termination letter.

If an employee resigns during probation but worked at least three months of the appraisal period, the Form 13F should be completed for documentation purposes and submitted to HR. Since the employee will not be available to sign the appraisal, the supervisor should attach a copy of the employee's resignation letter. A copy of the processed appraisal will be returned to the location, to be sent to the former employee. A copy should be made for the employee's worksite personnel file, and the employee's copy mailed to the former employee by Certified Mail. The returned receipt should be filed in the employee's worksite personnel file.

Reemployment Register Appointments

Appointments from a reemployment register typically require a three-month probationary period, with a probationary appraisal as described above. If an employee is appointed from a reemployment register at the first or second step of the pay range, a raise to the third step may be given following satisfactory completion of the three-month probationary period. The employee is not eligible for a probationary increase if appointed from the reemployment register at or above the third step of the pay range.

If an employee with permanent status is laid off and is reemployed in the same department within two years, no probationary period is required. If an employee in probationary status is laid off and subsequently rehired by any agency, only the balance of the former probationary period must be served. However, the probation may be extended if needed to ensure the employee can perform the job.

ANNUAL PERFORMANCE APPRAISAL

If an employee has been off the payroll for 20 or more consecutive work days during the annual appraisal period due to LWOP (non-FMLA and non-Military) and/or 2/3 SEICTF status, the appraisal date and annual raise effective date will be adjusted, and the Employee Performance Appraisal form (Form 13) will be sent at the appropriate time.

The annual appraisal date and annual raise effective date cannot be adjusted because an employee is or has been on FMLA leave or Military Leave during the appraisal period. In accordance with federal laws, the supervisor must rate the employee as if the employee were actually at work.

Note: For an employee on FMLA leave at the time the appraisal is to be done, the Form 13 must be completed and the signature obtained as soon as possible after the employee's return to work.

Note: If an employee has been absent for nine months or more of the appraisal period due to Military Leave, the Form 13 should be completed using the same R&Rs and ratings as the previous appraisal period. No disciplinary action should be recorded unless it occurred in the current appraisal period. If the employee worked more than three months during the current appraisal period, the Form 13 should be completed based on his performance during that time. If an employee is on Military Leave at the time the appraisal is due, the supervisor should write "Military Deployment" on the signature line and return the form to HR for processing.

Employees who are not at the maximum of the salary range may be considered for a performance salary increase once each year, provided raises are not frozen. Progress within a salary range is determined by the employee's performance evaluation. Employee annual evaluations are related to performance raises according to the following schedule:

ANNUAL APPRAISAL SCORE	NUMBER OF STEPS
Does Not Meet Standards	0
Partially Meets Standards	0
Meets Standards	1
Exceeds Standards	2
Consistently Exceeds Standards	2*

^{*}Although the State Personnel Board Rules provide for three or four steps at the Consistently Exceeds Standards level, each Governor since the plan was implemented has capped the number of steps at two. In the event the cap is lifted, supervisors will be notified.

In no case may an employee's salary be raised to more than the maximum of his pay range.

The month/year printed on the "Annual Raise Effective" line means that the salary increase, if applicable, begins with the first pay period of that month. The increase in the paycheck is

reflected in the first paycheck of the following month. For example, for an annual raise effective month of January 201-, the increase is reflected in the February 1, 201-, paycheck.

Failure to submit the completed Form 13 and documentation by the deadline may result in the employee not receiving a salary increase in the correct pay period. Also, State Personnel will not have an appraisal score on file for the employee for use in promotional scores and layoff scores.

If an annual appraisal form (Form 13) is received for an employee who has left State employment for any reason, whether voluntary or involuntary, the appraisal should be completed to provide a final record of the employee's complete work history with the Department. Attach to the appraisal a copy of the documentation stating the reason for separation (i.e., a copy of the resignation, retirement, or termination letter) and return to HR; keep a copy in the worksite employee file. The appraisal will not be forwarded to State Personnel.

Checking Appraisals for Return to HR

Prior to returning completed appraisals to HR, the Office Manager or designee should ensure that the forms are completed correctly and any required documentation is attached, according to the following:

APPRAISAL SIGNATURES

The Rater, Reviewer, and employee must sign and date the appraisal before sending to HR. An employee's signature denotes a meeting was held with the employee and the appraisal was discussed, not that the employee agrees with the ratings. Therefore, when a meeting is held and the appraisal is discussed, the employee's refusal to sign an appraisal is considered insubordination.

All forms must be legible and have original signatures (preferably in blue ink); printed or typed names of Rater and Reviewer; and 4-digit social security numbers where required. All names must be official payroll names so HR can verify the Rater/Reviewer and State Personnel can enter the employee's appraisal scores and salary increase.

Under each signature and date is a space labeled, "Initial if comments attached." Only the author of attached comments must initial the space under his signature. An employee may submit comments (or a "rebuttal") for attachment to the appraisal when processed. The comments must be signed and dated by the employee and routed through the Rater and Reviewer for their initials, indicating review. The Rater and/or Reviewer may also submit a response to the employee's comments. Employees may submit comments to HR and State Personnel after an appraisal has been processed, provided they do so within one year of the date of the appraisal.

- In the "RESPONSIBILITIES" section (back of the appraisal form), R&Rs (abbreviated) and ratings should be typed or legibly hand-written. If an R&R was not assigned during the appraisal period, it should not be listed on the form; it is not to be listed and marked "N/A." (If a probationary employee was not given the opportunity to perform a responsibility during the appraisal period, but the responsibility is one that is essential to

the position, probation should be extended so the employee can be assigned the duty and his performance can be evaluated.)

Documentation must be attached to the appraisal form explaining the reason(s) for any Responsibility rated a "0" or "1." The documentation may be in the form of a memo from the Rater to the HR Director or "Personnel File." It must be dated and signed/initialed by the Rater; documentation must also be signed and dated by the employee, indicating receipt of a copy. (See example 6, page 9-20)

All employees should have the R&R "Responds to emergency and disaster assignments when called to duty" listed on their Preappraisal. Fortunately, most employees are not required to perform this responsibility during a given appraisal period, and it will not be listed/rated on the performance appraisal. If an employee actually did respond to an emergency or disaster assignment, include the R&R on the appraisal with a rating and send a signed and dated statement about the event, including what it was, where it occurred, and the date(s) of the event.

- The "RESPONSIBILITY SCORE" is calculated on the back page of the appraisal form and written in the appropriate space on the front of the form.

The calculation method is very important. It must be consistent since appraisal scores are used in promotional exams and layoff scores. Add all R&R ratings and divide the total by the number of R&Rs. This figure must be carried out to three decimal places and rounded to two decimal places using standard accounting principles, resulting in an Average Responsibility Rating. The Average Responsibility Rating is multiplied by 10 to arrive at the final Responsibility Score, which will have one place after the decimal.

Example:

6 R&Rs with ratings totaling 14 $14 \div 6 = 2.333$, which is rounded to 2.33 (Average Responsibility Rating) $2.33 \times 10 = 23.3$ (Responsibility Score)

- The "DISCIPLINARY SCORE" is documented on the back of the appraisal form and written in the appropriate space on the front of the form.

If no disciplinary action (Warning, Reprimand, Suspension, or Demotion) has been taken, a "0" should be marked for each type of action in spaces provided in the "Disciplinary Actions" section, and the "Disciplinary Score" will be "0."

If disciplinary action occurred, the number of each type of disciplinary action taken should be marked and the Disciplinary Score marked according to instructions on the form; a copy of the disciplinary documentation must be attached to the appraisal. Spaces must not be left blank and each must include a number, not an "X" or check mark.

Note: The disciplinary action of Demotion is included on annual appraisal forms but not on probationary forms.

- The "PERFORMANCE APPRAISAL SCORE" section on the front of the appraisal form is where the final score is calculated. The Disciplinary Score is subtracted from the Responsibility Score to derive the Performance Appraisal Score. The corresponding point range for the Performance Appraisal Score is identified and the appropriate category is marked.

If the final Performance Appraisal Score falls in the "Consistently Exceeds Standards" category, the Rater must attach a memo providing an explanation of the exceptional performance (see Example 7, page 9-21). The memo may be from the supervisor (and must be initialed) to the employee, with the original given to the employee and a copy returned to HR with the appraisal. The memo may instead be addressed to the HR Director or "Personnel File," in which case the employee should sign or initial and date the memo, indicating receipt of a copy.

The four "WORK HABITS" areas listed on the front of the form (Attendance, Punctuality, Cooperation with Coworkers, and Compliance with Rules) are terms and conditions of employment that are job related and are similar for most employees. The supervisor must rate the employee's conduct in each Work Habit as "Satisfactory" or "Unsatisfactory."

A rating of Satisfactory means the employee's conduct in that Work Habit has complied with defined policies and rules throughout the majority of the appraisal period.

An Unsatisfactory rating means the employee's conduct has deviated at times during the appraisal period from defined policies and rules. Work Habits marked Unsatisfactory may also warrant a lower rating in one or more of the Responsibility statements of the appraisal. A Work Habit may be marked Unsatisfactory even if no disciplinary action has been taken; however, the employee must have been made aware of the problem(s) during the appraisal period and the supervisor must have supporting documentation of some type. The rating should not be a surprise to the employee. In the space for explanation of ratings of Unsatisfactory, the supervisor must provide supporting information, which may include date(s) when the problem was discussed with the employee and/or a reference to attached documentation (Midappraisal, Counseling Form, or Discipline Form). If counseling or disciplinary action occurred, a copy of the Counseling Form or Discipline Form must be attached.

Note: The Work Habit "Compliance with Rules" refers to State Personnel and Departmental rules and policies that involve standards of conduct and apply to all, or the majority of, Department employees. An employee's compliance with program-specific policies and procedures should be covered in R&Rs (though the policies and procedures may not necessarily be specifically listed). If an employee is marked Unsatisfactory for Compliance with Rules, the Department policy that was violated should be noted in the explanation.

Send to HR:

Original appraisal plus two copies
One copy of any disciplinary documentation
Supporting documentation for any R&Rs rated "0" or "1"
Supporting documentation for overall ratings of "Consistently Exceeds Standards"
Original or copy of any "rebuttal" and response to the rebuttal, if applicable
Original Policy Review Form 63 (annual appraisals only)

Worksite Employee File:

The employee's worksite personnel file should contain a copy of everything sent to HR, plus the Preappraisal form and the Training Form for each appraisal period.

Note: After a probationary appraisal is fully processed, HR will return a copy with the appointing authority's signature to the location for the employee. The Office Manager or designee should make a copy for the worksite employee file.

Form 13P Revised (01/2006)

EMPLOYEE PERFORMANCE PREAPPRAISAL STATE OF ALABAMA Personnel Department

ployee Name: FIRST M. LAST	Social Security Number: XXX-XX-3333
ency: 011 / PUBLIC HEALTH	Division: 0640 / Walker County
assification: Administrative Support Assistant II	Class Code: 10197
riod Covered From: 05/01/2009 To: 05/01/2010	Position Number: 3674231
elow. These factors should be discussed with the emplo ppraisal year. Please refer to the Performance Appraisal N	and results on which an employee will be rated should be li- byee during the Preappraisal session at the beginning of e Manual for instruction on specifics of preparing, conducting, for information concerning how to develop responsibilities
Types documents with accuracy and timelines are no errors with final forms and one or less dea	ss following the supervisor's instructions so that there adlines per year are not met.
Files documents according to supervisor's insi	truction so that records can be located by deadlines.
 Operates and maintains office equipment such equipment so that assigned duties are completed that work is not disrupted. 	h as copier, fax machine, shredder and video d without valid complaint and in a timely manner so
Orders and stocks supplies including office su that work is not disrupted due to lack of supplies/	applies, cleaning supplies and medical equipment so equipment.
Communicates with departmental employees, doctor's offices so that correct and complete infoless valid complaints with one or less deadlines recommendations.	rmation is provided/obtained and there are one or
	I security number and address so that deadlines set correct, with no more than one missed deadline and
17.7	
1.0	

policies of the agency.		
CHECK WHEN DISCUSSED:	X	Attendance
	Х	Punctuality
	X	Cooperation with Coworkers
	x	Compliance with Rules
PREAPPRAISAL SIGNATUR	RES: Sign	atures are mandatory.
Date the Preappraisal Session was h	eld with the	employee: _05/01/2009
Employee Signature: (denotes discus	sion and re	ceipt of form, not agreement)
Rater Signature: (denotes discussion	and employ	ree receipt of form)
Reviewer Signature:		
	DI OVEE	DEDECTMANCE MOADODAICA!
		PERFORMANCE MIDAPPRAISAL
Describe the employee's strength(the first half of the appraisal period	s) in perfor	ming responsibilities and/or conducting work habits, as observed, during
Employee is willing to learn new to	asks and as	sist others when needed.
observed during the first half of the developed to improve the areas of	appraisal p	period. Document any actions taken or the corrective action plan that was
observed during the first half of the developed to improve the areas of developing a plan at this time.	appraisal p weakness	period. Document any actions taken or the corrective action plan that was
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Employee Name First M. Last		Social Security	Number: XX	X-XX-2200		
Agency: 011 / PUBLIC HEALTH		Division: _0640 / Walker County Class Code: _10196 Position Number: 3674231				
Classification: Admin Support Assist	ant I					
Period Covered From. 05/01/2010	To: 10/31/2010					
		12.000				
APPRAISAL SIGNATURES: S supervisor and employee discussion a	ignatures are to be pro ind receipt of form, not	vided after the form agreement. All signs	has been comp atures are man	pleted. Signatures der idatory		
Rating Supervisor	Emple	ovee	Revie	wing Supervisor		
SSN XXX-XX-1111	Linpi	oyee		XX-XX-2222		
Rater Signature	Employee	Signature	Re	eviewer Signature		
Rater Printed Name	Da	te	Revi	ewer Printed Name		
Date Initial if comments attached	Initial if comme	ents attached	Date	Initial if comments attach		
It is recommended that the employee	be:					
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Continued in the probation (rea		ary Actions Area)				
	ason stated in Disciplina		0 Step 3 Effect	ive 11/01/2010		
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nents			Rating
			2
ents			3
d Maintains Equipment			2
Stocks Supplies/Equipme	ent		2
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Number of	Average Responsibility Rating		22.0 esponsibility Score
Provide the number of nary action has been ta	f disciplinary actions and s ken, a "0" should be mark	teps taken with the er ked in each blank pro	nployee during the appraisa
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Place the form in the employee's worksite not necessary to list on this form any train Content Management System (LCMS).	has been provided during the appraisal period. file and provide a copy to the employee. It is ing that is documented through the Learning.
mployee Name: FIRST M. LAST ob Classification: Administrative Support	Last 4 digits of SSN: 1111
Nork Location (Area/County/Office/Burea	
Period Covered: From 05/01/2009	To 05/15/2010
Type or Title of Training	Date(s)
EICTF Training	10/14/2009
Approach Level II	7/8-9/2009
Phone Etiquette" Training	6/21/2009
By signing, employee states that he or she	did receive/attend training listed.
mployee's Signature	Date
Rating Supervisor's Name (printed) Original – Worksite Employee File Opy – Employee	Rating Supervisor's Signature

	STATE OF A	ALABAMA Department	
Employee Name First M. Last		Social Security	y Number: XXX-XX-2200
Agency:011 / PUBLIC HEALTH		Division: 064	40 / Walker County
Classification: Admin Support Assis	stant I	Class Code	10196 Position #: 3674231
Period Covered From: _05/01/2009	To: 05/01/2010	Annual Raise	Effective: July 2010
APPRAISAL SIGNATURES: supervisor and employee discussion a mandatory.			n has been completed. Signatures de s not denote agreement. All signature
Rating Supervisor SSN XXX-XX-1111	Emplo	oyee	Reviewing Supervisor
Rater Signature			Reviewer Signature
Rater Printed Name	Employee S	Signature	Reviewer Printed Name
Date	Dat	te	Date
		Responsibility Score	
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RESPONSIBILITIES: List an abbreviated version of the employee's responsibilities below as documented on and discussed during the Preappraisal. Record the appropriate rating in the box for each responsibility. Rating(s) of appropriate responsibilities should reflect any disciplinary action(s) that has been taken during this appraisal period.

50	11.184								n
25	ponsibility								Rating
	TYPES DOCUM	IENTS							2
	FILES DOCUME	ENTS							3
	OPERATES AN	D MAINTAINS E	QUIPME	NT					3
	ORDERS AND	STOCKS SUPPL	ES/EQU	IPMENT					3
	COMMUNICATE	ES WITH DEPAR	TMENTA	AL EMPLOYEES,	GENE	RAL PUE	BLIC		3
	ENTERS/KEYS	PATIENT DATA.	94.	***					2
ES	PONSIBILITY	SCORE:							
	16 ÷	6	=	2.67	×	10	-	26.7	
spo	Total of ensibilities/Results Ratings	Number of Responsibilitie	s	Average Responsibility Rating				Responsibili Score	ity

year. If no disciplinary action has been taken, a "0" should be marked in each block provided. Attach a copy of the warning(s), reprimand(s), or suspension(s) or demotion to the Appraisal.

Warning	Reprimand	Suspension	Demotion
O	0	0	0

DISCIPLINARY SCORE: This section should include the use of the discipline steps of reprimand, suspension, and demotion only. The Disciplinary Score does not include scores for counseling and warnings. To calculate the Disciplinary Score, identify the most severe step of discipline taken with the employee during this appraisal period. If the most severe step was one or more reprimands, the Disciplinary Score will be 7. If the most severe step was one or more suspensions, the Disciplinary Score will be 17. If the most severe step taken with the employee in the appraisal year was one or more demotions, the Disciplinary Score will be 24. Otherwise, the Disciplinary Score will be 0.

DISCIPLINARY SCORE:	0	

DOCUMENTATION TO SUPPORT PERFORMANCE APPRAISAL SCORE

MEMORANDUM

TO: Name, Director

Office of Human Resources

FROM: Name, Title

Location

DATE: January 4, 201-

RE: Employee/SSN 1270

Documentation to Support Performance Appraisal

Employee has been given a "1" for the Responsibility and Result statement "3" which requires completing an average of five visits per day. During this past year, her average visits have been three. This "below the average standard" was discussed with her at the midappraisal. In addition, she received a list of visits made each month.

DEPARTMENTAL POLICIES FOR REVIEW AT ANNUAL PERFORMANCE APPRAISAL

	loyee's Name FIRST M. LAST SSN (last 4				
	ollowing policies must be reviewed by the employee as part of the autisal review:	mual performanc	ce		
ippra	usai review.	Policy	ID#		
1,	ADA Employment Policy	2009-0	007		
2.	Family and Medical Leave Act Policy	2010-0	001		
3.	Sexual Harassment Policy	2003-0	2003-016 2004-019		
4.	Drug-Free Workplace Policy	2004-0			
5.	Professional Conduct Policy	2006-0	23		
6.	Policy Against Workplace Threats and Violence	2008-0	2008-002		
7.	Equal Employment Opportunity/Affirmative Action Policy	2007-0	003		
		2012.0			
	Grievance Policy tional policies reviewed by employee as part of the annual performarch additional sheet if necessary):	2012-0			
Addi	tional policies reviewed by employee as part of the annual performar				
Addi	tional policies reviewed by employee as part of the annual performar				
Addi (attac	tional policies reviewed by employee as part of the annual performarch additional sheet if necessary):	Date	lso		
Addi (attac	tional policies reviewed by employee as part of the annual performanch additional sheet if necessary): Rating Supervisor's Signature eby certify that I have read and understand the departmental policies restand my responsibility to cooperate with the department in complying	Date	lso		

ADPH-HR-63/Rev. 10/2012

CHAPTER 10

OTHER PERSONNEL TRANSACTIONS

A Form 11 (Recommendation for Personnel Action) must be completed for the following transactions covered in this chapter: transfers; demotions; suspensions; changes in percentage of time worked; and changes to name, address, or social security number. All Form 11s must be initialed by the Administrator, Bureau or Office Director, or designee, indicating approval.

TRANSFERS

Transfers within or to the Department must follow the Department's Lateral Transfer procedures as described in Chapter 3.

An employee's transfer from one department to another requires the approval of both appointing authorities.

In order for a probationary employee to transfer, HR must first determine that he could have been certified for appointment to the position in the gaining location. Contact HR prior to making a job offer to a probationary employee.

The Department does not transfer or accept Advanced Sick Leave or Bereavement Leave owed. It must be paid back to the agency prior to the employee's transfer.

Accumulated compensatory time is not transferable from department to department. Any accumulated compensatory (comp) time balance for nonexempt employees must be paid to the employee by the agency in which the obligation incurred, prior to the transfer. An exempt employee loses any accumulated comp time when transferring to another department. Accumulated comp time for nonexempt employees (but not exempt employees) can transfer within the Department.

For voluntary transfer, the employee should make a request in writing to his supervisor requesting a transfer. The Form 11 is initiated by the department/office which the employee currently works.

Item 9	Write/type either the 1 st or 16 th day of the month, the beginning of a pay period.
	All transfers must occur at the beginning of a pay period.
Item 10/11	Mark the type of transfer

Items 26-33 Complete "FROM" and "TO" section, as applicable.

Item 26 "FROM" – write/type "Public Health" for "Department" and "011" as the "Code."

Item 26 "TO" write/type Public Health for "Department," if transfer within the Department. If transferring to another department, the "TO" section should name the department to which the employee is transferring. If you do not have the information needed to complete Items 26-32 under the "TO" section, leave it blank. HR will obtain the information from the agency's Personnel Office.

Item 28 Write/type in two-digit County code

In some instances, an employee may be involuntarily transferred to another position for the good of the agency. Reasons include: decrease in workload; change in organization structure; reduction or elimination of funding sources; or as part of a disciplinary action plan. These types of transfers must be coordinated with the HR Director to ensure the job duties are within the employee's classification and that all applicable State Personnel policies and laws are followed. The employee will receive a memo or letter from the appointing authority or supervisor informing him of the transfer. Information will include start date, the location of the new assignment, and other relevant changes. A Form 11 is also required to initiate this action.

If an employee is transferring to the Department, the employee should be provided the Area, County, Bureau or Office name and the base location in order for him to notify his agency.

When an employee is being promoted from a register in another agency, a Form 11 and a letter requesting the transfer from the employee must be submitted. Items numbered 26-33 in the "FROM" section should be completed. The "TO" section should contain the agency to which the employee is transferring. In the "Remarks" section, you may note that the employee is being promoted from a register.

All Forms 11 must have the Administrator, Bureau or Office Director, or designee's initials indicating approval.

EXAMPLE – TRANSFER WITHIN THE DEPARTMENT

A Company of the Comp		RECOMMENDATIO			ION			
Name of Employee NAME			2. Social Security 1 111-22-333	Number 3		3. Salary 1,015.80 S	5/M	
	MI	Last						
	ass Title/Code ministrativ	e Support Assistant	(10	197)	6. Class Option N/A	Title/Code	- (1
7. Department/Code Public Health	(011)	8. Division/Code Family Health Serv	ices (1)	150)	9. Effective Date 7/16/2013	e		
INSTRUCTIONS	(011)	T Girmy Treditit Ger			ACTION			
		10. Transfer within depar	tment		 Retirement Disabi 	it	ervice	
em 11 requires signature of both department		11. Transfer to another d	epartment			of temporary app		_
heads.		12. Suspension		П				_
Items 11, 13, 14, 15, 21 require appr Personnel Director before action is o	oval of fficial	13. Demotion				of provisional app		
						hout Pay		
ltems 12, 13, 14, 15 must have cop employee attached. If voluntary den		14. Layoff			22. Returned	from LWOP		
from employee should be attached.		15. Dismissal		_	23. Military Le	eave Without Pay.		
Item 17 should have copy of letter o	fresignation	16. Separation by death	*************		24. Returned	from Military LWO	P	🗖
or confirmatory letter from departme	nt attached.	17. Resignation			25. Other			П
In the Landson and Santati	_			-	430,5443,700			
ITEMS AFFECTED BY ACTION	-	FROM:		+		TO:		_
26. Department/Code (Items 10 and 11) 27. Division/Code (Items 10 and 11)	Public I	lealth	(011)	Pu	blic Health		(011)
	Family	Health Services	(1450)	Ne	w Program		(5000)
28. County of Employment/Code (Items 10 and 11)	Montgo		(51)	Montgomery (51)				
29. Class Title/Code		Support Assistant II	1.37.7	1 10	min Support	Assistant	(1019	771
(Items 10, 11, 13) 30. Class Option/Code	Admin	Support Assistant II	(10197)	Au	min Support	ASSISIAITI	(101)	2/1
(Items 10, 11, 13) 31. Dates	-		- ()	-				
(Items 12, 21, 22, 23 and 24) 32. Salary	_			-				-
(Item 13) 33. Position Number	-			-				-
(Item 10, 11 and 13)	359120)1		222	22111			
34. If action is item 13, 15, 17 or 18,	s reemployme	nt	(If "No", explanation mu	of he mive	an)			
recommended? (Y/N) 35. Remarks.			(ii ivo , explanation) nu	st ne give	ar./			
Annual Leave: 223.00 Sick Leave: 230.00								
36. Signed (Appointing Authority)					Date			
37. Signed (Appointing Authority)					Date			
38. Approved					Date			

EXAMPLE – TRANSFER FROM ANOTHER DEPARTMENT

		STATE OF ALABAMA RECOMMENDATION	FOR PERSONNE	L ACTI		1		
Name of Employee NAME			2. Social Security Number 121-12-1212			1,024,80		
First	MI	Last						
4. Position Number 1736292	5. Class Title/Code Administrative S	Support Assistant II	(10	197)	6 Class Option	n Title/Code	1)
7. Department/Code Transportation	(012)	8. Division/Code Equp/Procure/Services (055			9. Effective Da 06/11/2010	ite		
INSTRUCTION		Lqupr I our stock sees		ND OF A	CTION			
		10. Transfer within department			18. Retireme Disat	ent Se	rvice	
tem 11 requires signature of both department needs. Items 11, 13, 14, 15, 21 require approval of Personnel Director before action is official. Items 12, 13, 14, 15 must have copy of letter to amployee attached. If voluntary demotion, letter from employee should be attached. Item 17 should have copy of letter of resignation or confirmatory letter from department attached.		11. Transfer to another department			19 Evniratio	n oftemporary appo	ointment	П
		12. Suspension				n of provisional app		
		13 Demotion				A CALL CONTROL FOR		
		14. Layoff				ithout Pay		
		15. Dismissal			100 1000	from LWOP		_
					23. Military L	eave Without Pay	*0**3*00000000	
		16. Separation by death			24. Returned	from Military LWOF	3	🛘
- Tone non deput	The same of the sa	17. Resignation			25. Other		weigner von	
ITEMS AFFECTED BY ACTIO	ON	FROM:				TO:		
26. Department/Code (Items 10 and 11)	Transpa	etelien.	(012)	Duk	olic Health		(01	43
27. Division/Code ((terms 10 and 11) 28. County of Employment/Code ((terms 10 and 11) 29. Class Title/Code ((terms 10, 11, 13) 30. Class Option/Code ((terms 10, 11, 13) 31. Dates ((terms 12, 21, 22, 23 and 24) 32. Salary	Transpo	A CONTRACT OF		100				
	e	rocure/Services	(055)		ntgomery Count	У	(051	
	Montgon	VIII. A STATE OF	(51)	/	ntgomery	1775	(51	
	Admin S	upport Assistant II	(10197)	(10197) Admin Support Assistant II			(101	97)
	-			_	_		(
				-				_
(Item 13)	-			_				
33. Position Number (Item 10, 11 and 13)	1736292			352	1888			
34. If action is item 13, 15, 17 or	18, is reemploymen	nt o	f "No", explanation mus	ust be given.)				
recommended? (Y/N) 35. Remarks.				20.5				
Annual Leave: 130.15 Sick Leave 73.00								
Sick Leave 75.00								
36 Signed (Appointing Authority)					Date			
37 Signed (Appointing Authority)					Date	3		
38. Approved								

DEMOTIONS

A demotion is defined as a re-assignment of a classified employee from a position in a higher classification to a position in a classification with a lower salary range. This may occur within the department or from one agency to another.

Voluntary demotion – an employee requests the transfer to another classification in a lower salary range. The request must be in writing stating that the request is voluntary. It is recommended that the employee write the letter rather than have a form letter or prewritten statement. The supervisor should acknowledge the request and document changes to include the job title; supervisor; semi-monthly salary; change in salary range; base change; work schedule; and seniority for layoff purposes.

Involuntary demotion – an employee reassigned to a classification in a lower salary range as part of disciplinary action or through a layoff. Before the employee can be demoted, there must be a vacant position in which to transfer. All actions must be coordinated through HR prior to reassigning the employee. The appointing authority will send the employee a letter outlining the reason(s) and notify the employee of his rights.

Completion of Form 11:

Mark Item 13 and write/type in "voluntary" or "involuntary"

Items 26-34 must be completed. The letter from the appointing authority notifying the employee of the demotion or approving the voluntary demotion must be attached. Mark Item 34 reemployment recommendation, with a "Y" for yes or "N" for no. If the employee will not be recommended for reemployment (or rehire), he must be notified in the letter.

When an employee is demoted, his salary must be reduced to no more than the maximum step of the new classification. If the employee's current salary is within the salary range of the new classification, the salary may be decreased to any step within the new range at the request of the appointing authority.

If the employee was promoted within the past year, received a promotional raise, and is returning to the classification from which he was promoted, the promotional and probationary raises may be deducted. If the employee's annual raise month is within that period, the employee may keep the two- step promotional raise as long as annual raises were being given. For example, an employee's original annual raise month is August; he was promoted in January and received a two-step promotional raise. His raise month changed to January. In June, the employee received a two-step probationary increase. In July, the employee requests a demotion; therefore, the employee must forfeit the four steps. His annual raise month returns to August. If the employee's annual raise month was March, the employee could retain two of the step increases. The employee's annual raise month would then revert back to March.

If an employee is first promoted and given a promotional raise, then is demoted, but suffers no decrease in pay; and subsequently is promoted back to the higher classification; he may not receive an additional promotional increase.

EXAMPLE - DEMOTION

I ss Title/Code sinistrative (011) artment val of cial. of letter to otion, letter esignation attached.	East e Support Assistant III 8. Division/Code Lauderdale County 10. Transfer within department of the county of	(03 KII ent	1198) 90) ND OF A	18. Retirem. Disa 19. Expiration 20. Expiration 21. Leave W 22. Returned 23. Military L 24. Returned	ate	Service	
s Title/Code ninistrative (011) artment val of cial. of letter to tion, letter resignation	Support Assistant III 8. Division/Code Lauderdale County 10. Transfer within department of the county of the county 12. Suspension	(03 KII ent	90) ND OF A	N/A 9. Effective Dr 6/16/2010 CTION 18. Retirem Disa 19. Expiratio 20. Expiratio 21. Leave W 22. Returner 23. Military L 24. Returner	ent	Service appointment appointment av	
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cial. of letter to tion, letter	13. Demotion 14. Layoff 15. Dismissal 16. Separation by death 17. Resignation			21. Leave W 22. Returned 23. Military L 24. Returned	Without Payd from LWOP Leave Without Pa	ay	
cial. of letter to tion, letter	14. Layoff			21. Leave W 22. Returned 23. Military L 24. Returned	Without Payd from LWOP Leave Without Pa	ay	
tion, letter	15. Dismissal	***************************************		22. Returne23. Military I24. Returne	d from LWOP Leave Without Pa d from Military LV	ay	□
tion, letter	15. Dismissal	***************************************		23. Military L 24. Returne	Leave Without Pa	y	
	16. Separation by death	***************************************		24. Returne	d from Military LV	VOP	
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	FROM:		_				
-					TO:		
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				Date	.		
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SUSPENSIONS

Suspensions must be coordinated with the Employee Relations Officer. A permanent employee is entitled to due process before a suspension. This means that the employee is entitled to a departmental pre-suspension hearing.

A Form 11 must be completed to initiate a suspension. Item 12 indicates the intention to suspend the employee; Item 9 indicates the beginning date; and Item 31 shows the dates of the suspension. A letter from the appointing authority notifying the employee of the reason(s) for the suspension must be attached.

For a suspension, the absence must not be recorded under "LWOP" on the Employee Weekly Leave Documentation. If LWOP is keyed in addition to showing the suspension on the Form 11, the hours will be deducted twice. The suspension dates should be indicated under "HOLIDAY/MISC" by the dates and "Suspension" should be noted under "Comments" of the leave form.

EXAMPLE - SUSPENSION

4. Position Number 3456121 Per 7. Department/Code Public Health	II.			0 0	Security Number		Fo.o.		
4. Position Number 3456121 Per 7. Department/Code Public Health	H						3. Salary 1,503.80 S/M		
3456121 Per 7, Department/Code Public Health	ss Title/Code		Last			6. Class Optio	nn Title/Code		
Public Health	sonnel As				(10832)	N/A		(
INCTOLICTIONS	Public Health (011)		le Linty		(0660)	9, Effective Da 5/23/2010	ate)		
INSTRUCTIONS					KIND O	F ACTION	ant		
		10. Transfer	within departme	nt		18. Retirement Service			
tem 11 requires signature of both department heads.		11. Transfer	to another depa	rtment	E	19. Expiration	on of temporary ap	pointment	
	nal at	12. Suspensi	on						
Items 11, 13, 14, 15, 21 require approval of Personnel Director before action is official. Items 12, 13, 14, 15 must have copy of letter to		13. Demotion	Firmaniana			20. Expiration of provisional appointment			
		14. Layoff				21 Leave Without Pay			
employee attached. If voluntary dem from employee should be attached.			I			22. Keturne			-
Item 17 should have copy of letter of resignation or confirmatory letter from department attached.			on by death			23. Military I	Leave Without Pay		
		- 20 Janes	W. W. S. CONTON			24. Returne	d from Military LW	OP	
		17. Resignati	on			25. Other			
ITEMS AFFECTED BY ACTION			FROM:				TO:		
26. Department/Code									-0
(Items 10 and 11) 27. Division/Code (Items 10 and 11) 28. County of Employment/Code (Items 10 and 11) 29. Class Title/Code (Items 10, 11, 13) 30. Class Option/Code (Items 10, 11, 13) 31. Dates (Items 12, 21, 22, 23 and 24) 32. Salary (Item 13) 33. Position Number (Item 10, 11 and 13)	+			_ (_ -			-1-	
	-			- (1 -)
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	5/23/20	10			5	/27/2010			
	1								
34. If action is item 13, 15, 17 or 18, is	reemploymen	nt T	1	and a					
recommended? (Y/N)			(It	No" explan	ation must be g	iven.)			
35. Remarks. See attached suspension le	etter.								
36. Signed (Appointing Authority)						Date	i		
37. Signed (Appointing Authority)						Date			

PART-TIME

Part-time work is less than 40 hours per week. Acceptable percentages for part-time work are: 25, 50, and 75.

A Form 11 and a revised Form 40 must be submitted to change an employee's percentage of work time, along with a letter from the employee asking to change his work hours. A letter from the supervisor acknowledging his approval and notifying the employee of any changes must also be attached. The acknowledgment letter should document the new semi-monthly salary and/or time period.

On the Form 11, Item 3 "Salary" should include the employee's current semi-monthly salary. Item 9 "Effective Date" must be the beginning of a pay period. Mark Item 25 "Other".

An employee must work at the new percentage for at least three months before changing his work hours again. Exceptions to this rule may be made for business reasons when approved by the HR Director.

The employee must revise his Employee Weekly Leave Documentation to show his new leave accrual rate. The leave clerk should be told of the change of the employee's work hours in order to verify the EWLD accrual rate.

EXAMPLE – PART-TIME

Title/Code h Servic (011) tment l of al. letter to on, letter signation ttached.	Last Ses Administrator I 8. Division/Code CHIP 10. Transfer within departr 11. Transfer to another de 12. Suspension	(14 Ki ment	761) 10) ND OF A	18. Retiremer Disabi 19. Expiration 20. Expiration 21. Leave Wil 22. Returned 23. Military Le	nt	Service		
h Service (011) tment l of al. letter to on, letter signation	10. Transfer within departr 11. Transfer to another de 12. Suspension	(14 Ki ment	10) ND OF A	N/A 9. Effective Dat 6/16/2010 IS. Retiremer Disabi 19. Expiration 20. Expiration 21. Leave Wil 22. Returned 23. Military Le	nt	pointment		
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uached.	17. Resignation			24. Returned from Military LWOP				
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NAME/ADDRESS/SOCIAL SECURITY NUMBER CHANGE

A Form 11 must be completed to change an employee's name, address, or social security number on human resources records. Mark Item 25 "Other" and write/type the new name, address, or the correct social security number in Item 35 "Remarks". In cases where a social security number is being changed, attach a copy of the employee's social security card. To change an employee's name and/or address, attach a request from the employee. Documentation such as a marriage certificate, divorce decree, or some other legal documentation must also be attached for a name change.

For active employees, HR will provide a copy of the Form 11 to the State Employees Insurance Board (SEIB) and the Employees Retirement Systems (ERS) to change a name or address. However, inactive employees must contact the SEIB or ERS to request name or address changes.

EXAMPLE – ADDRESS CHANGE

1 November 1	-	RECOMMENDATION	ON FOR I	ter sexta program grass	TION	1204			
Name of Employee NAME			2.3	Social Security Number 11-21-2121		3, Salary 1,060,40 S	M		
First	MI	Last		C. P. Din.	Lance	-			
4. Position Number 3402860	Class Title/Code Administrativ	e Support Assistan	nt III	(10198)	N/A	ion Title/Code	(- 1	
7. Department/Code Public Health	8. Division/Code Autauga County		(0010)	9. Effective I 4/16/201					
INSTRUCTION	(011)	, raturgu court		KIND OF	ACTION				
		10. Transfer within dep	partment		18. Retiren	nent	rvice		
Item 11 requires signature of bo	th department	11. Transfer to another	er department		10 Embel	ion of temporary appe	interior d		
neads.		12. Suspension	10303:1101003	П					
Items 11, 13, 14, 15, 21 require	approval of	13. Demotion			20. Expirat	ion of provisional app	ointment		
Personnel Director before action is official.					21. Leave Without Pay				
ltems 12, 13, 14, 15 must have employee attached. If voluntary		14. Layoff			22. Return	ed from LWOP			
from employee should be attached. tem 17 should have copy of letter of resignation or confirmatory letter from department attached.		15. Dismissal			23. Military	Leave Without Pay	Destrict the section of the section		
		16. Separation by deal	th		24. Return	ed from Military LWO		П	
		17. Resignation				Address Chang		-	
ITEMS AFFECTED BY ACTI	ON	FROM:				TO;			
26. Department/Code									
(Items 10 and 11) 27. Division/Code (Items 10 and 11) 28. County of Employment/Code (Items 10 and 11) 29. Class Title/Code (Items 10, 11, 13) 30. Class Option/Code (Items 10, 11, 13) 31. Dates (Items 12, 21, 22, 23 and 24)				<u> </u>					
	te -			_1)	
			- (1			- ()	
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	4)								
32. Salary (Item 13)	7			- 1					
33. Position Number				-				_	
(Item 10, 11 and 13)			-						
34. If action is item 13, 15, 17 or recommended? (Y/N)	18, is reemployme	nt	(If No.	explanation must be giv	ren.)				
35. Remarks. Old Address: 111 Main Street Prattville, AL 34590 New Address: 222 Common Street Millbrook, AL 35648									
36. Signed (Appointing Authority)					Dat	e			
37. Signed (Appointing Authority)					Dat	te			
38. Approved					Dat				

CHAPTER 11

PERSONAL SERVICES CONTRACTS

Personal services contracts are used to supplement the work performed by merit employees.

Among the criteria used by State Personnel to support or oppose a contract include (1) whether or not the job is appropriate for merit system employment, (2) if the rate of pay is commensurate with the qualifications of the individual and appropriate for the work to be done, (3) consideration of the duration of work to be performed, and (4) whether the individual will be considered in full-time or part-time employment status.

The personal services contracts must be approved by the Contract Review Permanent Legislative Oversight Committee (if over \$1,500); the State Finance Director, the State Personnel Director, and the Governor. The State Personnel Board must approve contracts \$15,000 and over.

Many of our personal services contracts have received prior approval from the Governor, State Finance Director, the State Personnel Director, and the Committee Chair for the Contract Legislative Review Oversight Committee (LOC). Listed below are contracts with blanket approval:

Home Care RN Home Care LPN Home Care HHA Nurse Practitioner Physician

The pre-approved contracts also have approved pay scales.

An original and two copies of the personal services contracts must be submitted to HR. A Contract Verification Notice, Disclosure Statement, and Immigration Status Form must also be attached to the original contract. Incomplete or conflicting information may result in the contract being returned or delay the processing of it. Check the contract for the following information:

1. Employee's gender/ethnic code (e.g., F-1)

M = Male

F = Female

2 = Black

3 = Hispanic

4 = Asian or Pacific Islanders

5 = American/Alaskan Indian

6 = Other

2. Ensure that the name on the first page is the same as the signature.

- 3. Make sure the dollar amount listed is included on the approved pay scale for the contract. Where there are no pay scales, the salary amount must be in line with comparable jobs. The State pay ranges is the best resource.
- 4. Make sure the salary amount plus the expenses amount is equal to the total compensation amount (e.g., \$12,999.99 salary + \$2,000.00 travel = \$14,999.99 total).
- 5. Make sure the Area Administrator or Bureau/Office Director has signed the contract.
- 6. Make sure the social security number on the Contract Verification Notice is identical to the one on the contract
- 7. Check the Contract Verification Notice for date of birth, social security number, driver's license number, and original signature.

Due to the number of people who must review contracts and the current review process, contracts should be submitted two months prior to the effective date. The Legislative Oversight Committee will not accept a contract greater than two months from the effective date.

The contracts that do not fall in the preapproved category must be routed through the LOC. An original copy of the contract along with the following forms must be attached to the contract:

- Contract Summary Date Sheet
- Contract Review Report
- Contract Bid Ouestionnaire
- Contract Verification Notice
- Immigration Status Form
- Contract Disclosure Statement
- Application for Examination (State of Alabama Application) or Resume

In no case should an employee work after his contract expires or past the maximum dollar amount for salary <u>or</u> travel. The contract employee cannot work prior to approval of his contract. Since personal services contract employees are non exempt, <u>they must not work more than 40 hours per week</u>.

Contracts, pay plans and related forms are available on the Document Library under "Human Resources."

Note One: You must follow Department policy and practices regarding the recruitment

and selection of interested individuals before signing a personal services

contract.

Note Two: Before signing a personal services contract, you must verify the individuals

work experience and education to ensure they are qualified.

CHAPTER 12

SEPARATION PROCEDURES

Public Health employees may be separated from the Department of Public Health (Department) due to transfer, promotion to another department, or demotion to another position in a different department.

Employees may also be separated from state service by such actions as resignation, retirement, layoff, dismissal, or death.

For all of these employee separations, a RECOMMENDATION FOR PERSONNEL ACTION (Form 11) must be completed and forwarded to HR as soon as employee provides notification to his supervisor but no later than his last day of work. If an employee does not submit a written notification, the supervisor must write the employee a letter confirming the verbal notification including the date, reason given, and effective date. Where possible, the employee should sign the notice. If the employee is not available, the written confirmation letter must be sent by certified mail.

The effective date on the Form 11, which processes the employee's separation from an agency, should have the last day the employee was at work or on leave. The Form 11 should be submitted as soon as the employee has notified his supervisor but no later than his last work day.

The SEPARATION CHECKLIST, ADPH-HR-67, may be sent to HR the day after the employee separates.

The Bureau of Information Technology, Security Unit, must be notified by the work unit immediately upon receipt of the employee's written notice of intent to leave the agency, or upon the appointing authority's written notification of the separation of the employee from his position.

RESIGNATION

A voluntary separation from state service is considered a resignation. An employee should submit his intention to resign by submitting a letter of resignation. Semi-monthly employees should give at least a two week notice. Hourly employees should give at least a one week notice, and contract employees give notice as agreed upon in the contract. If the employee verbally resigns and does not follow up with a written notice, a letter must be given or sent by certified mail to the employee confirming and accepting the employee's verbal resignation. Resignations are considered final once the appointing authority has signed acknowledgment of receipt and acceptance.

A Form 11 must be completed to initiate a resignation. Item 17 under "KIND OF ACTION" should be checked to indicate resignation. Item 34 must indicate whether or not the employee is recommended for reemployment. A recommendation of "No" for rehire must include the reason. The employee must be notified in writing of the "No" for recommendation for rehire, which is typically done in the acceptance letter. The "Remarks" section, Item 35, must record the employee's leave balances as of his last work day and his current address. Leave will be balanced with the Leave Clerk and HR Leave Coordinator.

Note: If the employee owes the state for advanced sick leave; bereavement leave; unfulfilled educational leave service obligation; or overpayment of hours worked, you must indicate "No" for rehire and the amount of money or number of hours owed must be listed in the "Remarks" section. Once the money is paid back, the employee's file will be changed to reflect the reimbursement and recommendation for rehire will be changed unless there is another reason for marking "No," which is also stated in the acceptance letter.

If the employee's normal work schedule is four 10-hour days, you must note the work hours in the "Remarks" section of the Form 11 to ensure the employee is paid correctly on his last paycheck.

The Area/County Administrator/Bureau/Office Director or designee must initial the Form 11. HR will obtain the signature of the State Health Officer, the appointing authority.

A copy of the resignation letter and the acceptance letter must be attached.

The Form 11 along with the documentation should be sent to HR as soon as an employee gives notice, but no later than the last day of the affected pay period. A Separation Checklist must also be submitted to HR and can be sent the next business day after the effective date.

EXAMPLE – RESIGNATION

	-	RECOMMENDATION F	Capa Cuga no temporara	ION	12.205		
Name of Employee NAME			2. Social Security Number 211-21-2121	3. Salary 832,90 S/M			
First 4. Position Number 5. C	MI lass Title/Code	Last		6. Class Option	Title/Code		
3662000 Ac	ministrativ	e Support Assistant I	(10196)	N/A		()
7. Department/Code Public Health	(011)	8. Division/Code Morgan County	(0520)	9. Effective Dat 6/10/2010	COB		
INSTRUCTIONS		7.0.00	KIND OF A		nt		
	5.00	10. Transfer within departmen	nt	Disab	ility Servic	e	
Item 11 requires signature of both department heads. Items 11, 13, 14, 15, 21 require approval of Personnel Director before action is official. Items 12, 13, 14, 15 must have copy of letter to employee attached. If voluntary demotion, letter from employee should be attached. Item 17 should have copy of letter of resignation or confirmatory letter from department attached.		11. Transfer to another depar	tment	19. Expiration	n of temporary appointm	nent	
		12. Suspension		20. Expiration	n of provisional appoint	ment	П
		13. Demotion					
		14. Layoff		21. Leave Without Pay			
		15. Dismissal	-	Returned from LWOP			
		16. Separation by death					
				24. Returned	from Military LWOP		
		17. Resignation		25. Other	4114-18-114-1-4-1-4-4-4-4-4-4-4-4-4-4-4-	*********	
ITEMS AFFECTED BY ACTION		FROM:	4		TO:		
26. Department/Code							
(Items 10 and 11) 27 Division/Code (Items 10 and 11) 28. County of Employment/Code (Items 10 and 11) 29. Class Title/Code (Items 10. 11, 13) 30. Class Option/Code (Items 10. 11, 13)	-					- (
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			() _			()_
31. Dates (Items 12, 21, 22, 23 and 24)							
32. Salary (Item 13)							
33. Position Number (Item 10, 11 and 13)							
34. If action is item 13, 15, 17 or 18, recommended? (Y/N)	is reemployme	nt Y (If	"No", explanation must be give	ın.)			
35. Remarks. See attached letter of resi Annual Leave: 108.00 Sick Leave: 98.00 Comp Time: 0.00 Personal Leave Day: 0.00		Address: PO Box 72 B Hilltop, AL 3720	4				
36. Signed (Appointing Authority)				Date			
37. Signed (Appointing Authority)				Date			
38. Approved				Date			

DISMISSAL OF PERMANENT EMPLOYEE

All dismissals must be coordinated with HR.

Merit employees who have successfully completed their probationary period are entitled to due process. After due-process, which includes a pre-termination conference, the appointing authority may dismiss an employee for the good of the business. The employee will be given written notice from the appointing authority. Supervisors make recommendations; however, they do not have the authority to terminate an employee.

To process the dismissal of an employee, a Form 11 must be completed. Item 15 is marked to process a dismissal of an employee; Item 9 shows the last day the employee worked; and Item 35 records the employee's current address. Leave will be balanced by the Leave Clerk and the HR Leave Coordinator. A Separation Checklist must also be submitted to HR no later than the employee's last work day.

The employee may, within ten days from the receipt of written notice of the dismissal, request a hearing before the State Personnel Board. After the hearing, the State Personnel Board can sustain or modify the dismissal, or order the employee reinstated with or without back pay and with or without lesser punishment.

EXAMPLE – DISMISSAL

			PERSONNEL DEPARTMENT FOR PERSONNEL ACT	ION				
Name of Employee NAME		5.0	2. Social Security Number 211-21-2121	3. Salary 1,093.60 S/M				
First 4. Position Number 5	MI Class Title/Code	Last		6. Class Option Title/Code				
		e Support Assistant III	(10198)	N/A ()			
Public Health	(011)	Autauga County	(0010)	5/13/2010 COB				
INSTRUCTIONS		22 4 7 W 140 V 1	KIND OF A	ACTION 18. Retirement				
n	- dominator cub		ent	Disability				
tem 11 requires signature of both department neads. Items 11, 13, 14, 15, 21 require approval of Personnel Director before action is official. Items 12, 13, 14, 15 must have copy of letter to employee attached. If voluntary demotion, letter from employee should be attached. Item 17 should have copy of letter of resignation or confirmatory letter from department attached.		11. Transfer to another depa	artment	19. Expiration of temporary appointment	П			
		7	e	20. Expiration of provisional appointment				
		13. Demotion		21. Leave Without Pay				
		14. Layoff						
		15. Dismissal		23. Military Leave Without Pay				
		16. Separation by death		24. Returned from Military LWOP				
		17. Resignation						
				25. Other	Ш			
ITEMS AFFECTED BY ACTIO	N	FROM:		TO:				
26. Department/Code (Items 10 and 11)	- 11		1 3					
27. Division/Code (Items 10 and 11) 28. County of Employment/Code (Items 10 and 11) 29. Class Title/Code (Items 10, 11, 13) 30. Class Option/Code	7		7 1	1	Y			
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(Items 10, 11, 13) 31. Dates	-			X.)			
(Items 12, 21, 22, 23 and 24) 32. Salary (Item 13) 33. Position Number)				-			
(Item 10, 11 and 13)								
34. If action is item 13, 15, 17 or recommended? (Y/N)	18, is reemployme	nt Y at	f "No", explanation must be give	en.)				
35. Remarks. See attached terminatio Annual Leave: 200,45 Sick Leave: 88,15 Comp Time: 0,00 Personal Leave Day: 0.		Address: 123 Main Street Millbrook, AL 355	555					
36. Signed (Appointing Authority) 37. Signed				Date				
(Appointing Authority)				Date				
38. Approved				Date				

DISMISSAL OF PROBATIONARY EMPLOYEE

All probationary dismissals must be coordinated with HR at least ten days prior to the probationary ending date. Although the employee does not have due process rights, all recommendations are reviewed and a letter is given to the employee stating the charges by the appointing authority. Again, supervisors make recommendations; however, they do not have the authority to terminate an employee.

The dismissal must be supported by a completed Employee Performance Probationary form (Form 13F) and a Form 11. The Form 11 and a Separation Checklist (ADPH-HR-67) must be submitted no later than the employee's last work day.

The Form 11, Item 9, should reflect the dismissal date. The employee's current home address should be recorded in Item 35. Leave will be balanced by the Leave Clerk and the HR Leave Coordinator. Item 34 should be marked indicating the rehire recommendation. If the employee is not recommended for rehire, the employee must be given written notice which is generally stated in the dismissal letter.

Note: If prior to appointment in the classification, the employee worked for the Department, the employee may have rights in the previously held classification. Therefore, HR should be contacted as soon as a decision is made but no later than ten days prior to probationary ending date. *Example:* Employee promoted from an Administrative Support Assistant II classification to an Administrative Support Assistant III classification within the same office, the employee retains status as an Administrative Support Assistant II.

EXAMPLE - PROBATIONARY DISMISSAL

1 Name of Carolina		RECOMM	ENDATION	Courts, a Disc.	7.7.00	rant.	ION	1 2 6-1			
Name of Employee NAME					2. Social Security Number 211-21-2121			3. Salary 1,015.80	S/M		
First M 4. Position Number 5. Class	s Title/Code		Last				I c class Del	ion Title/Code			
0001110 Adm		e Support		II .	(10	198)	N/A		- 1)	
7. Department/Code Public Health	(011)	8. Division/C Autauga			(0010)			9. Effective Date 4/15/2010 COB			
INSTRUCTIONS					KI	ND OF					
		10. Transfe	r within depart	ment	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		18: Retiren	nent	Service		
Item 11 requires signature of both depo	artment	11. Transfe	epartment	tment			ion of temporary ap	pointment			
Items 11, 13, 14, 15, 21 require approval of Personnel Director before action is official. Items 12, 13, 14, 15 must have copy of letter to employee attached. If voluntary demotion, letter from employee should be attached. Item 17 should have copy of letter of resignation or confirmatory letter from department attached.		12. Susper					ion of provisional a				
		13. Demoti	on								
		14. Layoff	****					21. Leave Without Pay			
			al Probatio			-	22. Returned from LWOP				
							23. Military	Leave Without Par	/		
			tion by death .				24. Return	ed from Military LW	OP		
		17, Resign	ation	ttt.		اليا رس	25. Other.	Мышышшка			
ITEMS AFFECTED BY ACTION			FROM:					TO			
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(ttems 10 and 11) 28. County of Employment/Code (ttems 10 and 11) 29. Class Title/Code (ttems 10, 11, 13) 30. Class Option/Code (ttems 10, 11, 13) 31. Dates (ttems 12, 21, 22, 23 and 24) 32. Salary (ttem 13)						-					
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				1)	-			- t		
				()	-			()	
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33. Position Number (Item 10, 11 and 13)											
34. If action is item 13, 15, 17 or 18, is	eemployme	nt	Y	(If "No", exp	lanation mus	t he nive	n i				
recommended? (Y/N) 35. Remarks.				7		a. a.	T. W.				
See attached letter to emplo Annual Leave: 12.00 Sick Leave: 12.00 Comp Time: 0.00 Personal Leave Day: 0.00	y <mark>ee,</mark>		ess; Main Stree rook, AL 3								
36. Signed (Appointing Authority)							Dat	e			
37. Signed (Appointing Authority)							Dat	te			

DISMISSAL OF HOURLY EMPLOYEE

All dismissals of hourly employees must be coordinated with HR. Hourly employees do not have due process rights. All recommendations, however, are reviewed and a letter signed by the appointing authority providing the reason must be given to the employee.

A Form 11 is used to process a dismissal. Item 9 should note the last day the employee worked. Item 15 should be checked indicating dismissal. Item 34 should be completed noting whether or not reemployment is recommended. If "No" is written, an explanation must be included. Item 35 should record the employee's leave balance and his current home address.

The Form 11 must be accompanied by a copy of the dismissal letter signed by the appointing authority and a Separation Checklist.

DISMISSAL OF CONTRACT EMPLOYEE

All dismissals of contract employees must be coordinated with HR.

The contract employee must be provided notice in accordance with his contract agreement. A memo recommending the employee's dismissal should be submitted by the immediate supervisor and routed through the Area Administrator/Bureau Director for review and concurrence. The memo must state the reason(s) for dismissal. Forward the memo along with supporting documentation to HR for review and processing. No Form 11 is required. Upon receipt of the dismissal letter signed by the appointing authority, a Separation Checklist must be completed and filed in the employee's local file. Do not send this checklist to HR.

SEPARATION OF TEMPORARY EMPLOYEE

Separations of temporary employees other than expirations of appointment must be coordinated with HR.

A temporary employee's termination must be processed by a Form 11. Item 19, "Expiration of Temporary Appointment," should be checked under "KIND OF ACTION" and a Separation Checklist must be attached.

Note: Supervisors make recommendations to terminate employees; they do not have the authority to terminate any employee.

EXAMPLE – EXPIRATION OF TEMPORARY APPOINTMENT

Name of Employee		RECOMMENDATION F	OR PERSONNEL ACT 2. Social Security Number	ION	3. Salary	
NAME	MI	Last	211-21-2121		476.90 S/M	
4. Position Number 5. Cla	ass Title/Code			6. Class Option	on Title/Code	
7. Department/Code	rical Aide	8. Division/Code	(10103)	N/A 9. Effective D	ale	()_
Public Health INSTRUCTIONS	(011)	Autauga County	(0010) KIND OF	6/10/2010 ACTION	0 COB	
		10. Transfer within departme	nt	18. Retirem	ability	
ltem 11 requires signature of both department heads.		11. Transfer to another depa	rtment		on of temporary appointmen	
		12. Suspension				1
tems 11, 13, 14, 15, 21 require appro Personnel Director before action is of	oval of ficial	13. Demotion			on of provisional appointme	
tems 12, 13, 14, 15 must have copy		14. Layoff			Without Pay	
employee attached. If voluntary dem from employee should be attached.		15. Dismissal			ed from LWOP	
tem 17 should have copy of letter of	recimpation	16. Separation by death	-		Leave Without Pay	
or confirmatory letter from departmen		17. Resignation			ed from Military LWOP	
				25. Other	;;;;*b**b** }**	
ITEMS AFFECTED BY ACTION		FROM:			TO:	
26. Department/Code (Items 10 and 11)			(-)			()
27. Division/Code (Items 10 and 11)			()			t - y
28. County of Employment/Code (Items 10 and 11)			()			,
29. Class Title/Code (Items 10, 11, 13)			1)			1)
30. Class Option/Code (Items 10, 11, 13)			()			1 1
31. Dates (Items 12, 21, 22, 23 and 24)	5					
32. Salary (Item 13)	11 -					
33. Position Number (Item 10, 11 and 13)						
34. If action is item 13, 15, 17 or 18, is	reemployme	of I		-		
recommended? (Y/N)	, toomploymo	ot Y (I	f "No", explanation must be give	en.)		
35. Remarks. Sick Leave: 20.00	A	Address:				
Comp Time: 0.00 Personal Leave Day: 0.00		23 Main Street Milbrook, AL 35555				
Salar Estre Day: 0.00	,	maroon, rac ooooo				
36. Signed (Appointing Authority)				Date	e	
37. Signed (Appointing Authority)				Date	e	
38. Approved				Date		

SEPARATION FOR MILITARY DUTY

Employees who leave state service to join the military for more than one year should be treated the same as any other separation. The transaction should be indicated on a Form 11 by marking Item 25, "Other" and write-in "Separation for Military Duty."

Employees separated for military duty are entitled to return to work upon leaving military service. The employee is eligible to return to work in his same position or a comparable one. A request for reinstatement must be made in writing within timeframes defined under USERRA Guidelines.

A Form 11 is required to reinstate the employee. "Reinstatement from Military Duty" should be recorded in Item 25. A copy of the employee's separation papers from military duty and a letter from the employee requesting reinstatement must be attached. The employee's rate of pay is computed in the same manner as leave without pay. The pay rate should be listed in Item 35, "Remarks."

SEPARATION OF PROVISIONAL EMPLOYEE

Provisional appointees can serve no longer than 156 work days or until a register for the classification is established, whichever comes first. If the provisional employee cannot be appointed to the job permanently, then he must be dismissed or reverted back to his former classification. This action is supported by a Form 11. Item 20 should be marked indicating the "Expiration of Provisional Appointment." The employee's current home address should be recorded in Item 35. Leave will be balanced by Leave Clerk and the HR Leave Coordinator. Attach a copy of the dismissal letter and the Separation Checklist.

If the employee is demoted back to his former classification, see "Demotion" for steps to follow.

EXAMPLE – EXPIRATION OF PROVISIONAL APPOINTMENT

	ECOMMENDATION I	FOR PERSONNEL ACT	010	
Employee ME		2. Social Security Number 211-21-2121	3. Salary \$1,015.80	S/M
MI Number 5. Class Title/Code	Last		6. Class Option Title/Code	
10 Administrative St	upport Assistant III	(10198)	N/A	()
lealth (011) Au	Division/Code utauga County	(0010)	9. Effective Date 6/10/2010 COB	
INSTRUCTIONS	202 2 St v.	KIND OF A	ACTION 18. Retirement	п
According to the Secretary of		ent	Disability	
uires signature of both department	1. Transfer to another depart	artment	19. Expiration of temporary app	ointment
3, 14, 15, 21 require approval of	2. Suspension		20. Expiration of provisional app	pointment
	3. Demotion		21. Leave Without Pay	
	4. Layoff		22. Returned from LWOP	
attached. If voluntary demotion, letter yee should be attached.	5. Dismissal		23. Military Leave Without Pay.	15
	6. Separation by death			
tony letter from denaytment attached			24. Returned from Military LWO	
			25. Other	Ц
AFFECTED BY ACTION	FROM:		TO:	
rtment/Code s 10 and 11)		1)		
on/Code s 10 and 11)		()		
ty of Employment/Code s 10 and 11)		1 1		
Title/Code				
s 10, 11, 13) Option/Code				
s 10, 11, 13)				1
s 12, 21, 22, 23 and 24)				
13) on Number				
10, 11 and 13)				
n is item 13, 15, 17 or 18, is reemployment ded? (Y/N)	Y	f "No", explanation must be give	n.)	
rks. ached letter to employee. Leave: 56.00 ave: 50.00 ime: 0.00 al Leave Day: 0.00	Address: 123 Main Street Millbrook, AL 35			* 1
I nting Authority)			Date	
nting Authority)			Date	
nting Authority)				

RETIREMENT

Tier 1 employees in classified service (those with creditable service prior to January 1, 2013) are eligible for retirement if they have at least ten years of service and have reached age 60 **OR** have at least 25 years of state service, regardless of age.

Tier 2 employees (those hired on or after January 1, 2013) are eligible to retire when they have at least ten years of service and have reached age 62.

Employees may also be approved for retirement if they have a qualifying permanent disability preventing them from working. In this case, the employee must have worked for at least ten years. The criteria for disability retirement are different for Tier 1 and Tier 2 employees; for more information, visit the ERS website (www.rsa-al.gov/ERS/ers.html).

The employee must submit an application for retirement to the Employee's Retirement Systems of Alabama at least 30 days, but no more than 90 days, before the effective date. For example, if an employee plans on retiring effective January 1, they can apply as early as October 1, however, no later than November 30.

Employees retiring due to meeting the minimum service requirement are expected to provide at least thirty days' written notice to their supervisors. If retiring due to medical disability, employees are expected to give written notice to their supervisors immediately upon approval by the Retirement Board.

A Form 11, along with the employee's letter, and a Separation Checklist must be submitted to HR. "Retirement" should be marked in Item 18 and it should be noted whether the retirement is due to "Disability" or "Service." The employee's current mailing address should be indicated in Item 35. Leave will be balanced by the Leave Clerk and the HR Leave Coordinator. An employee cannot apply for disability retirement once he separates from state service.

EXAMPLE - RETIREMENT

Form 11 Revised 7/08 Submit in Duplicate STATE OF ALABAMA PERSONNEL DEPARTMENT RECOMMENDATION FOR PERSONNEL ACTION 2. Social Security Number 211-21-2121 3, Salary 1,015,80 S/M Name of Employee
 NAME First MI Last 5. Class Title/Code Administrative Support Assistant III 4. Position Number 6. Class Option Title/Code N/A 0001110 (10198)7. Department/Code 9. Effective Date 5/31/2010 COB 8. Division/Code (011) Autauga County (0010) Public Health INSTRUCTIONS KIND OF ACTION 18. Retirement 10. Transfer within department Disability Service Item 11 requires signature of both department 11. Transfer to another department 19. Expiration of temporary appointment heads 12. Suspension 20. Expiration of provisional appointment Items 11, 13, 14, 15, 21 require approval of Personnel Director before action is official. 13. Demotion 21. Leave Without Pay Items 12, 13, 14, 15 must have copy of letter to 22. Returned from LWOP..... employee attached. If voluntary demotion, letter from employee should be attached. 15. Dismissal 23. Military Leave Without Pay...... 16. Separation by death Item 17 should have copy of letter of resignation 24. Returned from Military LWOP or confirmatory letter from department attached. 17. Resignation 25. Other ITEMS AFFECTED BY ACTION FROM: TO: Department/Code (Items 10 and 11) Division/Code 27. (Items 10 and 11) County of Employment/Code (Items 10 and 11) Class Title/Code (Items 10, 11, 13) Class Option/Code (Items 10, 11, 13) 31 Dates (Items 12, 21, 22, 23 and 24) 32. Salary (Item 13) Position Number (Item 10, 11 and 13) 34. If action is item 13, 15, 17 or 18, is reemployment (If "No", explanation must be given.) recommended? (Y/N) 35. Remarks. See attached letter of retirement. Address: Annual Leave: 480.00 123 Main Street Sick Leave: 1,200.00 Millbrook, AL 35555 Comp Time: 0.00 Personal Leave Day: 8.00 36. Signed Date (Appointing Authority) 37. Signed Date (Appointing Authority) 38. Approved Date (Personnel Director)

LAYOFF

An appointing authority may lay off employees whenever it is deemed necessary by reason of shortage of work or funds, or other material changes in duties and organization. The order in which employees are to be laid off in the classified service is determined by the appointing authority in accordance with the Rules of the State Personnel Board.

All layoffs must be coordinated through HR at the earliest possible date in order to discuss possible alternatives and to develop a layoff plan.

A Form 11 is used to process the personnel action. Item 14 must be checked to indicate a layoff. The employee's leave balances, layoff retention score, and current mailing address should be recorded in Item 35. A copy of the layoff letter, availability form, and Separation Checklist must be attached to the Form 11. If the employee owes Advanced Sick Leave or Bereavement Leave, this must also be indicated in Item 35.

EXAMPLE – LAYOFF

		RECOMMENDATION	A PERSONNEL DEPAR I FOR PERSONNEI					
Name of Employee NAME			2. Social Security N 211-21-212			3. Salary 1,015.80 S	S/M	
First M		Last				44		
4. Position Number 5. Cla 0001110 Adn	ss Title/Code	e Support Assistant II	(10	198)	6. Class Option	Title/Code		1
7. Department/Code Public Health	(011)	8. Division/Code Autauga County		10)	9. Effective Day 7/22/2010	te COB		
INSTRUCTIONS	(011)	Autuaga County			ACTION			
		10. Transfer within departr	ment		18: Retireme Disab	nt Sility S	ervice	
Item 11 requires signature of both department heads. Items 11, 13, 14, 15, 21 require approval of Personnel Director before action is official.		11. Transfer to another de	partment					- 5
		12 Suspension				19. Expiration of temporary appointment		
		1000000				n of provisional ap	pointment	🗖
						thout Pay		🗖
tems 12, 13, 14, 15 must have copy employee attached. If voluntary demo	of letter to	The second second				22. Returned from LWOP.		
from employee should be attached.		15. Dismissal	******************************	□	23. Military L	eave Without Pay.		
tem 17 should have copy of letter of		16. Separation by death	·····			from Military LWC		
or confirmatory letter from department	attached.	17. Resignation						
ITEMS AFFECTED BY ACTION		FROM:				TO:		
26. Department/Code								
(Items 10 and 11) 27. Division/Code			1	-				
(Items 10 and 11) 28. County of Employment/Code	-		()	-)
(Items 10 and 11) 29. Class Title/Code			()	-			()
(Items 10, 11, 13) 30. Class Option/Code				_			()
(Items 10, 11, 13)			()				()
31. Dates (Items 12, 21, 22, 23 and 24)				_				
32. Salary (Item 13)								
33. Position Number (Item 10, 11 and 13)								
34. If action is item 13, 15, 17 or 18, is	reemployme	nt Y	(If "No", explanation mus	the give	en l			
recommended? (Y/N) 35. Remarks.	0 7 7 7		hi 140 / exhianation mus	oc give	en.)			
See attached letter to emplo Annual Leave: 340,00 Sick Leave: 290,00 Comp Time: 0,00 Personal Leave Day: 8,00	oyee.	Address; 123 Main Street Millbrook, AL 39						
36. Signed (Appointing Authority)					Date			
37. Signed (Appointing Authority)					Date			
38. Approved					Date			

DEATH

Separation of an employee due to death is processed with a Form 11. A Separation Checklist must also be attached. "Separation by Death" should be marked in Item 16 and the employee's current mailing address recorded in Item 35. Leave will be balanced by the Leave Clerk and the HR Leave Coordinator. The time of death, if during a work day, should be written in Item 35 and LWOP recorded on ELWD.

For guidance on the distribution of paychecks and other state warrants issued to employees who have deceased since the issuance of the paycheck or warrant and prior to delivery, please contact the Office of General Counsel.

The beneficiaries of deceased employees who have held permanent positions are eligible to receive payment for all accumulated annual leave, up to 480 hours, and one-half of accumulated sick leave, up to 1200 hours.

To assist the beneficiary, a letter outlining survivor benefits along with a list of possible employee affiliations, entitling the beneficiary to additional benefits should be provided.

In the event the employee owes the state for Advanced Sick Leave or Bereavement Leave, payments will be deducted from the employee's paycheck or reimbursement for leave balances.

EXAMPLE - SEPARATION BY DEATH

T. D. Core of Co.		RECOMMI	ENDATION	5 4 1 7	PERSONNEL A	4000		Lant			
1. Name of Employee NAME				_ 2	. Social Security Numb 211-21-2121	er		3, Salary 1,015.8	80 S/M		
4. Position Number 5. Cl	MI ass Title/Code		Last			6.	Class Optio	n Title/Code			_
7. Department/Code	ninistrativ	e Support A 8. Division/Co		-	(10198		A Effective Da	ate		()
Public Health	(011)	Autauga ((0010) 5/	20/2010)			
INSTRUCTIONS		10 Transfer	rusibin danad	in ant		FACTION	8. Retirem	ent	er retter teger	oncorrection of	ш
Item 11 requires signature of both de	nartment						Disa	bilityl	Service	ē	
heads.	paranett	2000			nt	1	9. Expiration	on of temporar	y appointm	ent	
Items 11, 13, 14, 15, 21 require approval of		12. Suspen:	sion ,				0. Expiration	on of provision	al appointn	nent	🗆
Personnel Director before action is of	ficial.	13. Demotio	n	,,,,,,,,,,,] 2	1. Leave V	Vithout Pay	H41H5141H644	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Items 12, 13, 14, 15 must have copy		14. Layoff				-		d from LWOP.			
employee attached. If voluntary dem from employee should be attached.	otion, letter	15. Dismiss	а	+111.6+16		7		Leave Without			
Item 17 should have copy of letter of	resignation	16. Separat	ion by death	FH-14FH-1		71		d from Military	20 2000		* 7
or confirmatory letter from departmen		17. Resigna	tion			7					
		4				- 2	5. Other.,				Ы
ITEMS AFFECTED BY ACTION			FROM:					TO:			
26. Department/Code (Items 10 and 11)					1 1					0	1
27. Division/Code (Items 10 and 11)	1				1 1					1	1
28. County of Employment/Code	1				-						
(Items 10 and 11) 29. Class Title/Code	-			_	-						1
(Items 10, 11, 13) 30. Class Option/Code	-									_(_	
(Items 10, 11, 13) 31. Dates	-				1 1 -					- (-	_)_
(Items 12, 21, 22, 23 and 24) 32 Salary	-										
(Item 13) 33. Position Number											
(Item 10, 11 and 13)											
34. If action is item 13, 15, 17 or 18, is recommended? (Y/N)	reemployme	nt	Y	(If "No	", explanation must be	given.)					
35. Remarks Annual Leave: 34.00 Sick Leave: 30.00 Comp Time: 0.00 Personal Leave Day: 0.00 Time of Death: 2:00 p.m.			ss: ain Street ok, AL 35								
36. Signed (Appointing Authority)							Date				
37. Signed (Appointing Authority)							Date				

EXAMPLE

LETTER TO FAMILY MEMBER

Date

Dear Sir:
On behalf of the Alabama Department of Public Health, I wish to express sincere sympathy in the death of your loved one.
As primary beneficiary, you are entitled to benefits payable from the Retirement Systems of Alabama (RSA). You should contact RSA at (334) 832-4140 and ask for a counselor to assist you in completing and processing an Application for Survivor Benefits.
For name(s) and telephone number(s) of insurance companies for which premiums were being deducted, contact ERISA at 1-888-481-5826.
The next paycheck is payable on In addition, a check for all accumulated annual leave and one-half accumulated sick leave will be issued, if applicable. Please contact me as soon as possible for information on how to obtain these checks. I can be reached at
As a courtesy, I am attaching a list of other sources of possible benefits, if the deceased was affiliated through membership or by meeting specific requirements.
Certified copies of the death certificate are required in order to process some of these claims for benefits. Death certificates are issued by the Department of Public Health, and may be obtained from any county health department.
If you have any questions or if I can be of assistance, please contact me at
Sincerely,
Supervisor

SURVIVOR BENEFITS

<u>BENEFIT</u>	<u>CONTACT</u>
Great West (Deferred compensation plan)	(334) 277-7820
RSA 1 (Deferred compensation plan)	1-800-214-2158 or (334) 832-4140
State Employee's Credit Union	(334) 270-9011 or (334) 263-4719
Alabama State Employee's Association (ASEA)	(334) 834-6965
Social Security Administration	1-800-772-1213
Veterans Administration	1-800-827-1000
State Employees Insurance Board (Continuation of health insurance, if dependent coverage)	1-800-513-1384 or (334) 242-4301

CHAPTER 13

EMPLOYEE RELATIONS ISSUES

This chapter consists of how to complete the Documentation of Counseling Session form; the Discipline Form; the Employee Grievance Report and the Discipline Checklist. It also covers the procedures and the documentation needed for suspensions, involuntary demotions and terminations. Other topics include steps for drug testing an employee; receipt of an Equal Employment Opportunity (EEO) claim; accommodations due to medical restrictions (ADA); and services provided by the Employee Assistance Program (EAP).

Supervisors can receive guidance on how to handle employee relations' and related matters from the HR Policy Manual, the Discipline Policy, the Discipline Training, the ADA Employment Policy, the Drug Free Workplace Policy, and the Employee Relations Officer.

CONDUCT AND WORK PERFORMANCE PROBLEMS

The Employee Relations forms should be typed and signed in blue ink. The latest forms can be found on the Document Library, under "Human Resources."

Documentation Counseling Session form

Generally, a counseling session is held after the employee has been given instructions on how to perform a task; required training has been provided to the employee; and problems with the employee meeting the requirements or expectations have been discussed. Counseling is not a "step" in the disciplinary process nor is it always appropriate before disciplinary action is taken.

Effective January 2, 2013, the Documentation of Counseling Session form (Counseling form) must be completed and signed by the supervisor and the employee. Prior to that date, memos that provide specific information and signed by the supervisor may be accepted. The original Counseling form is given to the employee and a copy is placed in his personnel file.

Employee Name: employee's first and last name.

<u>Classification</u>: the official (payroll) title, not working title.

Bureau/Area/County: the organization assigned (such as Elmore County Health Department).

<u>Division</u>: type in the program where the position is assigned (such as Home Health).

Type of Incident: type "X" in all that apply.

"Compliance with Rules" – refers to policies that all or the majority of employees must follow.

Violation of program policies should be covered under "Work Performance."

<u>Description of conduct or work performance problem</u>: provide incident(s) or example(s); and date(s); witnesses; and results of problem in blank space.

Employee's Response: type in what employee said when presented the information.

Changes needed and the consequences if not corrected: type information in blank space.

Signature: supervisor and employee must sign the document before filed.

Discipline Form for Warning and Reprimand

A warning is the first step of the discipline process. The second step of the discipline system is a reprimand. The DISCIPLINE FORM (Discipline Form) is used for both a warning and reprimand. It documents poor work performance and conduct problems.

<u>Type of Disciplinary Action</u>: type "X" in the type of action taken. Do not mark both actions. <u>Classification</u>: the official (payroll) title, not working title.

Bureau/Area/County: the organization assigned (such as Elmore County Health Department).

Division: type in the program where the position is assigned (such as Home Health).

Type of Incident: type "X" in all that apply

"Compliance with Rules" – refers to policies that all or the majority of employees must follow.

Violation of program policies should be covered under "Work Performance."

List dates for all previous actions taken: include all dates next to corresponding action taken.

State the facts of the performance or work conduct problem: type most recent incident(s), date(s); and names of witnesses. Include outcome or results of problem(s) in blank space.

Employee's Response: type in what employee said when presented the information.

<u>Describe the corrective measures needed</u>: type expectation, timeframes and the consequences if not corrected in blank space.

<u>Employee Signature denotes discussion and receipt of form</u>: original goes to employee. Supervisors must sign and date Discipline Form before placing in employee file.

Note: In serious work performance or conduct problems or serious violations of Department policy, the supervisors must contact HR Director or the Employee Relations Officer prior to disciplining the employee. In such cases, a more serious disciplinary action may be warranted. *Examples*: threatening behavior; falsifying documents; accepting money from client; etc.

Suspension

The third step in the discipline process is suspension without pay. An employee may not be suspended for more than 30 days in a 12 month period. In most cases, the Department suspends an employee for five work days. Only an appointing authority, generally the State Health Officer, has legal authority to suspend an employee. Generally, suspension is the third step used with merit system employees with permanent status.

Note: Probationary employees are returned to their former position or separated from state service rather than receiving a suspension.

Note: Hourly and contract employees are paid for services rendered; therefore, a second reprimand or termination is the third step.

The DISCIPLINE CHECKLIST (Checklist) initiates the suspension process.

Employee's Name: type in the full name.

SSN: type in the last four digits.

Job Classification: type in the official (payroll) title.

<u>Bureau/Area/County</u>: type in the location of the position (Area 4). Do not type in the program such as Home Health unless the position is based in the Bureau.

Give the date(s) for all requests that have been filed. Include date(s) of verbal and written requests. If employee has not made a request, type "N/A."

<u>Give date(s) for all disciplinary action taken</u>. Type dates of actions taken by the appropriate event. If none given, type "N/A."

<u>Current Infraction</u>: Type the date or date(s) of the most recent event, the event that leads to the recommendation for disciplinary action. If more than one date, provide all of the dates. Type the date the incident or work performance problems were discussed with the employee.

<u>Type of Incident</u>: type an (X) next to all that apply. "Compliance with Rules" refers to policies that all or the majority of Department employees must comply such as Drug Policy;

Professional Conduct Policy, etc. Program policies are covered under "Work Performance."

<u>Check all documentation to be provided</u>: a copy of all of the employee's files must be attached. If the employee does not have one of the files, type in "N/A."

<u>Signatures denote review and verification of above</u>: All signatures and supervisor's contact information must be provided prior to review by HR.

<u>Conference Date...</u> Attendees: this section will be completed by HR after a conference meeting is held with the Office of General Counsel (Legal) and HR. A meeting is not held for employees who do not have permanent status including probationary, hourly, and contract employees.

<u>Final Recommendation</u>: HR will complete this section after conference meeting and final review by Legal.

Submit the Discipline Checklist with two copies of the files and all documents that support the recommendation for disciplinary action to HR.

After a conference meeting is held and a recommendation made, HR will forward a letter from the appointing authority to be delivered to the employee. The letter will give the charge(s) and the date for a pre suspension hearing. HR will send the letter according to instructions provided by the local office.

The employee will be required to sign the letter acknowledging receipt of the letter. The signed page must be returned to HR at which time a copy will be provided to Legal.

The letter will offer the employee an opportunity to waive their right to a suspension hearing. If the employee chooses to do so, the signed waiver must be sent to HR as soon as possible. Legal will be notified and provided a copy of the waiver.

If the employee selects to have the pre suspension hearing, the Department Attorney will present the case before the Hearing Officer on behalf of the Department. Prior to the hearing, the Attorney will meet with the supervisors. The Employee Relations Officer will contact the employee to provide information about the procedures, identify representatives and witnesses that will attend, and answer any questions the employee may have.

The Hearing Officer will make a recommendation to the appointing authority to make the final decision.

After coordination with the supervisors, a second letter from the appointing authority will be forwarded to the local office for delivery to the employee. If a suspension is upheld, the letter will include the dates of the suspension. If a suspension is not supported, the employee will be notified in the letter. Again, the employee will be required to sign the letter acknowledging receipt with a copy forwarded to HR.

A Change in Status Form (Form 11) is required to record a suspension without pay. HR will attach copies of the charge letter and the final letter for the employee's files in HR and State Personnel.

Do not key in as leave without pay. The e-Cats and EWLD should note the absence as leave without pay, however, the Form 11 will deduct the days from the employee's pay.

Note: The Employee Relations Officer will provide guidance to the supervisors during this process.

Involuntary Demotion

When the employee does not perform at the standards for the higher classification, but demonstrates the competency to be successful in the lower classification and/or in his former classification, a demotion may be appropriate. When considering a demotion, supervisors need to know the classification the employee previously held permanent status and determine if there is a vacant position for the employee to demote. Generally, this is the third step in the discipline process instead of a suspension.

Merit employees with permanent status are entitled to due process. The same procedures described above under Suspension are followed.

The Form 11 is also used to process a demotion.

Note: Prior to initiating an involuntary demotion, the Bureau/Area Administrator should consult with the HR Director to determine if there is a position suitable for the employee to perform. In some cases, a Form 40 may be required.

Termination

The final step in the disciplinary process is termination. The supervisor completes a Discipline Checklist which initiates a request for an employee's termination of employment. Only the appointing authority can terminate an employee's employment including merit, probationary, hourly, and contract employees.

Non-merit employees do not have due process rights. However, supervisors are responsible for gathering all relevant facts and ensuring documentation supports their recommendation. The gathering of facts includes talking to the employee and providing him an opportunity to respond to the charges. This meeting must be documented, signed off by the employee and attached to the Discipline Checklist.

Merit employees with status are offered a Pre-Termination Conference to provide their side of the events to a Conference Chairperson. The Conference Chairperson is an employee with the Department who has been selected by the State Health Officer and trained by the Office of General Counsel. The purpose is to hear the employee's side and make a recommendation to the appointing authority. When the recommendation is supported, a termination letter, signed by the appointing authority is presented to the employee with the effective date listed. Merit employees with status also have the right to appeal their case to the State Personnel Board by making a request in writing within ten days of receipt of the termination letter. This information is

provided to them in the letter. Also, if the employee is not being recommended for rehire, the employee will be notified in the letter.

The DISCIPLINE CHECKLIST (Checklist) initiates the termination process.

Employee's Name: type in the full name.

SSN: type in the last four digits.

Job Classification: type in the official (payroll) title.

<u>Bureau/Area/County</u>: type in the location of the position (Area 4). Do not type in the program such as Home Health unless the position is based in the Bureau.

Give the date(s) for all requests that have been filed: Include date(s) of verbal and written requests. If employee has not made a request, type "N/A."

<u>Give date(s) for all disciplinary action taken</u>. Type dates of actions taken by the appropriate event. If none given, type "N/A."

<u>Current Infraction</u>: Type the date of the most recent event, the event that leads to the recommendation for disciplinary action. If more than one date, provide all of the dates. Type the date the incident or work performance problems were discussed with the employee.

Type of Incident... type an (X) next to all that apply. "Compliance with Rules" refers to policies that all or the majority of Department employees must comply such as Drug Policy; Professional Conduct Policy, etc. Program policies are covered under "Work Performance."

- <u>Check all documentation to be provided</u>: a copy of all of the employee's files must be attached. If the employee does not have one of the files, type in "N/A."
- <u>Signatures denote review and verification of above</u>: All signatures and supervisor's contact information must be provided prior to review by HR.
- <u>Conference Date... Attendees:</u> this section will be completed by HR after a conference meeting is held with Legal and HR. A meeting is not held for employees who do not have permanent status including probationary, hourly, and contract employees.
- <u>Final Recommendation</u>: HR will complete this section after conference meeting and final review by Legal.

A Form 11 must be completed and submitted to HR to process the termination. HR will attach copies of the charge letter and the final letter for the employee's files in HR and State Personnel.

EXAMPLE - COUNSELING

	M. Last	Cla	assification: Staff Nurse	
Bureau/Area/County: <u>I</u>	Montogmery County		Division: Home Health	
Type of Incident:	Attendance	Punctuality	Cooperation with Co	o-workers
Compliance v	vith Rules: Department	Policy #	Policy Title	
x Work Perform	mance: Office Procedure	es	****	
Description of conduct You failed to follow the coming to work today.			ur supervisor by phone that	you would be late
Employee's Response: You understood the pro		call.		
corrected:	Constant West Street		ame for correction, and the er supervisor in her absence	
corrected: Effective immeadiately,	you must call your sup	ervisor or anoth		
corrected: Effective immeadiately, absent from work.	you must call your sup	ervisor or anoth	er supervisor in her absence	about being late or
corrected: Effective immeadiately, absent from work. Signature denotes discumentations	you must call your sup	ervisor or anoth	er supervisor in her absence	about being late or

EXAMPLE – WRITTEN WARNING

DIS	SCIPLINE FORM
TY	PE OF DISCIPLINARY ACTION: x Warning Reprimand
Employee Name: First M. Last	Classification: Staff Nurse
	Division: Home Health
Work Performance	licy# Policy Title:
List dates for all previous actions taken:	
Counseling February 1, 2012	
Warning	
Reprimand	
	notify me until 11:00 a.m. that day. Your failure to follow the mediate supervisor, as soon as possible when there was an ag seen.
	ort time (8:00 a.m.), you stated that you were having problems k to me your understanding of what was expected of you, and
Effective immediately, you must follow the esta could be taken. You must obtain prior approval supervisor, as soon as possible in the event of a	e frame for changes; and consequences if not made. ablished office procedures or more severe disciplinary action before taking leave, and you must call me, your immediate an emergency. In my absence, you are to notify NAME, office ares may result in more severe disciplinary action.
Employee's Signature denotes discussion and r	receipt of form:
Immediate Supervisor's Signature:	Date:
Reviewing Supervisor's Signature:	Date:
Employee's Signature:	Date:
Administrator/Director Signature:	Date:
cc: Employee File Any changes to the wording or format of the Form m	ADPH-HR January 2013 nust be approved by the Office of Human Resources.

DISCIPLINE FORM

Employee Name: First M, Last					
Bureau/Area/County: Montgomery County					
ype of Incident: Attendance Punctuality					
Compliance with Rules: Department Policy#					
Work Performance					
x Other Office Policies, Leave and other Absences					
ist dates for all previous actions taken:					
ounseling <u>February 1, 2012</u>					
Varning					
teprimand tate the facts of the performance or work conduct prob					
	d it would never happen again.				
Ou understood what was expected of you, and you state Describe the corrective measures needed; time frame for iffective immediately, you must follow the established of before taking leave, and you must call me, your immediat imergency. Failure to follow these policies and procedure	or changes; and consequences if not made. If the procedures. You must obtain prior approval the supervisor, as soon as possible in the event of an the sin the future could result in more severe				
Employee's Response: You understood what was expected of you, and you state Describe the corrective measures needed; time frame for Effective immediately, you must follow the established of Defore taking leave, and you must call me, your immediate Emergency. Failure to follow these policies and procedure Effective immediately, you must call me, your immediate The effective immediately is the second procedure The effective immediately is the second proce	or changes; and consequences if not made. If the procedures. You must obtain prior approval the supervisor, as soon as possible in the event of an the future could result in more severe the your employment.				
escribe the corrective measures needed; time frame for ffective immediately, you must follow the established of efore taking leave, and you must call me, your immediate mergency. Failure to follow these policies and procedure isciplinary action including suspension or termination of imployee's Signature denotes discussion and receipt of	or changes; and consequences if not made. If the procedures. You must obtain prior approval the supervisor, as soon as possible in the event of an the future could result in more severe the your employment.				
escribe the corrective measures needed; time frame for fective immediately, you must follow the established of the force taking leave, and you must call me, your immediately mergency. Failure to follow these policies and procedure isciplinary action including suspension or termination of	or changes; and consequences if not made. Iffice procedures. You must obtain prior approval te supervisor, as soon as possible in the event of an tes in the future could result in more severe your employment. form: Date:				
Describe the corrective measures needed; time frame for ffective immediately, you must follow the established of the fore taking leave, and you must call me, your immediate mergency. Failure to follow these policies and procedure isciplinary action including suspension or termination of the immediate Supervisor's Signature:	or changes; and consequences if not made. Iffice procedures. You must obtain prior approval the supervisor, as soon as possible in the event of an tes in the future could result in more severe to your employment. Iform: Date: Date:				

EXAMPLE – TERMINATION

		RECOMMENDATION F		CTION		
Name of Employee NAME		40.40	2, Social Security Numb 211-21-2121	er	3. Salary 1,093.60 S/M	
	II ss Title/Code	Last	1	I & Close On	tion Title/Code	-
0001110 Adn		e Support Assistant III	(10198) N/A	T)
7. Department/Code Public Health	(011)	8. Division/Code Autauga County	(0010	9. Effective 5/13/201	Date 10 COB	
INSTRUCTIONS			KIND	OF ACTION	ment	
		10. Transfer within departme	:nt ,	Dis	sability	
tem 11 requires signature of both department neads. tems 11, 13, 14, 15, 21 require approval of		11. Transfer to another depa	rtment	19. Expiration of temporary appointment		
		12. Suspension	E	20. Expira	20. Expiration of provisional appointment	
Personnel Director before action is of	ficial.	13. Demotion	······			
Items 12, 13, 14, 15 must have copy	of letter to	14. Layoff		1	ned from LWOP	
employee attached. If voluntary dem from employee should be attached.	otion, letter	15. Dismissal		71		
Item 17 should have copy of letter of	ranimaticu	16. Separation by death		1	y Leave Without Pay	
item 17 should have copy of letter of or confirmatory letter from departmen		17. Resignation		24. Return	ned from Military LWOP	
		17. Resignation	L	25. Other		
ITEMS AFFECTED BY ACTION		FROM;	- 0		TO:	
26. Department/Code	n -		Ty = 35		7	4
(Items 10 and 11) 27. Division/Code	+				- 1	
(Items 10 and 11) 28. County of Employment/Code	-					
(Items 10 and 11) 29. Class Title/Code	-		<u> </u>		()
(Items 10, 11, 13) 30. Class Option/Code	-		_(_)		()
(Items 10, 11, 13) 31. Dates			() -		()
(Items 12, 21, 22, 23 and 24)						
32. Salary (Item 13)						
33. Position Number (Item 10, 11 and 13)						
34. If action is item 13, 15, 17 or 18, is recommended? (Y/N)	reemployme	nt N (I	f "No", explanation must be	given.)		
35. Remarks. See attached termination le	tter					
	itor.	200				
Annual Leave: 200.45 Sick Leave: 88.15		Address: P.O. Box 2:	238			
Comp Time: 0.00		Anywhere,				
Personal Leave Day: 0.00	J					
36. Signed (Appointing Authority)				Da	ite	
37. Signed (Appointing Authority)				Da	ite	
38. Approved						

GRIEVANCE

The Grievance Policy (Policy) provides employees a formal process for resolving work-related issues that directly affect them.

Most complaints can and should be addressed within the work location, generally resulting in a more positive work environment. Employees should be encouraged to communicate with their supervisor and attempt to resolve matters before filing a grievance. The documentation of an employee's complaint and the response taken must be maintained in a separate file, not the employee file.

Examples of matters covered by the Policy include disputes over granting time off, work assignments, and the application of rules or policies.

Complaints of alleged discrimination related to equal employment opportunity rights on the basis of race, color, religion, national origin, sex, age, disability or genetic information may be submitted directly to the attention of the ERO following the Grievance Procedures outlined in the Policy.

If the supervisor and employee are not able to resolve their differences, the employee may file a formal grievance within 15 days of receiving the supervisor's response to the complaint by completing the Employee Grievance Report, and submitting it and relevant supporting documentation to the ERO.

A completed "Departmental Response to Employee Grievance" form (Response to Grievance form) and any relevant documentation must be kept in a file separate from the employee's file. The complaint documentation, the Employee Grievance Report, and the Response to Grievance form are kept in an Employee Relations' file.

Once initiated, a grievance may be withdrawn or dismissed by:

- a. written request of the grievant;
- b. failure of the grievant to follow required procedures; or
- c. the initiation of court action or other legal proceedings.

When the alleged discrimination is related to equal employment opportunity rights on the basis of race, color, religion, national origin, sex, age, disability, or genetic information and where the employee remains dissatisfied with the proposed resolution or disposition of the grievance by the appointing authority, the employee may appeal the decision to the following outside agencies: the Alabama State Personnel Department or the U.S. Equal Employment Opportunity Commission (EEOC).

REQUEST FOR ACCOMMODATIONS UNDER THE AMERICANS WITH DISABILITIES ACT (ADA)

The ADA Employment Policy provides the procedures for employees and supervisors when reasonable accommodation is necessary to enable employees with a qualified disability to perform the essential functions of the job and to ensure equal opportunity to job applicants during the selection process.

Letters of availability must inform job applicants that if a reasonable accommodation is needed for the interview process, the applicant should give prior notice about the type of accommodation needed. When an applicant requests an accommodation or modification, the supervisor must contact the HR Director or designee for guidance.

When an employee (merit, semi-monthly/hourly, Form 8 or contract) requests an accommodation due to a medical condition, verbally or in writing, the supervisor should provide the employee a Medical Assessment of Limitations/Abilities Form, ADPH-HR-55, unless there is medical documentation on file to support the employee's request or the disability is obvious.

A copy of the current Form 40 for the employee's position should also be provided to the employee to take to his treating physician. It is important to make sure the Form 40 is complete and correct before providing it to the employee. If the duties have changed, the most recent preappraisal should be used to describe the employee's job.

If an employee requests an accommodation and there is no medical documentation to support their request, the employee should be instructed in writing to have the treating physician complete and sign the form within 2 days of the request.

After identifying reasonable accommodation(s), the supervisor should submit a written recommendation through the chain of command along with the ADA Reasonable Accommodations Checklist, ADPH-HR-47, and supporting medical documentation to the ERO. Also, if the accommodation would require the purchase or modification of equipment, the checklist should include information regarding the estimated cost and possible vendors, if known.

The supervisor must submit the checklist to the ERO for cases in which the recommendation is to grant an accommodation and where the recommendation is to deny an accommodation.

The supervisor will be notified in writing of the decision as whether the accommodation request is granted or denied.

Circumstances vary, so it is not possible to set stringent deadlines for the processing of requests for reasonable accommodation. In each case, it is important to respond promptly. When short delays are unavoidable due to the necessity of gathering information, purchasing equipment, rearranging schedules, or other similar reasons, the supervisor should make the employee aware of the status of his request. The reason for the delay and the notice to the employee should be documented.

On occasion, a person may request a modification or change at work due to a medical condition that does not need to be submitted through the reasonable accommodation process because the request is a type that is routinely granted to other employees. For example, if an office allows its staff to work flex time, it is not necessary for the supervisor to go through the reasonable accommodation process to approve flex time for an employee with a disability. The ERO can provide guidance if a supervisor is uncertain as to whether a request requires review under the accommodation process. In such cases, you should not request that the Medical Assessment of Limitation form be completed until you have talked to the ERO.

An employee with a complaint regarding his ADA request should refer to the Grievance Policy. The employee may also contact the State Personnel Department or file a complaint with the U.S. Equal Employment Opportunity Commission (EEOC).

EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program (EAP) is a professional service which provides confidential assessment, referral and short-term counseling services to employees and their dependents for behavioral health-related problems. Advice and counseling are offered on issues that include substance abuse, family troubles, stress, grief and loss, financial difficulties, depression and relationships.

EAP Benefits brochures for employees may be obtained by contacting the Office of Human Resources' Office Manager or the ERO.

When a supervisor becomes aware of an employee's inappropriate behavior and/or deteriorating work performance, the supervisor should remind the employees of EAP. Also, an employee may inquire about the program and ask to participate. In both of these incidents, the supervisor should contact the ERO to schedule an appointment.

Employees will be allowed to attend the initial assessment visit on work time. The employee should note the time off under "Other" and note under the "Comment" section "EAP referral visit" on the Employee Weekly Leave Documentation. The employee will be required to use his leave for all other visits.

All referrals should be documented. Although the Department will have knowledge of the individual's participation in the program, medical or personal information will not be provided to the Department. Do not put the documentation in the employee's file.

The employee has the right to refuse referral into the program and may discontinue participation at any time.

An employee may self-refer to the program with or without assistance of the supervisor by directly contacting Behavioral Health Systems (BHS). For more information, go to the website www.behavioralhealthsystems.com (password is "dorm") or call 1-800-245-1150.

Information including enrollment into the program is confidential and will not be provided to the Department of Public Health.

The Department pays for the counseling provided by BHS. If other treatment is provided, the employee's health insurance may cover part or all of the treatment. Employees are responsible for obtaining this information.

SHUTTLE SERVICE

A Shuttle Service is provided to Public Health employees based in the RSA Tower and assigned to the RSA Tower Parking Deck. Eligible employees are defined as having a mobility impairment limiting their ability to walk to and from the RSA Tower Parking Deck and the RSA Tower Office Building.

A Shuttle Service Request Form (ADPH-HR-46) must be completed and submitted to the HR. HR staff will notify the employee of approval or denial of the request.

DRUG/ALCOHOL TESTING

In accordance with the Department's Drug-Free Workplace Policy, employees are prohibited from using unauthorized drugs or chemical substances, including alcohol, on the Department's premises at any time and from reporting to work with detectable levels of unauthorized drugs or chemical substances, including alcohol, in their system.

The Department reserves the right to require any employee to submit to drug or alcohol testing or both, when there is good reason to believe that the employee has violated this policy.

Factors that may lead a supervisor to request a test for an employee include (list does not include all factors, and any of these factors may be present for reasons not related to substance abuse):

- ✓ employee's action or inaction contributed to accident or incident that caused or could have caused personal injury or property damage
- ✓ excessive unapproved, absenteeism or tardiness
- ✓ significant deterioration in job performance
- ✓ significant change in personality (such as depression, mood swings, euphoria, secretiveness, abusive behavior) as exhibited by behavior such as insolence, violence, or insubordination
- ✓ unexplained absences from normal work sites
- ✓ physical symptoms such as reddened eyes or dilated or constricted pupils
- ✓ odor of a controlled substance
- ✓ slurred or incoherent speech
- ✓ unusual difficulty in motor coordination

Below are the steps to be followed for requesting that an employee be tested for drugs and/or alcohol:

- 1. Observers of any of the above factors must each complete and sign a separate Report of Impaired Behavior form. These forms should be submitted to the employee's immediate supervisor. Observers should not discuss the report or surrounding circumstances with others who do not have a need to know.
- 2. The supervisor should talk with the local administrator or state-level office or bureau director about the behavior of the employee in question. Together, they will decide whether or not to request the employee be tested.
- 3. Once the decision has been made to request a drug or alcohol test, fax the Report of Impaired Behavior forms to the HR Director, ERO, or designee and call to request authorization to test. If authorization is granted, the supervisor should document it by a memo to the file. If the incident leading to a decision to test an employee occurs when the state offices are closed, supervisors are instructed to proceed with testing and then to notify the HR Director or designee immediately upon the opening of the office the next business day.

- 4. The supervisor is to have the employee sign the Consent to Test for Drugs and Alcohol form. Refusal to sign the form is considered insubordination and could be grounds for dismissal. When an employee refuses to sign the form, remind the employee of the Drug-Free Workplace Policy.
- 5. The supervisor plus one other coworker (preferably another supervisor) must take the employee to a preferred collection site. The collection site should be contacted by telephone prior to transporting the employee.
- 6. If the decision to test occurs when the preferred collection site is closed, or if the preferred collection site is too far away, or if indicated tests are not available, an alternate collection site should be used. Alternate collection sites include local hospital emergency rooms, physicians' offices, or other facilities, provided they are able to do a urine drug screen collection procedure. In such cases, the supervisor or administrator must provide the alternate collection site with an approved collection kit (available at every work site), a copy of the form letter to Specimen Collector containing instructions, and a copy of the D.O.T. Urine Collection Guidelines which can be printed from the Drug-Free Workplace Policy under the Policies section of HR's website.
- 7. If an alcohol test is needed and the closest preferred collection site does not have the capability to perform a breath alcohol test, the administrator may either request that the preferred collection site do a blood alcohol test or contact a local law enforcement agency for a breath alcohol test.
- 8. A copy of each Report of Impaired Behavior form and the Specimen Collector's letter must be given to the collection site and be included as an attachment to all records forwarded to the testing laboratory and the Medical Review Officer.
- 9. The Department escorts must remain at the collection site throughout the collection procedure and return the employee to the workplace or other agreed location after collection of the specimen. Once the sample has been collected, the employee may be placed on mandatory annual leave, or leave without pay if there is no leave balance, until the test results and all post-test counseling have been completed unless the supervisor, in conjunction with the HR Director or designee, makes the decision to allow the employee to continue working. Mandatory annual leave or leave without pay must be coordinated with the HR Director or designee and approved before any action is taken. The supervisor is responsible for either taking the employee home or ensuring that the employee is taken home by another party.

EXAMPLE

SPECIMEN COLLECTOR LETTER

(TO BE TYPED ON APPROPRIATE LOCAL LETTERHEAD)

(Date)

TO SPECIMEN COLLECTOR:

This Alabama Department of Public Health (ADPH) employee has been brought to your facility by another ADPH employee, most likely the supervisor, for a ten panel screen (urine drug screening test or breath alcohol test). (Note: A blood alcohol test may be requested if breath testing is not available). ADPH has an agreement with LabCorp for statewide collection and testing of such specimens. However, due to unusual circumstances we have found it necessary to bring this employee to you rather than to a LabCorp collection site for specimen collection.

We appreciate your willingness to collect this specimen. In order to assure that the specimen meets LabCorp requirements and that you receive payment for this service, it is essential that you use the kit and guidelines provided and follow these additional instructions:

- 1. Complete the forms enclosed in the collection kit and collect the specimen according to the procedures found in the attached manual, *D.O.T. Urine Collection Guidelines*.
- 2. Send the specimen, Reports of Impaired Behavior, and ADPH Consent to Test for Drugs and Alcohol form to Dr. Michael Turner, MRO, 2455 Bell Rd., Montgomery, AL 36117, by whatever courier service you normally use (provided they can assure delivery according to the enclosed procedures).
- 3. Bill for your services as follows:

Alabama Department of Public Health Office of Human Resources, Brent Hatcher/Danita M. Rose The RSA Tower, Suite 1500 P.O. Box 303017 Montgomery, AL 36130-3017

Thank you for your assistance and cooperation.

Sincerely,		
Administrator/D County He	Director ealth Department/Bureau of	_

Collection Kit and D.O.T. Urine Collection Guidelines accompany this letter.

CHAPTER 14

STATE EMPLOYEE INJURY COMPENSATION TRUST FUND (SEICTF)

SEICTF is an on-the-job injury program provided to eligible employees. Eligible employees include: merit, Form 8, personal services contracts, and hourly employees who work at least 50% of the pay period. The plan is administered by the State Finance Department, Division of Risk Management (DORM). Employees are required to immediately report all on-the-job accident/injury or occupational disease, regardless of seriousness, to their immediate supervisor or designee; so that DORM is notified within 24 hours.

EMPLOYEE ACCIDENT/INJURY

If a covered employee is severely injured, first get medical assistance immediately and complete the necessary forms as soon as possible thereafter. After getting medical assistance, then call the Office of General Counsel and inform them of the emergency situation.

- 1. The supervisor should pull an "Employee Injury Packet" which should be available in each area and county office or go to the Document Library for the forms. A packet contains the documents listed on the attachment at the end of this chapter under "Employee Injury Packet Forms/Information." Each location should keep several packets with the current forms available for supervisors in the event there is an on-the-job injury. Supervisors working in the RSA Tower can request a packet from the Office of Human Resources. Forms developed by SEICTF are in the Document Library or they may be downloaded from Risk Management's web site at www.riskmgt.alabama.gov.
- 2. The supervisor should instruct the employee to complete the Accident Report/Employee's Statement and give the employee a SEICTF Guide to Benefits and Claims Filing pamphlet.
- 3. The supervisor must complete an Employer's First Report of Injury or Occupational Disease.
- 4. If the employee is involved in an automobile accident while on duty, instruct the employee to complete an Automobile Loss Notice (ADPH-HR-61), and obtain a copy of the police report as soon as possible and submit it to the supervisor. Also, if the accident/incident involves damage or theft of property, a copy of the police report must be obtained and submitted to the supervisor.
- 5. If the employee is exposed to **blood or body fluids**, follow the supervisor's instructions then return to the next step of these procedures.

NOTE: If exposure occurs during regular business hours, the employee may see a SEICTF Network Physician. If occurrence is after regular business hours, the

employee should go to the nearest SEICTF participating hospital emergency department.

- 6. Supervisor must immediately fax the First Report of Injury; Accident Report/Employee's Statement; if applicable, the Blood/Body Fluid Exposure Report (SEICTF Form 7); and a copy of the police report, if applicable, to the Department of Finance, Division of Risk Management, (334) 223-6170 or (888) 827-6753. County offices should also fax these forms to their Area Offices. Keep copies in an employee injury file, **not** in the employee's personnel file.
- 7. Fax a copy of the First Report of Injury to HR at (334) 206-5820.

<u>If the employee does not wish to seek medical treatment</u>, indicate this on the "FIRST REPORT OF INJURY" in block 18 by writing, "Does not wish to seek medical treatment at this time." No further steps are necessary.

NOTE: If the supervisor believes the injured employee may be a threat to the safety of the employee, co-workers, or clients, the supervisor may recommend that the employee seek medical attention. If, after the supervisor's recommendation, the employee refuses to seek medical attention, contact HR for guidance.

<u>If the employee does not wish to see the authorized SEICTF doctor or does not wish to receive SEICTF benefits</u>, indicate this in block 18 of the FIRST REPORT OF INJURY and inform Risk Management by calling 1-800-977-0022 and complete HR 56 – SEICTF Forfeiture of Benefits form and fax to HR.

If the employee needs/requests medical attention:

- 1. Complete the supervisor's section of the Authorization for Initial Treatment and Pharmacy. This form is only required for the first visit.
- 2. Instruct the employee to complete the Payment Option section of the Election for Lost Time Benefits (EOB form) and sign the form. Place the signed EOB form in the employee injury file. This form requires the employee to make a choice between using his own leave or to be paid at 2/3's his salary. This form must be sent to SEICTF and HR if the employee is taken out of work by the network physician for more than 3 days or a cumulative 24 hours.

NOTE: This form must be submitted even if the employee chooses to use his own leave.

- 3. Schedule the employee's first appointment with a SEICTF Network Physician.
- 4. Instruct the employee to take the Authorization for Initial Treatment form to the doctor.

- 5. Instruct the employee to have the treating physician complete and sign the physician's section of the Authorization for Initial Treatment and Pharmacy and return to the supervisor as soon as possible after receiving treatment.
- 6. Instruct the employee to follow the office's established call-in procedure if not released to return to work immediately.
- 7. Inform the employee that he must provide a doctor's statement (work status) from each follow-up treatment to his supervisor. Fax the statements to HR and SEICTF immediately. County offices should also fax the statement to their Area office.
- 8. When the employee returns the completed and signed Authorization for Initial Treatment form, fax to Risk Management **and** HR immediately. County offices should also fax the form to their Area Offices.
- 9. If the employee is treated and released by an emergency room or non-network physician, the supervisor should contact Risk Management immediately to have the employee scheduled for a follow-up appointment with a Network Primary Care Physician the next business day if any restrictions were assigned.

If an employee's injury requires him to be off longer than three days, the following benefits apply.

If an employee chooses to use his own leave:

- a) The employee receives his net pay. Payroll deductions continue.
- b) Two-thirds of his wage in effect at the time of injury would be non-taxable, subject to the maximum compensation rate amount in effect at the time of the accident. Taxes will be withheld from his check as usual, but the two-thirds amount will not be reflected as taxable on the W-2 Form at the end of the year.
- c) The employee continues to accrue leave at his regular leave rate.
- d) The employee continues to earn 100% credit with the Retirement Systems of Alabama (RSA) for retirement purposes.

If the employee chooses to use the SEICTF two-thirds pay option:

- a) He receives two-thirds of the amount of his salary at the time of injury, subject to the maximum or minimum compensation rate in effect at the time of the accident, plus the employer's percentage of retirement, if eligible. (Payment of SEIB dependent health care coverage and other preauthorized payroll deductions are the responsibility of the employee. They are not payroll deducted.)
- b) The two-thirds amount is not taxable.

- c) The employee accrues leave at two-thirds his regular leave rate.
- d) If the employee selects the two-thirds program, he will not pay into the retirement system or receive credit toward retirement.
- e) If the employee is on the two-thirds program for 20 days or more, his Total Service Date will be adjusted.
- f) If the employee is on the two-thirds program and not in pay status the work day before and the work day after January 1, he will **not** receive a Personal Leave Day.

NOTE: An employee may change the option selected at the beginning of any pay period. Any time an employee changes options, a new Form 2 and Form 11 must be completed.

Procedures for Paying Employee under the SEICTF Two-thirds Pay Option:

If an employee chooses the 2/3's pay option instead of taking leave:

Complete the "To Be Completed By Agency" section of the EOB form and fax to Risk Management and HR. This allows the employee to be paid by Risk Management.

NOTE: This section is not completed by HR and must be filled out completely by the Bureau/County/Area Office.

1. Gross Salary

<u>Semi-monthly employees</u> - the semi-monthly salary the employee was making at the time of the injury.

<u>Full-time</u> - hourly rate at the time of the injury. Mark through "semi-monthly" and write or type "hourly".

<u>Part-time</u>, <u>Hourly and Contract Employees</u> - hourly rate is determined by the completion of a "Wage Statement". Mark through "semi-monthly" and write or type "hourly". (Instructions for completing the Wage Statement are found at the end of this Chapter.)

The information on the Wage Statement is used to calculate the average hours worked and the average hourly rate of pay for the employee for 52 weeks or for as far back as the employee has worked up to 52 weeks. (Wage Statements are not required for part-time Merit employees.)

2. Calculating the First 3 Days (24 hours)

The first three days or an accumulation of 24 hours missed from work due to the injury, must be the employee's own leave or LWOP. You must have documentation from a SEICTF network doctor or have been notified that the employee has been taken out of work by a SEICTF network doctor before any lost time is calculated. If an injury occurs before Noon and the employee does not continue to work that day and is taken out of work by a SEICTF network doctor, this day is counted as the first day of the waiting period for full-time employees. Time missed for the initial treatment must be the employee's own leave or LWOP, whether the employee is returned to work or taken out of work. State holidays do not count in the three-day period, unless the employee is scheduled to work on that holiday.

3. Retirement Plan Information

Public Health employees belong to ERS (Employees Retirement System).

Tier I Employee's Share - 5% Tier II Employee's Share - 6.0%

NOTE: If the employee does not pay into the Retirement Systems, write "N/A". Contract employees and some Home Attendants are not eligible for this benefit. Contact HR for verification.

Complete a Form 11 and mail to HR. This takes an employee off the PH payroll.

- The effective date should be a date after the employee has missed three days or 24 hours due to the injury.
- Mark #25 "other" and write "going on 2/3's benefits."
- A Form 11 should also be completed when the employee returns to work. This will put the employee back on the Public Health payroll.
- Risk Management's payroll cutoff is different from the Department's. On DORM's scheduled deadlines, HR will verify with the supervisor the number of hours to be paid for the ending pay period. If information is not submitted in time for the SEICTF payroll, the check will be processed the next payroll cycle. Risk Management does not have a supplemental check program.

Payment for Continuing Treatment After Returning to Work:

Often after an employee is returned to work, he is still under the doctor's care for continuing treatment. Those employees missing work due to doctors' appointments, physical therapy visits, or other medical care related to the injury must follow these procedures to be paid two thirds for this time off. (Employees may choose to use their own leave rather than the two-thirds pay option.)

- 1. *Form-8 employees* must submit a leave slip marked "Leave Without Pay," and "due to two-thirds" written or typed in the comments section. The Form-8 employee must also be placed on short-term leave without pay on the Weekly Leave Report (LWF).
 - *Merit employees* must code the time as LWOP on the Employee Weekly Leave Documentation sheet, and "due to two-thirds" written or typed in the comments section.
- 2. Employee must take the Continuing Treatment for Work Injury Form (ADPH-HR-62) to each doctor's visit and have the doctor's office complete the information for that visit including: date, arrival time, departure time and physician's signature. Use one form per pay period.
- 3. At the end of the pay period, fax the Continuing Treatment for Work Injury form (ADPH-HR-62) with the doctor's appointment information, along with a copy of the Employee Weekly Leave Documentation sheet (Form-8 employees are not currently on this leave system; therefore, leave slips are acceptable) to Risk Management. Risk Management will also accept a letter on Public Health letterhead signed by the Administrator or Leave Clerk that verifies the absence was due to medical treatment. The employee will receive payment for this time off from Risk Management the next pay period.

Coding time as FMLA on the Weekly Leave Documentation Sheet

If an on-the-job injury qualifies under FMLA as a serious health condition, the Department's FMLA policy must be reviewed to determine if the employee is eligible for FMLA leave. If FMLA applies and the employee is eligible for FMLA leave, the time off due to injury must be documented on the Employee Weekly Leave Documentation sheet, in order to be counted against his FMLA leave entitlement.

- 1. If a network doctor takes the employee out of work for more than three days and the employee chooses the two-thirds pay option rather than using his own leave to cover his absences:
 - a) Code the time in the "Holiday/Misc" column;
 - b) Code the time in the "FMLA" column; and
 - c) Write or type in the comments section, "Two-thirds Benefits Program."

- 2. If a network doctor takes the employee out of work for more than three days and the employee chooses to use his own personal leave to cover his absences, rather than the two-thirds pay option:
 - a) Code the time in the "SICK", "ANNUAL" or "COMP" column (whichever applies);
 - b) Code the time in the "FMLA" column (if using sick or annual leave).
- 3. If an employee has not been taken out of work, but is losing time for doctors' appointments, physical therapy visits, or other medical care related to the injury; has met the three day 24-hour requirement; and chooses the two-thirds pay option rather than using his own leave to cover his absences:
 - a) Code the time in the "LWOP" column;
 - b) Code the time in the "FMLA" column; and
 - c) Write or type in the comments section, "Two-thirds Benefits Program."

NOTE: If FMLA applies and the employee is eligible for FMLA leave, all time off due to the injury, including the three-day/24-hour waiting period, must be coded as FMLA on the Employee Weekly Leave Documentation sheet, to be counted against the employee's FMLA leave entitlement.

Employee Returning to Work on Temporary Alternative Duty (TAD) Due to Activity Restrictions:

Employees injured on the job may work light duty out of their classification when their work restrictions cannot be accommodated within their classifications.

- 1. Review the activity restrictions. Work with your Bureau/Office Director or Area Administrator to determine if the employee's regular job can be modified or if other work can be assigned.
- 2. If TAD is determined to be appropriate, meet with the employee to review the job duties and responsibilities. This must be done **before** the employee begins work. During the meeting, the employee and the supervisor must sign the Employee Acknowledgment of Activity Restrictions Form (ADPH-HR-58). The form should be filed in the employee injury file and faxed to HR.
- 3. A Notification of Return to Work form (ADPH-HR-10) should be completed and faxed to HR when an employee is returned to light duty work.
- 4. Inform the employee that he must present a doctor's statement (work status) from the treating physician to his supervisor after each doctor's visit. The supervisor must fax copies of all work status statements to HR immediately. County offices should also fax to their Area office.

- 5. If the treating physician changes the activity restrictions, immediately re-evaluate the job duties through the appropriate chain-of-command, and make any necessary changes. Complete a new Employee Acknowledgment of Activity Restrictions Form (ADPH-HR-58).
- 6. An employee's release to return to work full duty should be in writing from the doctor and a Notification of Return to Work (Form 10) should be completed and faxed to HR.
- 7. If the employee has been released to work on restricted duty, and it is determined that his restrictions cannot be accommodated, this must immediately be conveyed to HR by submitting a memo to the HR Director from the Area Administrator.

Maximum Medical Improvement

When an employee has reached MMI (maximum medical improvement) with permanent restrictions, a letter will be sent from Risk Management to HR for proper disposition. At this time, the case will be reviewed to determine if the employee will be able to return to his job, with or without accommodations (ADA), or if there are any other positions available for which the employee may be qualified. In cases where the employee is not able to return to work, the employee is terminated.

FAX Numbers:

Risk Management, (334) 223-6170 or (888) 827-6753

Office of Human Resources, (334) 206-5820

Employee Injury Packet Forms/Information

(Right side of folder)

SEICTF Guide

Accident Report Employee's Statement

Employer's First Report of Injury or Occupational Disease

Blood/Body Fluid Report Form

Authorization for Initial Treatment and Pharmacy

Employee Election for Lost Time Benefits

Automobile Loss Notice – ADPH-HR-61

Continuing Treatment for Work Injury – ADPH-HR-62

Employee Acknowledgment of Activity Restrictions – ADPH-HR-58

Notification of Return to Work – ADPH-HR-10

(Left side of folder)

Injury Management System (IMS) Procedures for Supervisor

Primary Care Physician Listing (Gatekeepers)

SEICTF Participating Health Care Facility List for Blood-borne Pathogen Exposures



EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE



STATE EMPLOYEE INJURY COMPENSATION TRUST FUND (SEICTF)

Submit the online version of this form when possible by accessing our website, at www.riskmgt.alabama.gov. All questions on this form must be answered. A supervisor or other designated authority must complete this report and fax along with the Accident Report - Employee Statement form to 334-223-6170 or 888-827-6753 or submit via email to selictf@finance.alabama.gov. If you need assistance contact SEICTF at 800-388-3406, between 8 AM and 5 PM, Monday - Friday.

Last Firs			2. SSN		3. Date of Birt	h	4. Sex
NAME	M)		111 _11 _	1111	01 /24	/1956	DM DF
5. Employee Mailing Address					1		0
No. and Street 123 Main Str	reet		6.Employee Ph Home (205) 2	223-6001			
City or Town Butler			Work (205) 3	331-4321			
State AL	Zip 36088	3	Cell (205) 5	555-1234			
			Employee Work	(Hours: F	rom: 8:00 a.m.	To: 5:00 p	o.m.
7. Job Title / Job Code Home Health Aide			8. Employmen Full Time	t Status Part Tim	ne 🗆 Contract	9.Employee	Email address
10. Employing Agency - Agen Public Health - 011	cy Number		11. Division, D Blount Count		ation, etc.		
12. Agency Address - Numbe	er and Street	City	or Town		ate	Zip	
23 Main Street	T unital Gallage	Blour		1	AL	36088	
	Date Employer Notified	15. Time	of Injury	16. On A	gency Premises?		loyee covered by loyee Medical
05/15/2010 05/	15/2010	9 45	MAM DPM	D Y	es VINo		? A Yes D No
18. Could this accident have b	been prevented? U Ye	s UNo	If yes, what ste	eps have be	en taken to prev	ent another ac	cident?
19. Has the injury or illness re	esulted in medical treatme	ent?	Yes □ No				
22. Was more than one person I Yes A No 23. Describe exactly what the Helping a patient out of a	injured employee was do	oing and ho	w the accident o				
		ng puli in	DUCK	outrou.			
24. Describe the injury (ies) re	eceived. Indicate if cut, b	31	.600				body part(s) affected
24. Describe the injury (ies) re strain, twist, pull, etc. (Give d Pulled something in back	letails below):	31	.600		PALL MAY MINEST ON LOT:		Eye(s) Right Hand Right Leg Neck Right Knee
strain, twist, pull, etc. (Give d	letails below): (oruise, sprai	in,		MAY NAY 15) 222-3333	below and be chart at left. Head Left Hand Left Leg Back Left Foot Left Knee	Eye(s) Right Hand Right Leg Right Foot Right Knee
strain, twist, pull, etc. (Give d Pulled something in back	letails below): (oruise, sprai	in,	Phone (208	MANUFACTOR LANGE	below and be chart at left. Head Left Hand Left Leg Back Left Foot Left Knee	Eye(s) Right Hand Right Leg Right Foot Right Knee



AUTHORIZATION FOR INITIAL TREATMENT AND PHARMACY



State Employee Injury Compensation Trust Fund SEICTF

TO BE COMPLETED BY EMPLOYEE

If you desire program benefits, read and sign below. Benefits will not be authorized without your signature.

I hereby authorize any physician, health care professional, hospital, or other medical care facility to provide my complete health care records to representatives of SEICTF (State Employee Injury Compensation Trust Fund), and/or its' agents regarding my health and any treatment rendered. I authorize representatives of SEICTF and/or its' agents to examine any and all records including but not limited to: all history and physical examinations; progress notes; physicians' notes; tab reports; x-ray, MRI, CT scans, myelograms and all other diagnostic procedure reports, all consultation reports and records, inpatient and out-patient facility records: operative reports; payment records: prescribed medications; and all notes, correspondence and records of any kind.

In addition, Lauthorize the release of information relating to (1) communicable diseases such as hepatitis and the human immunodeficiency virus (HIV); (2) substance abuse treatment records; and (3) all mental health treatment records.

The purpose for disclosure of these records is to allow SEICTF to evaluate my medical history and injuries in this claim and to administer benefits I may be eligible for under the SEICTF program. A photocopy or exact reproduction of this signed authorization shall have the same force and effect as the original. This Authorization for Release of Health Information is valid for one year from the date of my signature.

Lunderstand that I may revoke this authorization by sending a signed, written notice to SEICTF and to the healthcare provider(s) authorized to disclose my health information pursuant to this document. However, I also understand that any revocation will be effective only to the extent that action has not already been taken in reliance of this authorization.

By refusing to sign or revoking this authorization, I understand that SEICTF will be unable to provide benefits under this program as medical records are required.

TO BE COMPLETED BY SU	PERVISOR				
Employee Name: First M. La	st		S.S.# 111	111	111
Date of Injury: 05/15/2010					
Description of Accident/Injury:	hile helping patient out of ch	air, felt something p	ull in back		
Supervisor's Signature:			Date: 05/15/2	2010	
Agency: Public Health			Division/Facility:	Blount Co	ounty
*When completed by supervisor	and physician – immediately fax or email	to SEICTF at (334) 223-6170	or (888) 827-6753	or SEICTF@f	inance.alabama.gov
The state of the s	ALL REAL RESIDENCE AND ADDRESS OF THE PARTY				
	August 2.	alla Numer	Car Control	4 10 X 11	
	And the second of the second	T DATE:	None Sche	eduled:	
TO BE COMPLETED BY PI	HYSICIAN RETURN APPOINTMEN	3010.20	None Sche	eduled;	
Diagnosis:	And the second of the second	3010.20	None Sche	eduled:	
Diagnosis:					
Diagnosis:	May return to full duty	lays, then return to work with r	estrictions (see belo		
Diagnosis:	May return to full duty Out of work for	lays, then return to work with re	estrictions (see belo		
Diagnosis: Work Status: Activity restrictions:	May return to full dutyOut of work forcMay return to work with the follow	lays, then return to work with re	estrictions (see belo _ days:	w)	

Instructions for Submitting Claim for Payment

Physician's office:

- Immediately fax this form to SEICTF at (888) 827-6753 (toll-free) or (334) 223-6170 or email to SEICTF@finance.alabama.gov
- 2. Give original to employee. Have employee take original back to the employer. Keep a copy in the employee's chart.
- 3. Claim filing:
 - A. For authorization and timely payment, office notes must be sent to SEICTF: Fax or email to (888) 827-6753 (toll-free) or <u>SEICTF@finance.alabama.gov</u> or mail to SEICTF: P. O. Box 1390, Montgomery, AL 36102.
 - Send claim to:
 (1) Blue Cross Blue Shield (Group 32035) Use the WRI prefix with the employee's social security number. (Do not use the EIB number.) Do not charge co-pays or deductibles.

Pharmacy:

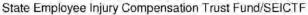
Send claim to Blue Cross/Blue Shield of Alabama. All prescriptions must be filed electronically with BCBS by using the WRI prefix and the employee's social security number. (Do not use the EIB number.) Please use BIN# 004915 and in the PCN field use WRI. SEICTF does have a Formulary and some drug classes require prior approval before BCBS will approve the prescription under WRI. Charges filed manually, or through third party billing companies, will not be reimbursed. If you are unable to obtain approval or confirmation, please contact SEICTF at (800) 388-3406 for assistance.

Please note: SEICTF does not allow in-house dispensing of prescriptions.

SEICTF FORM 3-A REV 01/29/2013 PAGE 2 OF 2



Employee Election for Lost Time Benefits





Submit to Agency Personnel/Payroll Clerk and SEICTF when the employee will miss more than three (3) days of work. TO BE COMPLETED BY EMPLOYEE: Your options for lost time benefits are: First three days off work due to occupational injury (waiting period). You should: Utilize available annual/sick leave, or 3) File with your agency's payroll department only.

After three day waiting period. You should:

1) Take SEICTF benefit of two-thirds pay with no deductions, tederal or state taxes, or retirement credit. B) Accrue leave at 2/3rds of regular leave rate, or Take available annual/sick leave. Regular deductions and RSA contribution continue. FAX this form to SEICTF at 888-827-6753 or submit via email SEICTF@finance.alabama.gov. Select the option on this form you wish to use. You may change the option you selected under (B) at the beginning of any regular pay period. This selection cannot be retroactive. Elections must be made by the employee and received by SEICTF before any compensation benefits are paid. Date of First M. Last 111-11-1111 05/15/2010 SSN Employee Name Injury Division Blount County Location Blount County Public Health Employing Agency ***** Payment Option Selected by Employee: (A and B must be completed) ***** Choose one from Section A: 1. Annual/Sick leave for three-day waiting period. 2. Leave without pay for three-day waiting period. Choose one from Section B: 2. Annual/Sick leave beyond three-day waiting period. 1. SEICTF Wage Replacement beyond three-day waiting period. TO BE COMPLETED BY AGENCY: FORM 11 MUST ALSO BE COMPLETED AND SUBMITTED TO STATE PERSONNEL NOTICE: REPORTING OF HOURS MUST BE SUBMITTED TO SEICTF BEFORE COMPENSATION BENEFITS ARE PAID Yes V No 1) APOST Certification \$ Hourly Rate Semi-Monthly Gross Salary at Time of Injury First three WORKING days or 24 working hours of May 15, 16, 17 2010 work missed due to injury? (Give exact dates) Employee status (check one) Full-Time Contract Part-Time Retirement Plan Info: State Police Judicial Deduction for child support withholding? (If yes, indicate amount and provide copy of order to SEICTF.) TO BE COMPLETED BY SEICTF: Semi-Monthly **RSA Adjusted Amount** Employers % Two-thirds Amount Semi-Monthly Employers % Approved Effective Date: Signature Disapproved Effective Date: Signature **EMPLOYEE MUST SIGN PAGE 2** SEICTF Form 2 REV 03/4/2013 Page 1 of 2

HIPAA COMPLIANT AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

DISCLOSE TO: State Employee Injury Compensation Trust Fund (SEICTF), P.O. Box 1390, Montgomery, AL 36102-1390, including its agents and authorized representatives.

PURPOSE(S) OF DISCLOSURE: I am the claimant in an employee injury claim, SEICTF is the organization that is handling this claim. The purpose of the disclosure of these records is to allow SEICTF to evaluate my medical history and my damages and injuries in this case in the complete context of my medical history and to allow them a fair opportunity to use these records to determine any and all benefits for which I may be eligible as a result of this claim.

INFORMATION TO BE DISCLOSED: My intent is for you, the agency/healthcare provider listed below, to provide my complete record for all time periods to the above-named organization. Records to be provided may include but are not limited to: all records related to any worker's compensation claim by me, all payment records, all subrogation documents and letters, all documents, records, statements, first report of injury, physician reports and forms and all investigative notes and documents, all printouts on my health expense and payments and records, any documents showing whether your payments on my behalf completely resolve and/or satisfy the complete debt to a health care provider, all history and physical examinations; all progress note, physicians notes, and nurses notes; all lab reports; all x-ray reports, MRI reports, CT scans, Myelograms, EMG, and all other diagnostic procedure reports; all consultation reports and records; all emergency room records, all discharge reports; all after care plans; and all financial records. I specifically authorize the release of information relating to: all substance abuse records (including alcohol/drug abuse); all mental health, counseling, psychiatric, and psychological records.

RIGHT TO REVOKE: I understand that I may revoke this authorization by sending a signed, written notice to SEICTF and to the entity being authorized to disclose my health information pursuant to this document. However, I also understand that any revocation will be effective only to the extent that action has not already been taken in reliance of this authorization. Unless specifically revoked in writing, this authorization shall remain in force until the settlement or final disposition of my employee injury claim.

RECORDS TO BE DISCLOSED: ANY AND ALL RECORDS

I understand that SEICTF will not use these records for any other purposes than the purposes stated above. I understand that protected health information that is disclosed pursuant to this authorization may result in redisclosure and may no longer be protected by federal law.

A photocopy or exact reproduction of this signed authorization shall have the same force and effect as the original.

Employee Signature	Home Phone & Employee Daytime Number	Date
Supervisor	Supervisor Phone Number	Date

SEICTF Form 2 REV 03/4/2013

Page 2 of 2

EXAMPLE – GOING ON 2/3's PAY

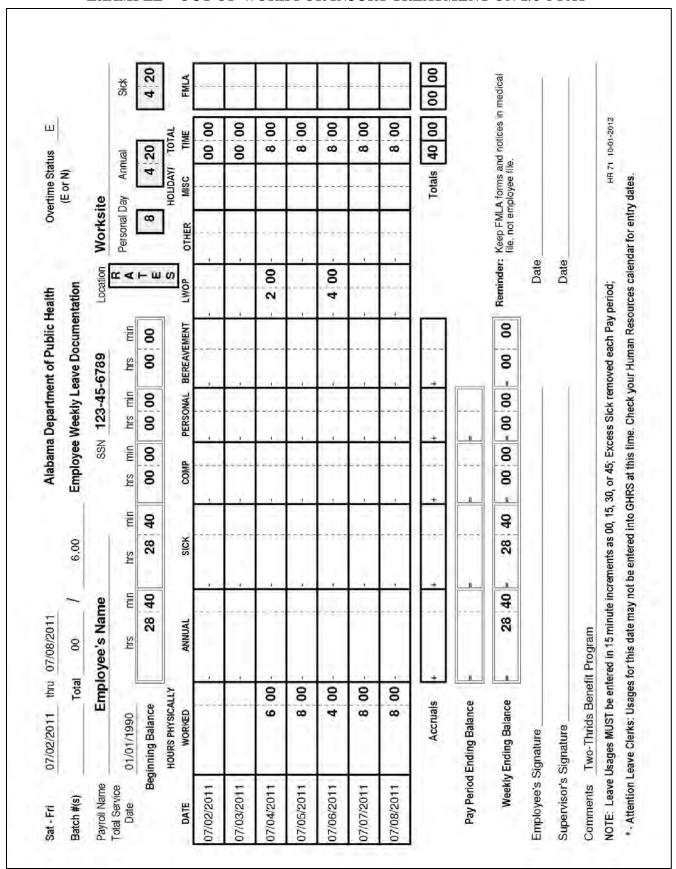
		RECOMMENDATION	FOR PERSONNEL ACT	ION		
Name of Employee NAME			2. Social Security Number 111-11-1111		3. Salary \$991,10 S/M	
	11	Last		T	F-1-20%	
	ss Title/Code ne Health		(40111)	6. Class Option N/A		1
7. Department/Code Public Health	(011)	8. Division/Code Blount County	(0050)	9. Effective Dat May 18, 20	te 010	
INSTRUCTIONS	(3)		KIND OF	ACTION		
		10. Transfer within departm	ent , , , , , , , , , , , , , , , , , ,	18. Retiremen Disab	nt	
Item 11 requires signature of both dep heads.	partment	11. Transfer to another dep	artment	19 Evoiration	of temporary appointment	
		12. Suspension				
Items 11, 13, 14, 15, 21 require appro Personnel Director before action is off	val of ficial.	13. Demotion	П	2000	n of provisional appointment.	
Items 12, 13, 14, 15 must have copy		1. W. e. 1. O. Co. III. WILLIAM			thout Pay	
employee attached. If voluntary demi	otion, letter			1000 1000 1100	from LWOP	
from employee should be attached.			-	23. Military Le	eave Without Pay	
Item 17 should have copy of letter of or confirmatory letter from department	resignation attached	I find a real of the same			from Military LWOP	
7		17. Resignation		25. Other G	oing on 2/3s pay	
ITEMS AFFECTED BY ACTION		FROM:			TO:	
26. Department/Code	hi -				V.	
(Items 10 and 11) 27. Division/Code	-					
(Items 10 and 11) 28: County of Employment/Code (Items 10 and 11) 29: Class Title/Code	-				Ţ.	
	-		() _		(
(Items 10, 11, 13))
30. Class Option/Code (Items 10, 11, 13)			() _		- (1
31. Dates (Items 12, 21, 22, 23 and 24)						
32. Salary (Item 13)			- 5 -			
33. Position Number (Item 10, 11 and 13)						
34. If action is item 13, 15, 17 or 18, is	reemployme	nt .				
recommended? (Y/N)			If "No", explanation must be give	en.)		
35. Remarks. First three days: May 15, 16	5. 17					
The state of the s						
36. Signed (Appointing Authority)				Date		
37. Signed (Appointing Authority)				Date		
38. Approved				Date		

EXAMPLE – RETURN FROM 2/3's PAY

W Name of Castleins		RECOMMENDATION	FOR PERSONNEL ACT		
1. Name of Employee NAME			2. Social Security Number 111-11-1111	3. Salary \$991,10 S/M	
	MI ass Title/Code	Last		6. Class Option Title/Code	
3467000 Hot 7. Department/Code	ne Health	Aide 8. Division/Code	(40111)	N/A 9. Effective Date	(-1)
Public Health INSTRUCTIONS	(011)	Blount County	(0050)	May 28, 2010	
INSTRUCTIONS		10 Teamsfar within day other	KIND OF	18. Retirement	
Item 11 requires signature of both de	nartment	180 Ca 40 Ca		Disability Service	e
heads.	parament		artment	19. Expiration of temporary appointr	nent
Items 11, 13, 14, 15, 21 require appro	oval of	12. Suspension		20. Expiration of provisional appoint	ment
Personnel Director before action is of	fficial.	13. Demotion		21. Leave Without Pay	
Items 12, 13, 14, 15 must have copy employee attached. If voluntary dem	of letter to	14. Layoff	THE THE STATE OF T	22. Returned from LWOP	
from employee should be attached.	vivi, lettel	15. Dismissal		23. Military Leave Without Pay	
Item 17 should have copy of letter of		16. Separation by death		24. Returned from Military LWOP	
or confirmatory letter from departmen	t attached.	17. Resignation		25 Other Return from 2/3s	
			T.		
ITEMS AFFECTED BY ACTION	1	FROM:		TO:	
26. Department/Code (Items 10 and 11)			1 1 _		()
27. Division/Code (Items 10 and 11)	-		()		1 1
28. County of Employment/Code (Items 10 and 11)			t 1		()
29. Class Title/Code (Items 10, 11, 13)					()
30. Class Option/Code (Items 10, 11, 13)					, ,
31. Dates					
(Items 12, 21, 22, 23 and 24) 32. Salary					
(Item 13) 33. Position Number					
(Item 10, 11 and 13)	l	1 6			
34. If action is item 13, 15, 17 or 18, is recommended? (Y/N)	s reemplayme	nt (If "No", explanation must be give	en.)	
35. Remarks.					
3.5					
36. Signed (Appointing Authority)				Date	
37. Signed (Appointing Authority)				Date	
38. Approved				Date	

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Comments Using own personal leave for workplace injury	rvisor's	Signature											Dat	· w			
	nents	Using own perso	onal	leave for w	orkpla	ce injury											

(E or N)	Personal Day Annual Sick	_	OTHER MISC TIME FMLA	00 00	00 00	8 00 8 00	8 00 8 00	8 00 8 00	8 00 8 00	8 00 8 00	Totals 40 00 00 00		Reminder: Keep FMLA forms and notices in medical file, not employee tile			
9	4	∢ ⊢ u	-										Reminder: Ke	Date	Date	
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INSTRUCTIONS FOR COMPLETING WAGE STATEMENT

The Wage Statement is used to calculate the average hours worked per week and the average hourly rate of pay for part-time hourly and contract employees. To calculate the time and amount of pay, start with the week the employee is taken out of work by the network physician and go as far back as the employee has worked not to exceed 52 weeks and list the number of hours worked per week on the Wage Statement (ADPH-HR-76). For contract employees, submit hours worked per week.

- 1) The work location must complete the Wage Statement. The employee completing the form must sign and date at the bottom of Part 1.
- 2) To complete Part 2, round the number of weeks to a whole number and round the average hourly rate to the hundredth decimal.

Example of Average Hours Per Week:

Total hours: 1,126.15 (divided by) 52 weeks worked = 21.65 average hours Round to 22 hours
22 hours (divided by) 5 days per week = 4.4 hours per day

Example of Average Hourly Rate:

Total amount: \$16,942.50 (divided by) 1,126.15 total hours = \$15.04 hourly rate

- 3) Forward to HR for review and for our records.
- 4) Put the average hours worked in the appropriate space on Form 2.
- To figure the first three work days (24 hours) missed, determine the number of hours worked the week the employee is taken out. Subtract that amount from the average hours worked per week. The difference goes toward the first three days (24 hours). If the employee is out for more than three days (24 hours), he is eligible for the two-thirds program.

Example

Using the previous example, the employee averages 22 hours per week. If the employee was taken out of work on Wednesday and has already worked 17 hours that week, you will count the difference of five hours toward the first three days. You will use 19 hours the next week to arrive at the first three days (24 hours). If the employee remains out of work, you can start paying him under the two-thirds program. In this example, you cannot pay the employee for more than the average of 22 hours per week.

If the employee returns to light duty, you cannot give him more hours than his average number of hours of work per week.

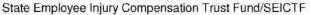
EXAMPLE – WAGE STATEMENT

EMPLOYEE'S WAGE STATEMENT

SSA	AN:	111-22	2-3333			Date of Inj	ury:	07/2	7/2011	1			
PA	RT I.												
	Mo.	Day	Year	Days Worked	Hrs. Worked	Total Amount Paid		Mo.	Day	Year	Days Worked	Hrs. Worked	Total Amount Paid
1	01	29	10	5	38.50	299.53	27	07	30	10	2	13.00	101.14
2	02	05	10	5	39.75	309.26	28	08	06	10	4	18.75	145.88
3	02	12	10	3	17.25	134.05	29	08	13	10	2	7.25	56.41
4	02	19	10	4	22.50	175.05	30	08	20	10	3	17.75	138.10
5	02	26	10	4	18.00	140.04	31	08	27	10	1	14.25	33.07
6	03	05	10	5	22.50	175.05	32	09	03	10	4	23.75	184.78
7	03	12	10	6	27.50	213.95	33	09	10	10	1	3.75	29.18
8	03	19	10	5	20.25	157.55	34	09	17	10	5	28.50	221.73
9	03	26	10	4	17.50	136.15	35	09	24	10	3	16.50	128.37
10	04	02	10	2	9.75	75.86	36	10	01	10	4	21.00	163.38
11	04	09	10	4	20.00	155.60	37	10	08	10	4	175.75	138.10
12	04	16	10	4	17.25	134.05	38	10	15	10	4	19.00	147.82
13	04	23	10	3	7.75	60.30	39	10	22	10	5	20.00	155.60
14	04	30	10	2	10.00	77.80	40	10	29	10	3	16.00	124.48
15	05	07	10	4	20.00	155.60	41	11	05	10	4	19.00	147.82
16	05	14	10	5	28.75	223.68	42	11	12	10	4	20.75	161.44
17	05	21	10	3	16.75	130.32	43	11	19	10	3	15.50	12.059
18	05	28	10	3	16.75	130.32	44	11	26	10	3	17.50	136.15
19	06	04	10	3	11.25	87.53	45	12	03	10	3	19.50	151.71
20	06	11	10	6	24.50	190.61	46	12	10	10	6	27.75	215.90
21	06	18	10	4	18.25	141.99	47	12	17	10	6	31.50	245.07
22	06	25	10	3	17.50	136.15	48	12	24	10	5	24.50	190.61
23	07	02	10	4	24.50	190.61	49	12	31	10	5	24.25	188.67
24	07	09	10	5	28.75	223.68	50	01	07	11	2	12.45	96.87
25	07	16	10	5	24.00	186.72	51	01	14	11	2	12.45	96.87
26	07	23	10	5	23.50	182.83	52	01	21	11	2	12.45	96.87
	107	23	10	12	A1	BI		01	21	111	14	A2	B2
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. T	otal H	ours W	orked _	1007.85	+ Week	s Worked	52	_ =	Average	Work	Hours Per	Week*	19.38
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	ned By								et No.		_	Date	



Employee Election for Lost Time Benefits





Submit to Agency Personnel/Payroll Clerk and SEICTF when the employee will miss more than three (3) days of work. ______ TO BE COMPLETED BY EMPLOYEE: Your options for lost time benefits are: First three days off work due to occupational injury (waiting period). You should: Utilize available annual/sick leave, or Take unpaid days. 7) File with your agency's payroll department only.

After three day waiting period. You should:

1) Take SEICTF benefit of two-thirds pay with no deductions, federal or state taxes, or retirement credit. B) Accrue leave at 2/3rds of regular leave rate, or Take available annual/sick leave. Regular deductions and RSA contribution continue. FAX this form to SEICTF at 888-827-6753 or submit via email SEICTF@finance.alabama.gov. Select the option on this form you wish to use. You may change the option you selected under (B) at the beginning of any regular pay period. This selection cannot be retroactive. Elections must be made by the employee and received by SEICTF before any compensation benefits are paid. Date of First M. Last 111-11-4111 06/19/2011 SSN Employee Name Injury Division Blount County Location Blount County Public Health Employing Agency ***** Payment Option Selected by Employee: (A and B must be completed) ****** Choose one from Section A: 1. Annual/Sick leave for three-day waiting period. 2. Leave without pay for three-day waiting period. Choose one from Section B: 2. Annual/Sick leave beyond three-day waiting period. 1. SEICTF Wage Replacement beyond three-day waiting period. TO BE COMPLETED BY AGENCY: FORM 11 MUST ALSO BE COMPLETED AND SUBMITTED TO STATE PERSONNEL NOTICE: REPORTING OF HOURS MUST BE SUBMITTED TO SEICTF BEFORE COMPENSATION BENEFITS ARE PAID Yes V No 1) APOST Certification \$ 9.01 Semi-Monthly Hourly Rate Gross Salary at Time of Injury First three WORKING days or 24 working hours of June 19, 22, 23, 24, 25, 26, 29, 30 (3 hrs/day) work missed due to injury? (Give exact dates) Part-Time Full-Time Contract Employee status (check one) Retirement Plan Info: State Police Judicial Deduction for child support withholding? (If yes, indicate amount and provide copy of order to SEICTF.) TO BE COMPLETED BY SEICTF: Semi-Monthly **RSA Adjusted Amount** Employers % Two-thirds Amount Semi-Monthly Employers % Approved Effective Date: Signature Disapproved Effective Date: Signature **EMPLOYEE MUST SIGN PAGE 2** SEICTF Form 2 REV 03/4/2013 Page 1 of 2

HIPAA COMPLIANT AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

DISCLOSE TO: State Employee Injury Compensation Trust Fund (SEICTF), P.O. Box 1390, Montgomery, AL 36102-1390, including its agents and authorized representatives.

PURPOSE(S) OF DISCLOSURE: I am the claimant in an employee injury claim: SEICTF is the organization that is handling this claim. The purpose of the disclosure of these records is to allow SEICTF to evaluate my medical history and my damages and injuries in this case in the complete context of my medical history and to allow them a fair opportunity to use these records to determine any and all benefits for which I may be eligible as a result of this claim.

INFORMATION TO BE DISCLOSED: My intent is for you, the agency/healthcare provider listed below, to provide my complete record for all time periods to the above-named organization. Records to be provided may include but are not limited to: all records related to any worker's compensation claim by me, all payment records, all subrogation documents and letters, all documents, records, statements, first report of injury, physician reports and forms and all investigative notes and documents, all printouts on my health expense and payments and records, any documents showing whether your payments on my behalf completely resolve and/or satisfy the complete debt to a health care provider, all history and physical examinations; all progress note, physicians notes, and nurses notes; all lab reports; all x-ray reports, MRI reports, CT scans, Myelograms, EMG, and all other diagnostic procedure reports; all consultation reports and records; all emergency room records, all discharge reports; all after care plans; and all financial records. I specifically authorize the release of information relating to: all substance abuse records (including alcohol/drug abuse); all mental health, counseling, psychiatric, and psychological records.

RIGHT TO REVOKE: I understand that I may revoke this authorization by sending a signed, written notice to SEICTF and to the entity being authorized to disclose my health information pursuant to this document. However, I also understand that any revocation will be effective only to the extent that action has not already been taken in reliance of this authorization. Unless specifically revoked in writing, this authorization shall remain in force until the settlement or final disposition of my employee injury claim.

RECORDS TO BE DISCLOSED: ANY AND ALL RECORDS

I understand that SEICTF will not use these records for any other purposes than the purposes stated above. I understand that protected health information that is disclosed pursuant to this authorization may result in redisclosure and may no longer be protected by federal law.

A photocopy or exact reproduction of this signed authorization shall have the same force and effect as the original.

Employee Signature	Home Phone & Employee Daytime Number	Date
Supervisor	Supervisor Phone Number	Date

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LEAVE ACCRUALS FOR THE SEICTF PROGRAM

Employees going on 2/3's pay for one hour over half of the pay period will receive 2/3's accrual for that pay period. An employee who goes on 2/3's pay in the middle of a pay period will accrue leave for that pay period at his regular rate unless his 2/3's hours exceed 1/2 of the total work hours for that pay period. See the chart below for the 2/3 accrual rates.

For example, a full-time employee, with less than 5 years of service, goes on 2/3's pay as of June 21, 2011, which has 88 hours in the pay period. The regular work hours of 24 (3 work days) is subtracted from the total hours in the pay period (88 hours) leaving 64 hours. Since the 2/3's hours (64), exceed 1/2 of the total hours (44), the employee will receive 2 hours and 52 minutes accrual for annual leave and 2 hours and 52 minutes for sick leave.

100% Accrual Rate	2/3's Accrual Rate
4 hrs and 20 min	2 hrs and 52 min
5 hrs and 25 min	3 hrs and 35 min
6 hrs and 30 min	4 hrs and 18 min
7 hrs and 35 min	5 hrs and 2 min
8 hrs and 40 min	5 hrs and 44 min
9 hrs and 45 min	6 hrs and 27 min

EXAMPLE - CONTINUING TREATMENT FOR WORK INJURY

MPLOYEE'S	NAME: First	M. Last	SSAN: xxx-xx-0000
B TITLE:	PH Environmenta	list	COUNTY: Madison
DATE OF VISIT	TIME IN	TIME OUT	PHYSICIAN, THERAPIST, or DESIGNEE SIGNATURE
06/01/2011	8:00	9:00	
06/04/2011	8:15	9:00	
06/10/2011	8:00	8:30	
	-		
			D. 1 D. 10 D
ertify that th		e and correct and	that the care was needed as a result of n

14-25

EXAMPLE - RETURN TO WORK ON MODIFIED DUTY

STATE EMPLOYEE INJURY COMPENSATION TRUST FUND NOTIFICATION OF RETURN TO WORK

When an employee returns to work, please complete this form and FAX to the Risk Management Division at 334-223-6170 and the Office of Human Resources at 334-206-5820 within two (2) days upon their return.

EMPLOYEE'S NAME:	First M, Last
SOCIAL SECURITY NO.:	xxx-xx-1111
DATE OF INJURY:	05/01/2011
RETURN TO WORK DATE:	06/22/2011
MODIFIED DUTY:	REGULAR DUTY:
IMMEDIATE SUPERVISOR'S SI	GNATURE DATE

ADPH-HR-10/Rev. July 2010

EMPLOYEE ACKNOWLEDGMENT OF ACTIVITY RESTRICTIONS

activity restrict reviewed my we has been discu I understand if given by the p program will I	tions related to my work status and actused with me. It is my responsible physician. I under the temporary. I al	sician and understand my physical y work injury. My supervisor has tivity restrictions. This information lity to work within the restrictions stand the temporary alternate duty so understand I must perform the e Department's standards.
SIGNED:		DATED: 6/22/2011
	EMPLOYEE	
COMMENTS:		answering the telephones, filing, k while on light duty.
I have received the employee's information w duties with th	d and understand the s work status and a ith the employee.	ENT OF ACTIVITY RESTRICTIONS ne physician's recommendations for ctivity restrictions. I discussed this I have reviewed the modified job derstand it is my responsibility to vity restrictions. DATED: 6/22/2011

ADPH-HR-58/Rev July 2010