

City of Plattsburgh

# WELCOME KIT

For New Employees



**NEW EMPLOYEE ORIENTATION**



# TABLE OF CONTENTS

## Introduction

Welcome Letters – Mayor and HR.....	4-5
City Org Chart.....	6
City Administration.....	7-8
Mayor Calnon and City Councilors.....	9
Labor Unions.....	10
NYS Civil Service.....	11

## Employment Basics

Background and Reference Checks.....	13
Civil Service Classification.....	13
Personnel Hiring.....	13
Personnel Appointments.....	14
Personnel Separations.....	14
Pre-employment Medical Examination.....	14
Pre-Employment Medical History.....	14
New Employee Checklist.....	15-19

## Compensation

Pay Periods and Lag Pay.....	21
Direct Deposit.....	21
Deductions.....	21
Verification of Employment I-9.....	21
Longevity Pay.....	22
Overtime Pay.....	22
On-Call Pay.....	22
Compensatory Time.....	22
Health Insurance Buyout Forms .....	22

## Financial Future - Retirement

NYS and Local Retirement System.....	24
NYS Deferred Compensation.....	24

## Workplace Safety & Security

Information Security.....	26
Workplace Safety.....	26
Workplace Violence.....	26
Workers' Compensation Insurance.....	27
Short-Term Disability Insurance.....	27-28

## Leaves

Holiday Pay.....	30-31
Vacation.....	30
Sick Leave.....	30
Family and Medical Leave (FMLA).....	30
Personal Leave.....	30
Bereavement Leave.....	30
Jury Duty.....	30
Voting Leave.....	30
Military Leave of Absence.....	30

## Workplace Issues

ADA and ADA... ..	33
Affirmative Action Plan.....	34
Drug-Free Workplace Policy.....	35-36
EEOC Statement & Anti-harassment Policy.....	37
FMLA.....	38-46
Military Leave Policy.....	47
Smoking Distance Policy.....	48
Transitional Duty Policy.....	49
Travel Policy.....	50
Violence Prevention & Incident Reporting Policy..	51

# INTRODUCTION

3

- **WELCOME LETTERS – FROM MAYOR AND HR**
- **CITY ORGANIZATIONAL CHART**
- **CITY ADMINISTRATION**
- **CITY COUNCIL**
- **CITY LABOR UNIONS**
- **NYS CIVIL SERVICE**



**James E. Calnon**  
Mayor

41 City Hall Place  
Plattsburgh, New York 12901  
T: (518) 563-7701  
F: (518) 561-7367  
mayor@cityofplattsburgh-ny.gov

Dear New Employee,

Congratulations on your employment with the City of Plattsburgh!

I would like to take this opportunity to welcome you on behalf of myself and all of the hard working men and women employed with the City of Plattsburgh. You are joining a great team that strives each day to ensure our community is a wonderful place to live for everyone.

As Mayor, I expect all City employees to provide dedicated service to the residents and business owners of the city of Plattsburgh. Always remember we are public servants each and every day representing the City.

The best of luck as we all move forward together!

Sincerely,

James E. Calnon  
Mayor, City of Plattsburgh



# Plattsburgh, New York

Ann Giard-Chase , PHR, MSA  
Human Resource Director

Human Resource Department  
41 City Hall Place  
Plattsburgh, NY 12901  
518-536-7527 Ph  
518-536-7528 FAX  
chasea@cityofplattsburgh-ny.gov

Welcome to the City of Plattsburgh from the Human Resource Department. I am pleased that you have chosen to work for the City of Plattsburgh and congratulate you on your appointment.

**Welcome Kit:** As part of the on-boarding process, HR has prepared a Welcome Kit for you. This kit is divided into seven sections:

1. Introduction
2. Employment Basics
3. Compensation
4. Financial Future – Retirement
5. Workplace Safety & Security
6. Leaves
7. Workplace Issues

Each section is broken down into different topics and description of each. You will be guided through the Kit. Completion of some of the forms is mandatory while others are optional.

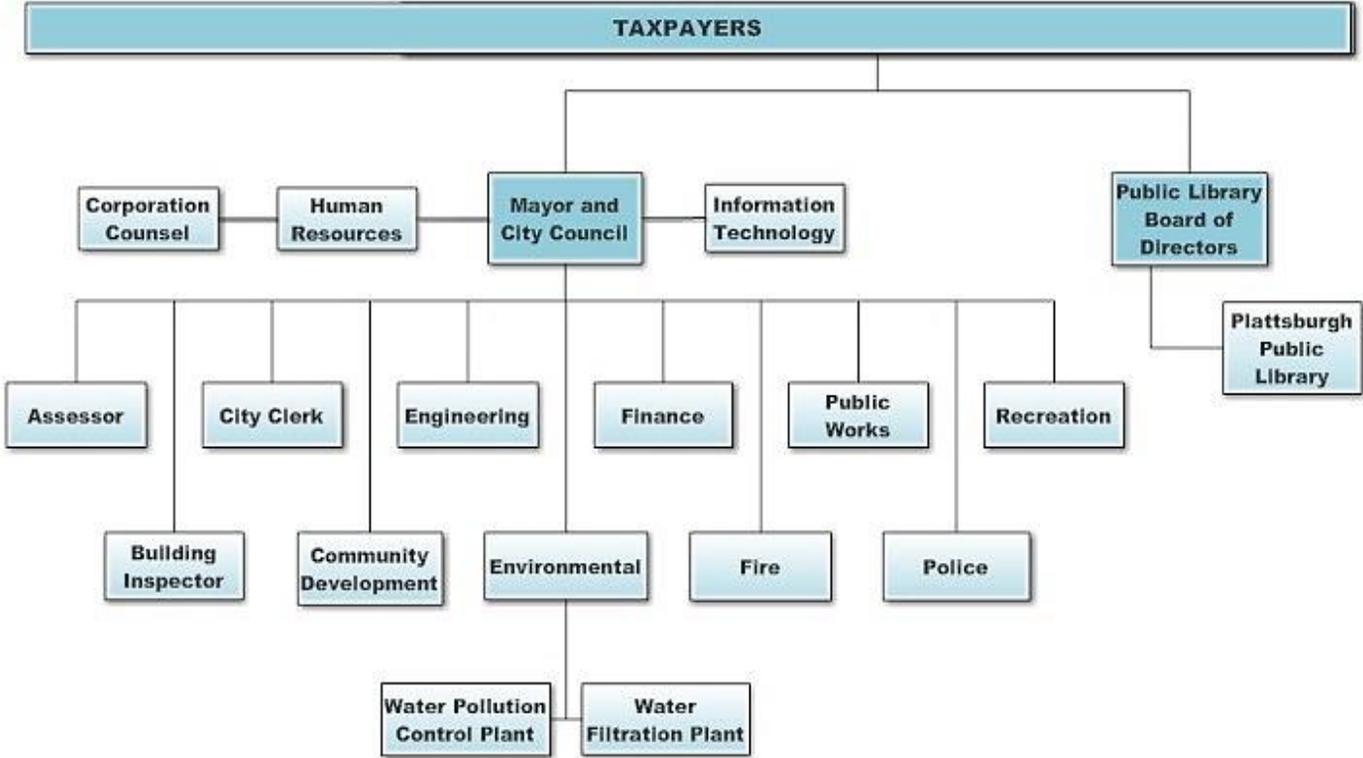
**Union Membership:** Union representatives will contact you once you start work with regard to union membership and dues.

**Appointment with HR:** Once you complete the forms, please contact me (536-7527) so we can set up an appointment to go over the forms and answer any questions that you might have.

Once again, I welcome to employment with the City of Plattsburgh and wish you all the best.

Ann Giard-Chase, PHR, MSA  
HR Director

# City Organizational Chart



# City Administration

7

## ASSESSOR'S OFFICE

**KATHLEEN LIVINGSTON**, *City Assessor*

Phone: (518) 536-7523 Fax: (518) 563-6684

Email: livingstonk@cityofplattsburgh-ny.gov

Location: 41 City Hall Place

## BUILDING INSPECTOR'S OFFICE

**JOSEPH MCMAHON**, *Building Inspector*

Phone: (518) 563-7513 Fax: (518) 563-6426

Email: mcmahonj@cityofplattsburgh-ny.gov

Location: 41 City Hall Place

## CITY CLERK'S OFFICE

**SYLVIA PARROTTE**, *City Clerk*

Phone: (518) 536-7501 Fax: (518) 562-5844

Email: parrottes@cityofplattsburgh-ny.gov

Location: 41 City Hall Place

## COMMUNITY DEVELOPMENT

**BRUCE LAWSON**, *Community Development Director*

Phone: (518) 563-7642 Fax: (518) 563-4208

Email: lawsonb@cityofplattsburgh-ny.gov

Location: 41 City Hall Place

## CORPORATION COUNSEL

**DEAN SCHNELLER, Esq.**, *Corporation Counsel*

Phone: (518) 565-6199

Email: dean@schnellerslaw.com

Location: 121 Bridge Street

## ENGINEERING

**KEVIN FARRINGTON**, *City Engineer*

Phone: (518) 536-7518 Fax: (518) 563-3645

Email: farringtonk@cityofplattsburgh-ny.gov

Location: 41 City Hall Place

## ENVIRONMENTAL SERVICES

**JONATHAN RUFF**, *Environmental Manager*

Phone: (518) 563-7731 Ext. 7519 Fax: (518) 563-6083

Email: ruffj@cityofplattsburgh-ny.gov

Location: 41 City Hall Place

**DAVID POWELL**, *Chief WWTP Operator*

Phone: (518) 563-7172 Ext. 7475 Fax: (518) 566-8540

Email: powelld@cityofplattsburgh-ny.gov

Location: 53 Green Street

**WILLIAM ELLSWORTH**, *Water Resource Chemist*

Phone: (518) 563-7172 Ext. 7476 Fax: (518) 566-8540

Email: ellsworthw@cityofplattsburgh-ny.gov

Location: 53 Green Street

**KRIS GUSHLAW**, *Assistant Chief WPCP Operator*

Phone: (518) 563-7172 Fax: (518) 566-8540

Email: gushlawk@cityofplattsburgh-ny.gov

Location: 53 Green Street

**WILLARD TODD**, *Chief WPT Operator*

Phone: (518) 563-1188 Ext. 7484 Fax: (518) 324-7576

Email: toddb@cityofplattsburgh-ny.gov

Location: 549 State Route 3

**MICKEAL STOUTENGER**, *Assistant Chief WPT Operator*

Phone: (518) 563-1188 Fax: (518) 324-7576

Email: stoutengerm@cityofplattsburgh-ny.gov

Location: 549 State Route 3

## FINANCE

**RICHARD MARKS**, *City Chamberlain*

Phone: (518) 563-7704 Ext. 7403

Fax: (518) 563-7749 (front) Fax: (518) 563-1714 (back)

Email: marksr@cityofplattsburgh-ny.gov

Location: 6 Miller Street

**CAROLE GARCIA**, *Deputy City Chamberlain*

Phone: (518) 563-7704 Ext. 7404 Fax: (518) 563-7749

Email: garciac@cityofplattsburgh-ny.gov

Location: 6 Miller Street

# City Administration

8

## FIRE

### **RANDY STONE**, *Fire Chief*

Phone: (518) 561-3780 Ext. 7542 Fax: (518) 561-8236

Email: stoner@cityofplattsburgh-ny.gov

Location: 65 Cornelia Street

## MAYOR'S OFFICE

### **JAMES CALNON**, *Mayor City of Plattsburgh*

Phone: (518) 563-7505

Email: mayor@cityofplattsburgh-ny.gov

Location: 41 City Hall Place

### **BETH CARLIN**, *Confidential Secretary to Mayor*

Phone: (518) 563-7701 Ext. 7504 Fax: (518) 561-7367

Email: carlinb@cityofplattsburgh-ny.gov

Location: 41 City Hall Place

### **BRYAN BRAYTON**, *Director of Information Technology*

Phone: (518) 536-7527 Ext. 7507

Email: braytonb@cityofplattsburgh-ny.gov

Location: 41 City Hall Place

### **ANN GIARD-CHASE**, *Human Resources Director*

Phone: (518) 536-7527

Email: chasea@cityofplattsburgh-ny.gov

Location: 41 City Hall Place

## MUNICIPAL LIGHTING

### **WILLIAM TREACY**, *Manager of MLD*

Phone: (518) 563-2200 Ext. 7417 (Miller St.) Ext. 7422 (Green St.)

Fax: (518) 563-6690 (Miller St.) Fax: (518) 563-2748 (Green St.)

Email: treacyw@cityofplattsburgh-ny.gov

Locations: 6 Miller Street, 53 Green Street

### **KELLY CLOOKEY**, *Finance Director of MLD*

Phone: (518) 563-2200 Ext. 7420 Fax: (518) 563-6690

Email: clookeyk@cityofplattsburgh-ny.gov

Location: 6 Miller Street

## POLICE

### **DESMOND RACICOT**, *Police Chief*

Phone: (518) 563-3411 Ext. 7585 Fax: (518) 566-9000

Email: racicotd@cityofplattsburgh-ny.gov

Location: 45 Pine Street

## POLICE

### **MICHAEL A BRANCH**, *Police Captain*

Phone: (518) 563-3411 Ext. 7590 Fax: (518) 566-9000

Email: branchm@cityofplattsburgh-ny.gov

Location: 45 Pine Street

### **SCOTT BEEBIE**, *Police Lieutenant*

Phone: (518) 563-3411 Ext. 7588 Fax: (518) 566-9000

Email: beebies@cityofplattsburgh-ny.gov

Location: 45 Pine Street

## PUBLIC LIBRARY

### **ANNE DE LA CHAPELLE**, *Library Director II*

Phone: (518) 563-0921 Ext. 7442 Fax: (518) 324-6556

Email: chapellea@cityofplattsburgh-ny.gov

Location: 19 Oak Street

## PUBLIC WORKS

### **ARSENE M BRODI**, *Superintendent of Public Works*

Phone: (518) 726-6938 Fax: (518) 562-1128

Email: brodia@cityofplattsburgh-ny.gov

Location: 215 Idaho Avenue

### **MICHAEL BESSETTE**, *Asst. Superintendent of Public Works*

Phone: (518) 726-6938 Fax: (518) 562-1128

Email: bessettem@cityofplattsburgh-ny.gov

Location: 215 Idaho Avenue

## RECREATION

### **STEVEN M PETERS**, *Superintendent of Recreation*

Phone: (518) 536-7461 Fax: (518) 324-7576

Email: peterss@cityofplattsburgh-ny.gov

Location: 52 US Oval

### **JESSICA D SHIELDS-GREGG**, *Recreation Supervisor*

Phone: (518) 324-7709 Fax: (518) 324-7576

Email: shieldsj@cityofplattsburgh-ny.gov

Location: 52 US Oval

### **TED SANTANIELLO**, *Recreation Fitness Center Supervisor*

Phone: (518) 324-7709

Email: santaniellot@cityofplattsburgh-ny.gov

Location: 52 US Oval

# Mayor Calnon & City Councilors

9



Front Left to Right: Councilor Armstrong, Mayor Calnon, Councilor Kasper Back Left to Right: Councilor Kelly, Councilor Dowdle, Councilor Krester, Councilor O'Connell

## **RACHELLE ARMSTRONG - WARD I**

Phone: (518) 593-3344

Email: [armstrongr@cityofplattsburgh-ny.gov](mailto:armstrongr@cityofplattsburgh-ny.gov)

Address: 15 Massachusetts Street, Plattsburgh, NY 12903

## **MIKE KELLY - WARD II**

Phone: (518) 561-0072

Email: [kellym@cityofplattsburgh-ny.gov](mailto:kellym@cityofplattsburgh-ny.gov)

Address: 28 Johnson Avenue, Plattsburgh, NY 12901

## **DALE DOWDLE - WARD III**

Phone: (518) 563-1757

Email: [dowdled@cityofplattsburgh-ny.gov](mailto:dowdled@cityofplattsburgh-ny.gov)

Address: 50 Cogan Avenue, Plattsburgh, NY 12901

## **PAUL O'CONNELL - WARD IV**

Phone: (518) 563-8741

Email: [oconnellp@cityofplattsburgh-ny.gov](mailto:oconnellp@cityofplattsburgh-ny.gov)

Address: 13 Woodland Drive, Plattsburgh, NY 12901

## **BECKY KASPER - WARD V**

Phone: (518) 593-3828

Email: [kasperb@cityofplattsburgh-ny.gov](mailto:kasperb@cityofplattsburgh-ny.gov)

Address: 9 Lynde Street, Plattsburgh, NY 12901

## **JOSHUA KRETZER - WARD VI**

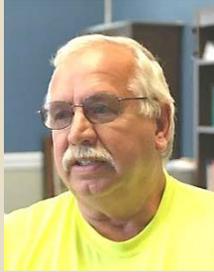
Phone: (646) 229-8986

Email: [kretserj@cityofplattsburgh-ny.gov](mailto:kretserj@cityofplattsburgh-ny.gov)

Address: 65 Court Street, Plattsburgh, NY 12901

# Labor Unions

10



## American Federation of State, County, Municipal Employees Union – Local 788

**Chris Bleaux**, *Union President*  
Email: [afscmelocal788@gmail.com](mailto:afscmelocal788@gmail.com)  
**Jason Keable**, *Vice President*  
**Brad Polhemus**, *Secretary*  
**Gail Williams**, *Treasurer*

## IBEW Union – Local 1249

**Dave Bezio**, *Union President*  
Email: [davidbezio@yahoo.com](mailto:davidbezio@yahoo.com)  
**Paul Kirby**, *Vice President*  
**Jim Baker**, *Secretary*  
**Scott Culley**, *Union Steward*



## Plattsburgh Permanent Firemen's Association Union – Local 2421

**Terry Feazelle**, *Union President*  
Email: [plattsburghfirefighters@charter.net](mailto:plattsburghfirefighters@charter.net)  
**Brian Guay**, *Vice President*  
**Joel Bogensberger**, *Secretary*  
**Douglas Walker**, *Treasurer*

## Plattsburgh Police Officers Union – Local 812

**Robert Annis**, *President*  
Email: [annisr@plattsburghpd.com](mailto:annisr@plattsburghpd.com)  
**Levi Ritter**, *Vice President*  
**Brandy Kiroy**, *Secretary*  
**Robert Hall Jr.**, *Treasurer*



# NYS Civil Service

11



## CLINTON COUNTY PERSONNEL OFFICE

### STAFF

**Kimberly Kinblom**, *Personnel Director*

**Chris Desrocher**, *Principal Personnel Records Clerk*

**Nancy Warner**, *Senior Personnel Records Clerk*

**Christie Drake**, *Senior Personnel Records Clerk*

**Kim Seymour**, *Senior Personnel Records Clerk*

**Cindy Benware**, *Senior Personnel Records Clerk*

### SERVICE FUNCTION

*Personnel Director of Clinton County*

City of Plattsburgh

School Districts

Towns/Villages/Special Districts

Clinton County Departments

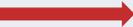
Clinton County Departments

# EMPLOYMENT BASICS

12

- **BACKGROUND AND REFERENCE CHECKS**
- **CIVIL SERVICE CLASSIFICATION**
- **PERSONNEL HIRING**
- **PERSONNEL APPOINTMENTS**
- **PERSONNEL SEPARATIONS**
- **PRE-EMPLOYMENT MEDICAL EXAMINATION**
- **PRE-EMPLOYMENT MEDICAL HISTORY**
- **NEW EMPLOYEE CHECKLIST**

TOPIC	DESCRIPTION
<b>Background and Reference Checks</b>	<p>To ensure that individuals who join the City of Plattsburgh are well-qualified and to ensure that the city of Plattsburgh maintains a safe and productive work environment, the City may conduct pre-employment background checks on all applicants who accept an offer of employment. Background checks may include verification of any information on the applicant's resume or application form.</p> <p>All offers of employment are conditioned on receipt of a background check report that is acceptable to City of Plattsburgh. All background checks are conducted in conformity with the Federal Fair Credit Reporting Act, the Americans with Disabilities Act, and state and federal privacy and antidiscrimination laws. Reports are kept confidential and are only viewed by individuals involved in the hiring process.</p> <p>If information obtained in the background check would lead City of Plattsburgh to deny employment, a copy of the report will be provided to the applicant, and the applicant will have the opportunity to dispute the report's accuracy. Background checks may include a criminal record check, although a criminal conviction does not automatically bar an applicant from employment.</p> <p>Additional checks such as a driving record or credit report may be made on applicants for particular job categories if appropriate and job related.</p>
<b>Civil Service Classification</b>	<ul style="list-style-type: none"> <li>• Civil service is divided into the classified and unclassified service.</li> <li>• The classified service consists of positions in the exempt, competitive, non-competitive, and labor classes.</li> <li>• Positions not in the classified service are in the unclassified service.</li> <li>• All positions in the classified service, when created, are automatically in the competitive class until the Director takes action to place them in the exempt, non-competitive, or labor class.</li> <li>• Please see <b>Rule 3, Rule 4, Rule 5 and Rule 6</b>, pages 6-9 of the attached Civil Service Rules for Clinton County for further information or visit Clinton County Department of Personnel website at <a href="http://www.clintoncountygov.com">http://www.clintoncountygov.com</a></li> </ul>
<b>Personnel Hiring</b>	<p>Please see <b>Rule 7, Rule 8, Rule 9, Rule 10, Rule 11, Rule 12</b>, pages 10-17 of the attached Civil Service Rules for Clinton County for rules regarding <b>Recruitment of Personnel, Applications, Disqualification, Examination, Eligible lists, and Certification for Appointment.</b></p>
<b>Personnel Appointments</b>	<p><b>Promotions:</b> Please see <b>Rule 13</b>, page 20 of Civil Service Rules for Clinton County</p> <p><b>Probationary Term:</b> Please see <b>Rule 14</b>, page 21 of Civil Service Rules for Clinton County</p> <p><b>Trainee Appointments:</b> Please see <b>Rule 15</b>, page 26 of Civil Service Rules for Clinton County</p> <p><b>Effect of Non-Permanent Service on Status of Employees:</b> Please see <b>Rule 16</b>, page 27 of Civil Service Rules for Clinton County</p> <p><b>Transfers:</b> Please see <b>Rule 17</b>, page 31 of Civil Service Rules for Clinton County</p> <p><b>Reinstatement:</b> Please see <b>Rule 18</b>, page 32 of Civil Service Rules for Clinton County.</p>

TOPIC	DESCRIPTION	FORMS ATTACHED	CONTACT /SUBMIT FORMS TO
<b>Personnel Separations</b>	<p>Separation of employment at the City of Plattsburgh can occur for several different reasons:</p> <p><b>Resignation:</b> Although we hope your employment with us will be a mutually rewarding experience, we understand that varying circumstances cause employees to voluntarily resign employment. Please see <b>Rule 20</b>, page 36 of the Civil Service Rules for Clinton County rules for resignation.</p> <p><b>Retirement:</b> Employees who wish to retire are required to notify their department head, NYS and Local Retirement System (NYSLRS) within the time frame specified by the NYSLRS. Employees are encouraged to visit the NYSLRS for information related to retirement and retirement planning.</p> <p><b>Leave of Absence:</b> Please see <b>Rule 19</b>, page 34 of the Civil Service Rules for Clinton County rules regarding resignation.</p> <p><b>Layoff of Competitive Class Employees:</b> Please see <b>Rule 25</b>, pg 43 Civil Service rules for Clinton County.</p> <p><b>Separation: Accrued Vacation Leave upon Separation</b> - The City offers buy back for accrued vacation leave upon separation. Please refer to your union contract for terms and conditions.</p> <p><b>Termination: Health Insurance Termination-</b> Your coverage ends:</p> <ol style="list-style-type: none"> <li>1. the end of the month following your last day of full-time regular employment;</li> <li>2. the last day of the month following the date you no longer eligible to participate in the Plan;</li> <li>3. the date you fail to make the required contributions; or the date the Plan ends.</li> </ol> <p>Coverage for your dependents ends :</p> <ol style="list-style-type: none"> <li>1. the earliest of the date your coverage ends;</li> <li>2. the date a dependent no longer meets the eligibility requirements;</li> <li>3. the date you fail to make the required contributions; or the date the Plan ends.</li> </ol>		
<b>Pre-Employment Medical Examination</b>	<p><b>MANDATORY FORMS COMPLETION</b> </p> <p>The City requires that you have your medical provider complete this Medical Exam Form prior to your first day of work.</p>	<p><b>Medical Exam Form</b></p>	<p>Submit completed forms to Julie Winterbottom @ Finance 518.7408.536</p>
<b>Pre-Employment Medical History</b>	<p><b>MANDATORY FORM COMPLETION</b> </p> <p>The City requires that you complete this Medical History Form prior to your first day of work.</p>	<p><b>Medical History Form</b></p>	<p>14</p>

# New Employee Checklist

15

**This checklist details many of the activities that need to take place in the new employee's first six months with the City.**

**FOR:** \_\_\_\_\_

**DATE OF HIRE:** \_\_\_\_\_

**SUPERVISOR/MANAGER:** \_\_\_\_\_

**Welcome to the City of Plattsburgh. We believe that Orientation is a process, not just an event. Our intent is to have the new employee:**

- Feel at ease and welcome at the City.
- Understand the functions of different units, divisions and departments.
- Understand what the organization expects in terms of work and behavior.
- Know everything necessary to start performing his/her job.
- Know who and where to go to for help with work matters.
- Know the policies and procedures of the City and of the new employee's department.
- Feel a part of the City of Plattsburgh family.

## BEFORE THE NEW EMPLOYEE'S FIRST DAY

TASK	
Send offer/welcome letter.	<input type="checkbox"/>
Notify personnel/payroll/benefits	<input type="checkbox"/>
<b>Prepare new employee packet, including:</b> <ul style="list-style-type: none"> <li>• Agenda for the first week</li> <li>• City Organizational Chart</li> <li>• Departmental phone and e-mail directory</li> <li>• Emergency Procedures</li> </ul>	<input type="checkbox"/>
Notify IT Department of hire. Request email setup.	<input type="checkbox"/>
Request phone hookup and voicemail setup, if applicable.	<input type="checkbox"/>
<b>Prepare employee work area, including:</b> <ul style="list-style-type: none"> <li>• Ordering any needed desk supplies &amp; furniture</li> <li>• Ordering a nameplate</li> <li>• Assigning keys and keypad codes</li> </ul>	<input type="checkbox"/>
Identify employee(s) with similar responsibilities to function as the new employee's coach/mentor for work-related processes & procedures.	<input type="checkbox"/>
Add employee to department and/or unit organizational contact.	<input type="checkbox"/>
Prepare new hire paperwork RPCF (payroll & benefits information). Send RPCF to HR Director. Send Payroll Packet (Completed W-4, IT-2104, I-9, etc.) to Senior Payroll/Personnel Associate in Finance Department	<input type="checkbox"/>
Prepare parking permit information/paperwork (if applicable).	<input type="checkbox"/>
Set up timesheet(s).	<input type="checkbox"/>
Establish e-mail.	<input type="checkbox"/>
Complete phone and voicemail set up.	<input type="checkbox"/>

# ON THE NEW EMPLOYEE'S FIRST DAY

TASK	
Send welcome e-mail to staff announcing new employee's arrival, function and location.	<input style="width: 40px; height: 20px; border: 1px dashed black;" type="checkbox"/>
Introduce employee to co-workers and buddy; give brief tour of department.	<input style="width: 40px; height: 20px; border: 1px dashed black;" type="checkbox"/>
Meet with personnel/payroll/benefits representative to complete new hire paperwork and to receive introduction to employee benefits.	<input style="width: 40px; height: 20px; border: 1px dashed black;" type="checkbox"/>
Dispense employee ID (if applicable).	<input style="width: 40px; height: 20px; border: 1px dashed black;" type="checkbox"/>
Notify departmental telecommunications contact of hire. Request phone hookup and voicemail setup.	<input style="width: 40px; height: 20px; border: 1px dashed black;" type="checkbox"/>
<b>Introduce employee to work area, including:</b> <ul style="list-style-type: none"> <li>• Ergonomic Review – arrange for/make any needed adjustments</li> <li>• Use of phones</li> <li>• Departmental purchasing policies</li> <li>• Computer orientation – common programs &amp; useful websites</li> <li>• Review &amp; set up standard meetings.</li> </ul>	<input style="width: 40px; height: 20px; border: 1px dashed black;" type="checkbox"/>
Identify employee(s) with similar responsibilities to function as the new employee's coach/mentor for work-related processes & procedures.	<input style="width: 40px; height: 20px; border: 1px dashed black;" type="checkbox"/>
Add employee to department and/or unit organizational contact.	<input style="width: 40px; height: 20px; border: 1px dashed black;" type="checkbox"/>
Prepare new hire paperwork (payroll & benefits information).	<input style="width: 40px; height: 20px; border: 1px dashed black;" type="checkbox"/>
Prepare parking permit information/paperwork (if applicable).	<input style="width: 40px; height: 20px; border: 1px dashed black;" type="checkbox"/>
Set up timesheet(s).	<input style="width: 40px; height: 20px; border: 1px dashed black;" type="checkbox"/>
Establish e-mail.	<input style="width: 40px; height: 20px; border: 1px dashed black;" type="checkbox"/>
<b>Orient employee to worksite:</b> <ul style="list-style-type: none"> <li>• Coffee &amp; break rooms and bathrooms</li> <li>• Photocopy and fax machines and supplies</li> <li>• Location of first aid and emergency supplies and mail services</li> </ul>	<input style="width: 40px; height: 20px; border: 1px dashed black;" type="checkbox"/>

## WITHIN THE FIRST MONTH

TASK	
<b>Review new employee packet, including:</b> <ul style="list-style-type: none"> <li>Departmental organizational chart/problem resolution channels</li> <li>Departmental phone and email directory</li> <li>Emergency procedures</li> </ul>	<input style="width: 40px; height: 40px; border: 1px dashed black;" type="checkbox"/>
<b>Review union contract, work rules, and procedures:</b> <ul style="list-style-type: none"> <li>Probationary period</li> <li>Timesheets</li> <li>Vacation and sick leave accrual and use</li> <li>Dress code</li> <li>Hours of work</li> <li>Work rules</li> <li>Attendance policy</li> <li>Phone etiquette</li> <li>Personal phone and computer usage policy</li> <li>Union salary increase timeline</li> </ul>	<input style="width: 40px; height: 40px; border: 1px dashed black;" type="checkbox"/>
<b>Introduce employee to job:</b> <ul style="list-style-type: none"> <li>Review job description</li> <li>Discuss supervisor's style and expectations</li> <li>Review performance goals and expectations</li> <li>Identify the "players" connected to the positions; make appointments with "key players"</li> <li>Identify the "customers" served by this position; define customer service (if applicable)</li> <li>Discuss employee safety</li> <li>Review standard meetings the employee needs to attend</li> </ul>	<input style="width: 40px; height: 40px; border: 1px dashed black;" type="checkbox"/>
<b>Identify employee(s) with similar responsibilities to function as the new employee's coach/mentor for work-related processes &amp; procedures.</b>	<input style="width: 40px; height: 40px; border: 1px dashed black;" type="checkbox"/>
<b>Add employee to department and/or unit organizational contact.</b>	<input style="width: 40px; height: 40px; border: 1px dashed black;" type="checkbox"/>
<b>Identify what training and development activities will be needed in the next six months.</b>	<input style="width: 40px; height: 40px; border: 1px dashed black;" type="checkbox"/>
<b>Meet weekly to complete orientation to work-related tasks and to ask/answer questions.</b>	<input style="width: 40px; height: 40px; border: 1px dashed black;" type="checkbox"/>
<b>Set performance expectations. Provide feedback on a weekly basis.</b>	<input style="width: 40px; height: 40px; border: 1px dashed black;" type="checkbox"/>

**WITHIN THE FIRST SIX MONTHS ON THE JOB**

**TASK**



Provide monthly feedback to the employee during probationary period.



**AFTER THE FIRST SIX MONTHS ON THE JOB**

**TASK**



Send RPCF form when probationary period is complete and employee is made permanent.



# COMPENSATION

20

- **PAY PERIODS AND LAG PAY**
- **DIRECT DEPOSIT**
- **DEDUCTIONS – TAXES, FICA, VOLUNTARY**
- **VERIFICATION OF EMPLOYMENT I-9**
- **LONGEVITY PAY**
- **OVERTIME PAY**
- **ON-CALL PAY**
- **COMPENSATORY TIME**
- **HEALTH INSURANCE BUYOUT**

TERM	DESCRIPTION	FORMS ATTACHED	CONTACT /SUBMIT FORMS TO
<b>Pay Periods</b>	<ul style="list-style-type: none"> <li>The City pays its employees on a weekly basis. The paychecks are cut on Thursday afternoons and distributed on Fridays.</li> <li>Your pay is determined by your title and by the wage scale in the negotiated union contract for your particular title. If you are a Manager, your pay is determined by the assigned Range and Step on the Management Pay Scale.</li> <li>Currently, Fire and Police and Management are on current pay and AFSCME, AFSCME Library, and MLD are on lag pay.</li> <li>Lay pay means that your paycheck shows payment for the previous work period rather than the period just completed.</li> </ul>		
<b>Direct Deposit</b>	<p><b>OPTIONAL FORM COMPLETION</b> →</p> <ul style="list-style-type: none"> <li>The City encourages you to authorize the City to 'direct deposit' your wage/salary checks directly into your bank account by completing this form.</li> <li>With direct deposit, your pay is automatically deposited into your account in any financial institution that is a member of the Federal Reserve Network.</li> <li>If you choose Direct Deposit, instead of a check, you will receive a check that includes an itemized section detailing gross pay, deductions, net pay and other items.</li> </ul>	<b>Direct Deposit Form</b>	Submit completed forms to Julie Winterbottom @ Finance 518.7408.536
<b>Deductions</b>	<p><b>MANDATORY FORM COMPLETION</b> →</p> <p>Employee's Withholding Allowance Certificate You must complete this form so that NYS income taxes can be deducted from your wages/salary.</p>	<b>IT-2104 Form</b>	Submit completed forms to Julie Winterbottom @ Finance 518.7408.536
	<p><b>MANDATORY FORM COMPLETION</b> →</p> <p>Employment Eligibility Verification You must complete this form so that federal income taxes can be deducted from your wages/salary.</p>	<b>W-4 Form</b>	
<b>Verification of Employment I-9</b>	<p><b>MANDATORY FORM COMPLETION</b> →</p> <p>Both employee and employer must complete this form to document the identity and employment authorization of each new employee (citizen and non-citizen) hired after 1986 to work in the U.S. <u>Employee</u> completes Section 1 no later than the first day of employment. <u>Employer</u> completes Section 2 within 3 business days of the employee's first day of employment.</p>	<b>I-9 Form</b> US Citizenship & Immigration Services: Department of Homeland Security	Submit completed forms to Julie Winterbottom @ Finance 518.7408.536

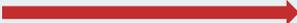
TERM	DESCRIPTION	FORMS ATTACHED	CONTACT /SUBMIT FORMS TO
<b>Longevity Pay</b>	<ul style="list-style-type: none"> <li>• Longevity is a lump sum payment intended to reward employees for service to the City and to encourage employees to remain employed by the City.</li> <li>• All full-time, active, employees of all unions are eligible to longevity pay. Terms and conditions of longevity pay vary by union.</li> <li>• Refer to your union contract or Management Benefit Guide for exact terms and conditions regarding when longevity is paid. Some types of leave are not creditable toward longevity.</li> </ul>		
<b>Overtime Pay</b>	<ul style="list-style-type: none"> <li>• Additional compensation may be paid to certain City union employees who work in excess of regularly scheduled hours.</li> <li>• Approval to work overtime must be at the discretion and direction of the appropriate manager.</li> <li>• Managers do not receive overtime pay as they are Exempt employees</li> </ul>		
<b>On-Call Pay</b>	<ul style="list-style-type: none"> <li>• Please see your union contract regarding on-call pay.</li> </ul>		
<b>Compensatory Time</b>	<ul style="list-style-type: none"> <li>• Compensatory time is leave credit earned by a non-exempt employee when compensable overtime hours are worked and are not compensated in cash.</li> <li>• Please see your union contract for provisions regarding compensatory time.</li> <li>• Managers do not receive compensatory time.</li> </ul>		
<b>Health Insurance Buyout</b>	<p><b>OPTIONAL</b> </p> <p>If you already have health insurance and you want to keep your coverage and not be covered by the City's plan, you can take a buyout and be paid varying amounts. The insurance buyout forms are attached (reimbursement amount is based on your union contract provisions or the management provisions).</p>	<b>Insurance Buyout Forms</b>	Submit completed forms to Julie Winterbottom @ Finance 518.7408.536

# FINANCIAL FUTURE

## RETIREMENT

23

- **NYS & LOCAL RETIREMENT SYSTEM BENEFIT**
- **DEFERRED COMPENSATION PLAN BENEFIT**

SUBJECT	DESCRIPTION	FORMS ATTACHED	CONTACT /SUBMIT FORMS TO
<p><b>NYS &amp; Local Retirement System Benefit</b> <i>Office of NYS Comptroller</i></p>	<p><b>MANDATORY BENEFIT</b> </p> <p><b>NYS Employees Retirement System</b> <b>NYS Police and Fire Retirement System</b> You must become a member of the NYS and Local Retirement System if you are a Permanent/Full Time (P/FT) City employee.</p> <p><b>OPTIONAL BENEFIT</b> Membership in either plan is optional for Temporary or Part Time employees.</p>	<p><b>NYS and Local Retirement System Membership Application</b></p>	
<p><b>Deferred Compensation</b> <i>NYS Deferred Compensation</i></p>	<p><b>OPTIONAL BENEFIT</b> </p> <p>The city offers you a Deferred Compensation Plan through NYS Deferred Compensation. No Forms Available. If you are interested, please contact Bradley Harte at 518.207.6401.</p>		<p>Contact <b>Bradley Harte</b> for <b>Application Form</b> <b>518.207.6401</b></p>

# WORKPLACE SAFETY & SECURITY

25

- **INFORMATION SECURITY**
- **WORKPLACE SAFETY**
- **WORKPLACE VIOLENCE**
- **WORKERS' COMPENSATION INSURANCE**
- **SHORT-TERM DISABILITY INSURANCE**

SUBJECT	DESCRIPTION	CONTACT
<p><b>Information Security</b></p>	<p><b>Confidentiality in the Workplace</b> – During your time in the City, you might have access to confidential and proprietary information. You agree that you will keep all information strictly confidential and refrain from using it for your own purposes, or from disclosing it to others outside of the City. You may be asked to sign a confidentiality agreement . Even if you don't sign a confidentiality agreement, sensitive information might be protected under state or federal laws. Personnel information as well as information in an employee's file, such as social security number and health records is confidential.</p>	<p>Contact Ann Giard-Chase, PHR 518.536.7527</p>
<p><b>Workplace Safety</b></p>	<p><b>Drug-Free Workplace</b> – The City is committed to ensuring that its workforce has the right to work in an environment which is free of substance abuse; the public, which the City serves, has the right to expect that its government will be conducted and administered in an appropriate and professional drug-free manner. Employees who abuse controlled substances, on or off the job, threaten the City's business by being less reliable, less productive, more accident prone, and less likely to report to work in an acceptable mental and physical condition. In the interest of maintaining a safe and healthy drug-free workplace, the City of Plattsburgh is committed to strictly enforcing its stated policy and thereby complying with the requirements of the Drug-Free Workplace Act of 1988.</p> <p><b>Smoke-Free Workplace</b> - The City of Plattsburgh sets the minimum distance that tobacco products may be smoked from Municipal Buildings at 40 feet from any entrance of all municipal buildings and no smoking in City vehicles.</p> <p><b>OSHA (Occupational Safety and Health Act)</b> – OSHA was created with the Occupational Safety and Health Act of 1970 by the Congress to assure safe and healthful working conditions for working men and women by setting and enforcing standards and by providing training, outreach, education and assistance.</p>	<p>Contact Ann Giard-Chase, PHR 518.536.7527</p>
<p><b>Workplace Violence</b></p>	<p><b>Workplace Violence</b> – Workplace violence is any physical assault or act of aggressive behavior occurring where an employee performs any work-related duty in the course of his or her employment.</p> <p><b>PESH (Public Employee Safety and Health)</b>- PESH, created in 1980 enforces safety and health standards promulgated under the United States Occupational Safety and Health Act (OSHA) and New York State standards.</p> <p>The City of Plattsburgh is committed to the safety and well-being of all people in the City. All incidents of violence or threatening behavior will be responded to immediately upon notification. The City has identified response personnel that include a member of management and an employee representative. If appropriate, the City will provide counseling services or referrals for employees through the Employee Assistance Program (EAS).</p>	<p>Contact Ann Giard-Chase, PHR 518.536.7527</p>

SUBJECT	DESCRIPTION	CONTACT
<p><b>Workers' Compensation Insurance</b> <i>NYS Workers' Comp Alliance</i></p>	<p><b>MANDATORY BENEFIT – Provided at no expense to employees by City</b> Full-time and part-time employees are provided with NYS workers' compensation benefits through NYS Workers' Comp Alliance. Workers have two years to file a claim on Form C-3 or C-3.3 with NYS Workers' Compensation Board. Employers are required to file Form C-2F within 10 days of the date of work-related injury or illness.</p>	<p>Contact Ann Giard-Chase, PHR 518.536.7527</p>
<p><b>Short-Term Disability Insurance</b> <i>Dearborn National Life Insurance Co. of NY</i></p>	<p><b>MANDATORY BENEFIT – Provided at no expense to most employees. Level 3 Managers pay \$.60/week</b> The City provides full-time and part-time employees with NYS disability income benefits through Dearborn National. In the event you become disabled from a non-work-related injury or illness, disability income benefits are provided as a source of income. Management employees pay for this benefit. Union employees are provided this benefit by the City. Workers who are injured off the job or become ill off the job are encouraged to file Claim Form DB-450 with Human Resources to apply for short-term disability benefits.</p>	<p>Contact Ann Giard-Chase, PHR 518.536.7527</p>

## STATEMENT OF RIGHTS - DISABILITY BENEFITS LAW

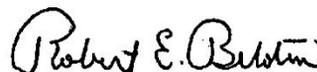
### IF YOU ARE UNABLE TO WORK BECAUSE OF A NON-OCCUPATIONAL ILLNESS OR INJURY, YOU MAY BE ENTITLED TO DISABILITY BENEFITS

1. Your employer is required by law to provide for the payment of Disability Benefits to his/her employees.
2. Statutory Disability Benefits are payable for any non-work related injury or illness (including disability due to pregnancy) beginning with the 8th consecutive day of disability. Benefits are payable for up to 26 weeks. Benefit payments are based on your average weekly wages for the eight weeks immediately prior to your disability, and are subject to the maximum allowable by the law in effect on the initial day of disability. Your employer or union may provide for different benefits which are at least as favorable as statutory benefits under an approved Disability Benefits Plan or Agreement.
3. TO CLAIM BENEFITS you should file written notice and proof of disability (Claim Form DB-450) with your employer or the insurance carrier named below within 30 days from the first day of your disability, or all or part of your claim may be rejected. In no event should you wait more than 26 weeks from that date to file a claim. You may obtain Form DB-450 from your employer, its insurance carrier, your health care provider or by contacting the Workers' Compensation Board. (See address and telephone number below.) **Do not** assume that your employer has filed a claim on your behalf; **claim filing is your responsibility.**
4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. Unlike workers' compensation, your medical bills will **not** be paid by your employer or the insurance carrier, unless your employer and/or union provides for the payment of medical bills under an approved Disability Benefits Plan or Agreement.
5. Disability Benefits are to be paid **directly** to you by the insurance carrier, **not through your employer**, unless your employer is an approved self-insurer.
6. **If your employer or the insurance carrier contends that you are not entitled to the payment of Disability Benefits, they are required to send you a Notice of Rejection, within 45 days of the filing of your claim, telling you the reasons benefits are not being paid. If you disagree with their rejection, you have a legal right to request a review of the rejection by the Workers' Compensation Board. IMPORTANT: If within 45 days of filing your claim you do not receive benefits and do not receive a Notice of Rejection (Form DB-451), promptly contact the Workers' Compensation Board at the telephone number below.**
7. **If your disability is the result of an automobile accident** and you have filed a claim for no-fault benefits, you must also file a claim (Form DB-450) for disability benefits. **If you do not file for disability benefits, the no-fault insurer may reduce your no-fault payments. IMPORTANT: In such cases, if you are not entitled to disability benefits, immediately advise the no-fault insurance carrier.**
8. Your employer may not ask you to waive your right to disability benefits nor may your employer deduct more than 60 cents a week (unless the additional contribution is part of an approved plan) from your pay to contribute to the payment of disability benefits insurance premiums. **You cannot be discharged or discriminated against for filing a claim for disability benefits.**

**IF YOU HAVE DIFFICULTY IN OBTAINING A CLAIM FORM OR NEED HELP IN FILLING IT OUT, OR IF YOU HAVE ANY OTHER QUESTIONS OR PROBLEMS ABOUT A NON-WORK RELATED INJURY OR ILLNESS, CONTACT ANY OFFICE OF THE WORKERS' COMPENSATION BOARD.**

This information is a simplified presentation of your rights as required by Section 229 of the Disability Benefits Law. Your employer's disability benefits insurance carrier is:

Dearborn National Life Insurance Company of New York  
Administrative Office - 85 Allen Street, Suite 210  
Rochester NY 14608

  
ROBERT E. BELOTEN  
CHAIR

**NYS Workers' Compensation Board, Centralized Mailing, PO Box 5205, Binghamton, NY 13902-5205**

**Customer Service Toll-Free Line: 877-632-4996**

# LEAVES

29

- **HOLIDAY PAY**
- **VACATIONS**
- **SICK LEAVE**
- **FAMILY AND MEDICAL LEAVE (FMLA)**
- **PERSONAL LEAVE**
- **BEREAVEMENT LEAVE**
- **JURY DUTY**
- **VOTING LEAVE**
- **MILITARY LEAVE OF ABSENCE**

SUBJECT	DESCRIPTION	FORMS ATTACHED
<b>Holiday Pay</b>	<p><b>BENEFIT</b></p> <p><b>See your union contract for terms and provisions</b></p> <p>The City provides its employees with paid holidays throughout the year. The attached annual schedule has been compared with those holidays provided for in the negotiated agreements; however, please review the schedule with your respective bargaining units to ensure that no errors or omissions occur.</p>	<p><b>City Holiday Schedule</b></p>
<b>Vacations</b>	<p><b>BENEFIT</b></p> <p><b>See your union contract for terms and provisions</b></p>	
<b>Sick Leave</b>	<p><b>BENEFIT</b></p> <p><b>See your union contract for terms and provisions</b></p>	
<b>Family and Medical Leave (FMLA)</b>	<p><b>BENEFIT</b></p> <p><b>See your union contract for terms and provisions</b></p> <p>FMLA is also Unpaid Leave and shall be granted to eligible employees for a total of twelve (12) work weeks of leave during any twelve (12) month period for specified events. Employees may be required to use accrued vacation, but may be taken in conjunction with sick leave and vacation leave Please consult your union contract for specific provisions.</p>	
<b>Personal Leave</b>	<p><b>BENEFIT</b></p> <p><b>See your union contract for terms and provisions</b></p>	
<b>Bereavement Leave</b>	<p><b>BENEFIT</b></p> <p><b>See your union contract for terms and provisions</b></p>	
<b>Jury Duty</b>	<p><b>BENEFIT</b></p> <p><b>See your union contract for terms and provisions</b></p>	
<b>Voting Leave</b>	<p><b>BENEFIT</b></p> <p><b>See your union contract for terms and provisions</b></p>	
<b>Military Leave of Absence</b>	<p><b>BENEFIT</b></p> <p><b>See your union contract for terms and provisions</b></p>	

# 2015 Holiday Schedule

31

Following is a list of the official dates on which the 2015 holidays will be celebrated. As usual, the only exception to this will be the City of Plattsburgh Police Department, Fire Department, Water Pollution Control Plant and the Water Filtration Plant, whereby all shift workers of those departments will celebrate the holidays on the actual calendar day.

While the following schedule has been compared with those holidays provided for in the negotiated agreements, you are requested to review the schedule with your respective bargaining units to ensure that no errors or omissions occur.

New Year's Eve (1/2 day) (Full day for AFSCME, IBEW, and Library)	Wednesday, December 31, 2014
New Year's Day	Thursday, January 1, 2015
Martin Luther King Jr.'s Birthday	Monday, January 19, 2015
Lincoln's Birthday (Police, Fire and Library only)	Thursday, February 12, 2015
President's Day / Washington's Birthday	Monday, February 16, 2015
Good Friday (Full day for everyone, ½ day for Library)	Friday, April 3, 2015
Memorial Day	Monday, May 25, 2015
Independence Day	Friday, July 4, 2015
Labor Day	Monday, September 7, 2015
Columbus Day	Monday, October 12, 2015
Veterans Day	Wednesday, November 11, 2015
Thanksgiving Day	Thursday, November 26, 2015
Day after Thanksgiving	Friday, November 27, 2015
Christmas Eve (1/2 day) (Full day for AFSCME, IBEW, and Library)	Thursday, December 24, 2015
Christmas Day	Friday, December 25, 2015
New Year's Eve (1/2 day) (Full day for AFSCME, IBEW, and Library)	Thursday, December 31, 2015
New Year's Day	Friday, January 1, 2016

# WORKPLACE ISSUES

32

<b>POLICIES</b>	<b>ADOPTED DATE by COMMON COUNCIL</b>
<b>ADA &amp; ADAAA</b>	
<b>AFFIRMATIVE ACTION PLAN</b>	
<b>DRUG-FREE WORKPLACE</b>	<b>JANUARY, 1993</b>
<b>EEOC AND ANTI-HARASSMENT</b>	<b>MARCH 14, 1996</b>
<b>FMLA</b>	
<b>MILITARY LEAVE</b>	<b>JANUARY 31, 2001</b>
<b>SMOKING DISTANCE</b>	<b>SEPTEMBER 4, 2003</b>
<b>TRANSITIONAL DUTY</b>	<b>NOVEMBER 19, 1998</b>
<b>TRAVEL</b>	<b>MARCH 9, 1989</b>
<b>VIOLENCE PREVENTION AND INCIDENT REPORTING</b>	<b>NOVEMBER 23, 2010</b>

# ADA Americans with Disabilities Act

# ADAAA ADA Amendments Act

## CITY OF PLATTSBURGH

### AMERICANS WITH DISABILITIES ACT (ADA) AND THE ADA AMENDMENTS ACT (ADAAA) POLICY STATEMENT

The Americans with Disabilities Act (ADA) and the Americans with Disabilities Amendments Act, known as the ADAAA, are federal laws that prohibit employers with 15 or more employees from discriminating against applicants and individuals with disabilities and that when needed provide reasonable accommodations to applicants and employees who are qualified for a job, with or without reasonable accommodations, so that they may perform the essential job duties of the position.

It is the policy of the City of Plattsburgh to comply with all federal and state laws concerning the employment of persons with disabilities and to act in accordance with regulations and guidance issued by the Equal Employment Opportunity Commission (EEOC). Furthermore, it is the policy of the City of Plattsburgh to not discriminate against qualified individuals with disabilities in regard to application procedures, hiring, advancement, discharge, compensation, training or other terms, conditions and privileges of employment.

The City of Plattsburgh will reasonable accommodate qualified individuals with a disability so that they can perform the essential functions of a job unless doing so causes a direct threat to these individuals or others in the workplace and the threat cannot be eliminated by reasonable accommodation and/or if the accommodation creates an undue hardship to the City of Plattsburgh. Contact the Human Resource department with any questions or requests for accommodation.

# Affirmative Action Plan

## CITY OF PLATTSBURGH AFFIRMATIVE ACTION PLAN

It is the policy of the City of Plattsburgh to provide equality of opportunity in employment to all persons regardless of race, creed, color, sex, age, handicaps or national origin. All present and future City employment practices will be in accordance with this policy of nondiscrimination.

The adoption of this Affirmative Action Plan acknowledges the City's legal and moral responsibility to ensure a personnel system and work environment free of discrimination practices and attitudes, and to commit itself to positive, practical measures which would improve the present opportunities of employment of disadvantaged groups for initial entry and advancement both in City government and in those contract agencies and other projects administered by or for the City.

# Drug-Free Workplace Policy and Procedures

## CITY OF PLATTSBURGH DRUG-FREE WORKPLACE POLICY/PROCEDURES

### POLICY:

Employees who abuse controlled substances, on or off the job, threaten the City's business by being less reliable, less productive, more accident prone, and less likely to report to work in an acceptable mental and physical condition. This abuse results in increased costs to the City and ultimately, its citizens; it jeopardizes the image and reputation of the City, the quality of its services, and the well-being of all its employees.

Employees have the right to work in an environment which is free of substance abuse; the public, which the City serves, has the right to expect that its government will be conducted and administered in an appropriate and professional drug-free manner.

### IT IS THE POLICY OF THE CITY OF PLATTSBURGH THAT:

1. City employees are required to report to work in appropriate mental and physical condition. Reporting to work, or working under the influence of a controlled substance (without a health care provider's prescription), is prohibited.
2. The unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance at, in, or around any City workplace, or during the conduct of any City-related task, is prohibited.
3. An on-going drug-free awareness program will be maintained.
4. Employees are required to notify the City, in writing, of any personal conviction for a violation of a criminal drug statute occurring in the workplace or during the conduct of any City-related task.
5. Appropriate personnel actions, which may include suspension and/or termination, will be taken in each instance where a violation of this policy occurs. Wherever possible and appropriate, remedies through intervention or rehabilitation will precede other disciplinary actions or termination which may result from a violation of this policy.
6. As a condition for continued employment, all City employees must abide by the terms of this policy and any procedures resulting from it.

### PROCEDURES:

In the interest of maintaining a safe and healthy drug-free workplace, the City of Plattsburgh is committed to strictly enforcing its stated policy and thereby complying with the requirements of the Drug-Free Workplace Act of 1988. To this end, the Mayor and Common Council of the City of Plattsburgh have directed that the following procedures be implemented:

1. The Mayor of the City of Plattsburgh, as the Chief Administrative Officer of the City will:
  - A. Direct the Drug-Free Workplace Program in accordance with appropriate Federal laws and regulations.
  - B. Direct appropriate intervention, rehabilitation, or disciplinary actions, as required, in accordance with the Rehabilitation Act of 1973, and the appropriate Collective Bargaining Agreements, Civil Service Law, and Public Officers Law, as applicable.

(Continued)

# Drug-Free Workplace Policy and Procedures

## CITY OF PLATTSBURGH DRUG-FREE WORKPLACE POLICY/PROCEDURES

- C. Notify the U.S. Department of Housing and Urban Development (within 10 days) after receiving notice of an employee's work-related drug conviction
2. The City Clerk is responsible for overall administration of the City's Drug-Free Workplace Program and will:
  - A. Make available to the City's employees through the City Clerk's Office, information regarding the City's Policy and Procedures regarding the Drug-Free Workplace program, the dangers of abusing drugs, available assistance programs, how to obtain drug counseling, and disciplinary actions which may result from violation of the Drug-Free Workplace policy.
  - B. Publish and maintain the City's Drug-Free Workplace Policy and Procedures.
  - C. Distribute copies of the Policy/Procedures for posting on all City Bulletin Boards and for distribution to all employees through individual departments.
  - D. Incorporate into the new employee checklist an item requiring dissemination of the Policy/Procedures to all new employees (the checklist being a part of the employee's permanent record).
  - E. Periodically distribute briefing materials to facilitate an on-going employee awareness through individual departments.
  - F. Immediately notify the Mayor upon receipt of any notice of employee work-related drug conviction.
3. Department Heads are responsible for departmental compliance and will:
  - A. Post a copy of the Policy/Procedures on all bulletin boards within the department's workplaces.
  - B. Foster and promote the City's on-going drug awareness program.
  - C. Disseminate to all department employees, through whatever manner is directed, all program information, bulletins, literature, or postings.
4. Individual employees are responsible for their actions and will:
  - A. Conduct themselves in a manner consistent with the City's drug-free workplace policy.
  - B. Participate in the City's on-going drug awareness program, and any directed intervention or rehabilitation program.
  - C. Provide to the City Clerk a written notice of conviction within five (5) days of work-related drug conviction.

Adopted on January, 1993

# EEOC Equal Employment Policy Statement

## Anti-harassment Policy and Complaint Procedure

### CITY OF PLATTSBURGH EQUAL EMPLOYMENT POLICY STATEMENT

The City of Plattsburgh is an equal opportunity employer. All decisions concerning employees and applicants for employment are made without regard to race, color, religion, sex, national origin, age, disability, or sexual preference. The City of Plattsburgh complies with all applicable federal, state and local laws governing nondiscrimination in employment. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

The City of Plattsburgh will not allow any forms of unlawful employee harassment based on race, color, religion, sex, national origin, age, disability or sexual preference to occur in the workplace. Improper interference with the ability of The City of Plattsburgh's employees to perform their expected job duties is not tolerated and will result in disciplinary penalties.

#### SEXUAL HARASSMENT IS PROHIBITED

Unwelcome sexual advances, requests for sexual favors, and other physical, verbal, or visual conduct based on sex constitute sexual harassment when:

1. Submission to the conduct is an explicit or implicit term or condition of employment,
2. Submission to or rejection of the conduct is used as the basis for an employment decision, or,
3. The conduct unreasonably interferes with an individual's work performance or creates an intimidating, hostile, or offensive working environment.

Sexual harassment may include explicit sexual propositions, sexual innuendo, suggestive comments, sexually oriented "kidding" or "teasing", "practical jokes", jokes about gender-specific traits, four or obscene language or gestures, display of four or obscene printed or visual material, and physical contact such as patting, pinching, or brushing against another's body.

All employees of the City of Plattsburgh are responsible to help assure that we avoid harassment. If you feel that you have experienced or witnessed harassment, including sexual harassment or any other form of discriminatory conduct, you are to notify your supervisor immediately. If you prefer, you may report to Dean Schneller, Corporation Counsel. The City of Plattsburgh forbids retaliation against anyone for reporting sexual harassment, assisting in making a sexual harassment complaint or cooperating in a sexual harassment investigation.

The City of Plattsburgh's policy is to investigate all such complaints thoroughly and promptly. To the fullest extent practicable, the City of Plattsburgh will keep complaints and the terms of their resolution confidential. Investigations will be done by the Corporation Counsel. If an investigation confirms that harassment has occurred, the City of Plattsburgh will take corrective action, including any discipline that is appropriate up to and including immediate termination of employment.

Adopted March 14, 1996

# FMLA

## Family and Medical Leave Act

### CITY OF PLATTSBURGH FAMILY AND MEDICAL LEAVE ACT (FMLA)

The City of Plattsburgh will comply with the Family and Medical Leave Act implementing Regulations as revised effective February 2013. The company posts the mandatory FMLA Notice and upon hire provides all new employees with notices required by the U.S. Department of Labor (DOL) on Employee Rights and Responsibilities under the Family and Medical Leave Act in New York State.

The function of this policy is to provide employees with a general description of their FMLA rights. In the event of any conflict between this policy and the applicable law, employees will be afforded all rights required by law. If you have any questions, concerns, or disputes with this policy, you must contact Ann Giard-Chase, PHR, HR Director in writing.

#### A. General Provisions

Under this policy, the City of Plattsburgh will grant up to 12 weeks (or up to 26 weeks of military caregiver leave to care for a covered service member with a serious injury or illness) during a 12-month period to eligible employees. The leave may be paid, unpaid or a combination of paid and unpaid leave, depending on the circumstances of the leave and as specified in this policy.

#### B. Eligibility

To qualify to take family or medical leave under this policy, the employee must meet all of the following conditions:

1. The employee must have worked for the company for 12 months or 52 weeks. The 12 months or 52 weeks need not have been consecutive. Separate periods of employment will be counted, provided that the break in service does not exceed seven years. Separate periods of employment will be counted if the break in service exceeds seven years due to National Guard or Reserve military service obligations or when there is a written agreement, including a collective bargaining agreement, stating the employer's intention to rehire the employee after the service break. For eligibility purposes, an employee will be considered to have been employed for an entire week even if the employee was on the payroll for only part of a week or if the employee is on leave during the week.
2. The employee must have worked at least 1,250 hours during the 12-month period immediately before the date when the leave is requested to commence. The principles established under the Fair Labor Standards Act (FLSA) determine the number of hours worked by an employee. The FLSA does not include time spent on paid or unpaid leave as hours worked. Consequently, these hours of leave should not be counted in determining the 1,250 hours eligibility test for an employee under FMLA. **[Editor's note:** Airline flight crewmembers or flight attendants will meet the FMLA hours of service eligibility requirement if he or she has worked or been paid for not less than 60 percent of the applicable total monthly guarantee (or its equivalent) and has worked or been paid for not less than 504 hours (not including personal commute time or time spent on vacation, medical, or sick leave) during the previous 12 months. Airline employees who are not flight crew employees continue to be covered under the general hour of service eligibility requirement which requires 1,250 hours of service in the previous 12 months].
3. The employee must work in a worksite where 50 or more employees are employed by the company within 75 miles of that office or worksite. The distance is to be calculated by using available transportation by the most direct route.

(Continued)

# FMLA

## Family and Medical Leave Act

### CITY OF PLATTSBURGH FAMILY AND MEDICAL LEAVE ACT (FMLA)

#### C. Type of Leave Covered

To qualify as FMLA leave under this policy, the employee must be taking leave for one of the reasons listed below:

1. The birth of a child and in order to care for that child.
2. The placement of a child for adoption or foster care and to care for the newly placed child.
3. To care for a \*\*spouse, child or parent with a serious health condition (described below).
4. The serious health condition (described below) of the employee.

An employee may take leave because of a serious health condition that makes the employee unable to perform the functions of the employee's position.

A serious health condition is defined as a condition that requires inpatient care at a hospital, hospice or residential medical care facility, including any period of incapacity or any subsequent treatment in connection with such inpatient care or a condition that requires continuing care by a licensed health care provider.

This policy covers illnesses of a serious and long-term nature, resulting in recurring or lengthy absences. Generally, a chronic or long-term health condition that would result in a period of three consecutive days of incapacity with the first visit to the health care provider within seven days of the onset of the incapacity and a second visit within 30 days of the incapacity would be considered a serious health condition. For chronic conditions requiring periodic health care visits for treatment, such visits must take place at least twice a year.

Employees with questions about what illnesses are covered under this FMLA policy or under the company's sick leave policy are encouraged to consult with the Human Resource Manager.

If an employee takes paid sick leave for a condition that progresses into a serious health condition and the employee requests unpaid leave as provided under this policy, the company may designate all or some portion of related leave taken as leave under this policy, to the extent that the earlier leave meets the necessary qualifications.

5. Qualifying exigency leave for families of members of the National Guard or Reserves or of a regular component of the Armed Forces when the covered military member is on covered active duty or called to covered active duty.

An employee whose spouse, son, daughter or parent either has been notified of an impending call or order to covered active military duty or who is already on covered active duty may take up to 12 weeks of leave for reasons related to or affected by the family member's call-up or service. The qualifying exigency must be one of the following:

- a. short-notice deployment.
- b. military events and activities, child care and school activities,
- c. financial and legal arrangements, counseling, rest and recuperation, post-deployment activities and additional activities that arise out of active duty, provided that the employer and employee agree, including agreement on timing and duration of the leave.

(Continued)

# FMLA

## Family and Medical Leave Act

### CITY OF PLATTSBURGH FAMILY AND MEDICAL LEAVE ACT (FMLA)

Eligible employees are entitled to FMLA leave to care for a current member of the Armed Forces, including a member of the National Guard or Reserves, or a member of the Armed Forces, the National Guard or Reserves who is on the temporary disability retired list, who has a serious injury or illness incurred in the line of duty on active duty for which he or she is undergoing medical treatment, recuperation, or therapy; or otherwise in outpatient status; or otherwise on the temporary disability retired list. Eligible employees may not take leave under this provision to care for former members of the Armed Forces, former members of the National Guard and Reserves, and members on the permanent disability retired list.

In order to care for a covered service member, an eligible employee must be the spouse, son, daughter, or parent, or next of kin of a covered service member.

- a. A “son or daughter of a covered service member” means the covered service member’s biological, adopted, or foster child, stepchild, legal ward, or a child for whom the covered service member stood in loco parentis, and who is of any age.
- b. A “parent of a covered service member” means a covered service member’s biological, adoptive, step or foster father or mother, or any other individual who stood in loco parentis to the covered service member. This term does not include parents “in law.”
- c. Under the FMLA, a “spouse” means a husband or wife as defined under the law in the state where the employee resides. **\*\*[Editor’s note:** Employers in states allowing gay marriage or civil unions should be particularly cognizant of the interplay between federal and state law in this evolving area of law. On June 26, 2013, the U.S. Supreme Court, in *United States v. Windsor*, found unconstitutional Section 3 of the federal Defense of Marriage Act (DOMA), which had prohibited the federal government from acknowledging marriages between same-sex couples. Same-sex marriages were recognized as legal by 12 states and the District of Columbia at the time of the ruling. Now that same-sex spouses are ‘spouses’ under federal law if they are ‘spouses’ under state law, all federal laws and regulations that include spouses include the broader same-sex definition in those states where same-sex marriage is legal. FMLA refers to state law for the definition of ‘spouse.’ Thus, for FMLA, an employee can take leave for a serious medical condition,” including military-family leave, of the same-sex spouse if the employee lives in a state that allows same-sex marriage. However, since the court did not consider Section 2 of DOMA, states still have the right not to recognize same-sex marriages originating in other states or territories, Therefore, in the 13 states that recognize gay marriage—California, Connecticut, Delaware, Iowa, Maine, Maryland, Massachusetts, Minnesota, New Hampshire, New York, Rhode Island, Vermont and Washington, plus the District of Columbia—applicability of the FMLA would depend on the state definition of marriage. Additionally, children of same-sex meaning an employee is entitled to take FMLA leave for their care, as well.]
- d. The “next of kin of a covered service member” is the nearest blood relative, other than the covered servicemember’s spouse, parent, son, or daughter, in the following order of priority: blood relatives who have been granted legal custody of the servicemember by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless the covered servicemember has specifically designated in writing another blood relative as his or her nearest blood relative for purposes of military caregiver leave under the FMLA.

(Continued)

# FMLA

## Family and Medical Leave Act

### CITY OF PLATTSBURGH FAMILY AND MEDICAL LEAVE ACT (FMLA)

When no such designation is made, and there are multiple family members with the same level of relationship to the covered servicemember, all such family members shall be considered the covered servicemember's next of kin and may take FMLA leave to provide care to the covered servicemember, either consecutively or simultaneously. When such designation has been made, the designated individual shall be deemed to be the covered servicemember's only next of kin. For example, if a covered servicemember has three siblings and has not designated a blood relative to provide care, all three siblings would be considered the covered servicemember's next of kin. Alternatively, where a covered servicemember has a sibling(s) and designates a cousin as his or her next of kin for FMLA purposes, then only the designated cousin is eligible as the covered servicemember's next of kin. An employer is permitted to require an employee to provide confirmation of covered family relationship to the covered servicemember pursuant to § 825.122(j).

“Covered active duty” means:

- a. “Covered active duty” for members of a regular component of the Armed Forces means duty during deployment of the member with the Armed Forces to a foreign country.
- b. “Covered active duty” for members of the **reserve** components of the Armed Forces (members of the U.S. National Guard and Reserves) means duty during deployment of the member with the Armed Forces to a foreign country under a call or order to active duty in a contingency operation as defined in section 101(a)(13)(B) of title 10, United States Code. (a) in the case of a member of a regular component of the Armed Forces, duty during the deployment of the member with the Armed Forces to a foreign country; and

The leave may commence as soon as the individual receives the call-up notice. (Son or daughter for this type of FMLA leave is defined the same as for child for other types of FMLA leave except that the person does not have to be a minor.) This type of leave would be counted toward the employee’s 12-week maximum of FMLA leave in a 12-month period.

6. Military caregiver leave (also known as covered servicemember leave) to care for an injured or ill servicemember or veteran.

An employee whose son, daughter, parent or next of kin is a covered servicemember may take up to 26 weeks in a single 12-month period to take care of leave to care for that servicemember. Next of kin is defined as the closest blood relative of the injured or recovering servicemember.

The term “covered servicemember” means:

- a. 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; or
- b. 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 a member of the National Guard or Reserves) at any time during the period of 5 years preceding the date on which the veteran undergoes that medical treatment, recuperation, or therapy.

(Continued)

# FMLA

## Family and Medical Leave Act

### CITY OF PLATTSBURGH FAMILY AND MEDICAL LEAVE ACT (FMLA)

The term "serious injury or illness means:

- a. in the case of a member of the Armed Forces (including a member of the National Guard or Reserves), means an injury or illness that was incurred by the member in line of duty on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in line of duty on active duty in the Armed Forces) and that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating; and
- b. in the case of a veteran who was a member of the Armed Forces (including a member of the National Guard or Reserves) at any time during a period when the person was a covered servicemember, means a qualifying (as defined by the Secretary of Labor) injury or illness incurred by a covered servicemember in the line of duty on active duty that may render the servicemember medically unfit to perform the duties of his or her office, grade, rank or rating.
- c. Outpatient status, with respect to a covered servicemember, means the status of a member of the Armed Forces assigned to either a military medical treatment facility as an outpatient; or a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.

#### D. Amount of Leave

An eligible employee can take up to 12 weeks for the FMLA circumstances (1) through (5) above under this policy during any 12-month period. The company will measure the 12-month period as a rolling 12-month period measured backward from the date an employee uses any leave under this policy. Each time an employee takes leave, the company will compute the amount of leave the employee has taken under this policy in the last 12 months and subtract it from the 12 weeks of available leave, and the balance remaining is the amount the employee is entitled to take at that time.

An eligible employee can take up to 26 weeks for the FMLA circumstance (6) above (military caregiver leave) during a single 12-month period. For this military caregiver leave, the company will measure the 12-month period as a rolling 12-month period measured forward. FMLA leave already taken for other FMLA circumstances will be deducted from the total of 26 weeks available.

If a husband and wife both work for the company and each wishes to take leave for the birth of a child, adoption or placement of a child in foster care, or to care for a parent (but not a parent "in-law") with a serious health condition, the husband and wife may only take a combined total of 12 weeks of leave. If a husband and wife both work for the company and each wishes to take leave to care for a covered injured or ill servicemember, the husband and wife may only take a combined total of 26 weeks of leave.

#### E. Employee Status and Benefits During Leave

While an employee is on leave, the company will continue the employee's health benefits during the leave period at the same level and under the same conditions as if the employee had continued to work.

If the employee chooses not to return to work for reasons other than a continued serious health condition of the employee or the employee's family member or a circumstance beyond the employee's control, the company will require the employee to reimburse the company the amount it paid for the employee's health insurance premium during the leave period.

(Continued)

# FMLA

## Family and Medical Leave Act

### CITY OF PLATTSBURGH FAMILY AND MEDICAL LEAVE ACT (FMLA)

Under current company policy, the employee pays a portion of the health care premium. While on paid leave, the employer will continue to make payroll deductions to collect the employee's share of the premium. While on unpaid leave, the employee must continue to make this payment, either in person or by mail. The payment must be received in the Accounting Department by the \_\_\_\_\_ day of each month. If the payment is more than 30 days late, the employee's health care coverage may be dropped for the duration of the leave. The employer will provide 15 days' notification prior to the employee's loss of coverage.

If the employee contributes to a life insurance or disability plan, the employer will continue making payroll deductions while the employee is on paid leave. While the employee is on unpaid leave, the employee may request continuation of such benefits and pay his or her portion of the premiums, or the employer may elect to maintain such benefits during the leave and pay the employee's share of the premium payments. If the employee does not continue these payments, the employer may discontinue coverage during the leave. If the employer maintains coverage, the employer may recover the costs incurred for paying the employee's share of any premiums, whether or not the employee returns to work.

#### F. Employee Status After Leave

An employee who takes leave under this policy may be asked to provide a fitness for duty (FFD) clearance from the health care provider. This requirement will be included in the employer's response to the FMLA request. Generally, an employee who takes FMLA leave will be able to return to the same position or a position with equivalent status, pay, benefits and other employment terms. The position will be the same or one which is virtually identical in terms of pay, benefits and working conditions. The company may choose to exempt certain key employees from this requirement and not return them to the same or similar position.

#### G. Use of Paid and Unpaid Leave

An employee who is taking FMLA leave because of the employee's own serious health condition or the serious health condition of a family member must use all paid vacation, personal or sick leave prior to being eligible for unpaid leave. Sick leave may be run concurrently with FMLA leave if the reason for the FMLA leave is covered by the established sick leave policy.

Disability leave for the birth of the child and for an employee's serious health condition, including workers' compensation leave (to the extent that it qualifies), will be designated as FMLA leave and will run concurrently with FMLA. For example, if an employer provides six weeks of pregnancy disability leave, the six weeks will be designated as FMLA leave and counted toward the employee's 12-week entitlement. The employee may then be required to substitute accrued (or earned) paid leave as appropriate before being eligible for unpaid leave for what remains of the 12-week entitlement. An employee who is taking leave for the adoption or foster care of a child must use all paid vacation, personal or family leave prior to being eligible for unpaid leave.

An employee who is using military FMLA leave for a qualifying exigency must use all paid vacation and personal leave prior to being eligible for unpaid leave. An employee using FMLA military caregiver leave must also use all paid vacation, personal leave or sick leave (as long as the reason for the absence is covered by the company's sick leave policy) prior to being eligible for unpaid leave.

(Continued)

# FMLA

## Family and Medical Leave Act

### CITY OF PLATTSBURGH FAMILY AND MEDICAL LEAVE ACT (FMLA)

#### H. Intermittent Leave or a Reduced Work Schedule

The employee may take FMLA leave in 12 consecutive weeks, may use the leave intermittently (take a day periodically when needed over the year) or, under certain circumstances, may use the leave to reduce the workweek or workday, resulting in a reduced hour schedule. In all cases, the leave may not exceed a total of 12 workweeks (or 26 workweeks to care for an injured or ill servicemember over a 12-month period).

The company may temporarily transfer an employee to an available alternative position with equivalent pay and benefits if the alternative position would better accommodate the intermittent or reduced schedule, in instances of when leave for the employee or employee's family member is foreseeable and for planned medical treatment, including recovery from a serious health condition or to care for a child after birth, or placement for adoption or foster care.

For the birth, adoption or foster care of a child, the company and the employee must mutually agree to the schedule before the employee may take the leave intermittently or work a reduced hour schedule. Leave for birth, adoption or foster care of a child must be taken within one year of the birth or placement of the child.

If the employee is taking leave for a serious health condition or because of the serious health condition of a family member, the employee should try to reach agreement with the company before taking intermittent leave or working a reduced hour schedule. If this is not possible, then the employee must prove that the use of the leave is medically necessary.

#### I. Certification for the Employee's Serious Health Condition

The company will require certification for the employee's serious health condition. The employee must respond to such a request within 15 days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. Medical certification will be provided using the DOL Certification of Health Care Provider for Employee's Serious Health Condition (<http://www.dol.gov/esa/whd/forms/WH-380-E.pdf>).

The company may directly contact the employee's health care provider for verification or clarification purposes using a health care professional, an HR professional, leave administrator or management official. The company will not use the employee's direct supervisor for this contact. Before the company makes this direct contact with the health care provider, the employee will be given an opportunity to resolve any deficiencies in the medical certification. In compliance with HIPAA Medical Privacy Rules, the company will obtain the employee's permission for clarification of individually identifiable health information.

The company has the right to ask for a second opinion if it has reason to doubt the certification. The company will pay for the employee to get a certification from a second doctor, which the company will select. The company may deny FMLA leave to an employee who refuses to release relevant medical records to the health care provider designated to provide a second or third opinion. If necessary to resolve a conflict between the original certification and the second opinion, the company will require the opinion of a third doctor. The company and the employee will mutually select the third doctor, and the company will pay for the opinion. This third opinion will be considered final. The employee will be provisionally entitled to leave and benefits under the FMLA pending the second and/or third opinion.

(Continued)

# FMLA

## Family and Medical Leave Act

### CITY OF PLATTSBURGH FAMILY AND MEDICAL LEAVE ACT (FMLA)

#### **J. Certification for the Family Member's Serious Health Condition**

The company will require certification for the family member's serious health condition. The employee must respond to such a request within 15 days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. Medical certification will be provided using the DOL Certification of Health Care Provider for Family Member's Serious Health Condition (<http://www.dol.gov/esa/whd/forms/WH-380-F.pdf>).

The company may directly contact the employee's family member's health care provider for verification or clarification purposes using a health care professional, an HR professional, leave administrator or management official. The company will not use the employee's direct supervisor for this contact. Before the company makes this direct contact with the health care provider, the employee will be given an opportunity to resolve any deficiencies in the medical certification. In compliance with HIPAA Medical Privacy Rules, the company will obtain the employee's family member's permission for clarification of individually identifiable health information.

The company has the right to ask for a second opinion if it has reason to doubt the certification. The company will pay for the employee's family member to get a certification from a second doctor, which the company will select. The company may deny FMLA leave to an employee whose family member refuses to release relevant medical records to the health care provider designated to provide a second or third opinion. If necessary to resolve a conflict between the original certification and the second opinion, the company will require the opinion of a third doctor. The company and the employee will mutually select the third doctor, and the company will pay for the opinion. This third opinion will be considered final. The employee will be provisionally entitled to leave and benefits under the FMLA pending the second and/or third opinion.

#### **K. Certification of Qualifying Exigency for Military Family Leave**

The company will require certification of the qualifying exigency for military family leave. The employee must respond to such a request within 15 days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. This certification will be provided using the DOL Certification of Qualifying Exigency for Military Family Leave (<http://www.dol.gov/esa/whd/forms/WH-384.pdf>).

#### **L. Certification for Serious Injury or Illness of Covered Servicemember for Military Family Leave**

The company will require certification for the serious injury or illness of the covered servicemember. The employee must respond to such a request within 15 days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. This certification will be provided using the DOL Certification for Serious Injury or Illness of Covered Servicemember (<http://www.dol.gov/esa/whd/forms/WH-385.pdf>).

#### **M. Recertification**

The company may request recertification for the serious health condition of the employee or the employee's family member no more frequently than every 30 days and only when circumstances have changed significantly, or if the employer receives information casting doubt on the reason given for the absence, or if the employee seeks an extension of his or her leave. Otherwise, the company may request recertification for the serious health condition of the employee or the employee's family member every six months in connection with an FMLA absence. The company may provide the employee's health care provider with the employee's attendance records and ask whether need for leave is consistent with the employee's serious health condition.

(Continued)

# FMLA

## Family and Medical Leave Act

### CITY OF PLATTSBURGH FAMILY AND MEDICAL LEAVE ACT (FMLA)

#### **N. Procedure for Requesting FMLA Leave**

All employees requesting FMLA leave must provide verbal or written notice of the need for the leave to the HR manager. Within five business days after the employee has provided this notice, the HR manager will complete and provide the employee with the DOL Notice of Eligibility and Rights (<http://www.dol.gov/esa/whd/fmla/finalrule/WH381.pdf>).

When the need for the leave is foreseeable, the employee must provide the employer with at least 30 days' notice. When an employee becomes aware of a need for FMLA leave less than 30 days in advance, the employee must provide notice of the need for the leave either the same day or the next business day. When the need for FMLA leave is not foreseeable, the employee must comply with the company's usual and customary notice and procedural requirements for requesting leave, absent unusual circumstances.

#### **O. Designation of FMLA Leave**

Within five business days after the employee has submitted the appropriate certification form, the HR manager will complete and provide the employee with a written response to the employee's request for FMLA leave using the DOL Designation Notice (<http://www.dol.gov/esa/whd/forms/WH-382.pdf>).

#### **P. Intent to Return to Work From FMLA Leave**

On a basis that does not discriminate against employees on FMLA leave, the company may require an employee on FMLA leave to report periodically on the employee's status and intent to return to work.

# Military Leave Policy

## CITY OF PLATTSBURGH MILITARY LEAVE POLICY

### Short Term "30 days" Active Duty to "5 years" Active Duty

**Military Leave:** Public employees are entitled to a paid leave for military duty or training not exceeding a total of 30 days or 22 working days, whichever is greater, in any calendar year or in any continuous period of absence (NY Military Law Ch. 36 Sec. 242 *et seq.*) \*  
\* **This leave is treated like the employee was on paid vacation leave.**

**Seniority:** No loss of time. The employee is reinstated at the precise point they would have occupied had they kept their position continuously during their military service.

**Health Insurance:** The City of Plattsburgh will continue to pay the employee's health insurance premiums for up to thirty days. The City has in the past (Desert Storm) covered the employee's health insurance premiums for up to three months if they were not covered under the health care benefits provided by the Federal Government (City Resolution 2/14/1991).

**Sick Time:** Will be treated in the same manner as provided under their contract for other paid leaves of absence.

**Vacation Time:** Will be treated in the same manner as provided under their contract for other paid leaves of absence.

**Pay Raises:** The returning employee will earn the same rate of pay with no loss in seniority. The employee is entitled to all raises granted other members of his bargaining unit.

**Pay:** The employee shall receive full pay during his military leave as long as the leave does not to exceed thirty (30) days or twenty-two (22) working days, whichever is greater?

**Reinstatement:** Public sector employees are entitled to reinstatement provided they are honorably discharged and apply for re-employment within 90 days of the termination of military duty (NY Military Law Ch. 36 Sec. 242 *et seq.*). \*\*

**Retirement Credits:** No loss of retirement credits for employees on paid leave for military duty or training not exceeding a total of 30 days or 22 working days, whichever is greater, in any calendar year or in any continuous period of absence. **For Military Service greater than 30 days:** The employee upon completion of their active duty must write to the retirement system and request that their Military Service time be included in their retirement program. The retirement system will inform the employee of the cost of buying back this time. (3% of the wages they would have earned during that period)

\*\*Must be still qualified to perform the duties of his/her position. If the returning employee is not qualified for their previous because of the disability sustained during service, he/she must be offered an equal or lower position that they are able to qualify for (if one exists).

**Military leave exceeding thirty (30) days up to a maximum of five years:** This leave is treated like any other unpaid leave of absence except they do not lose any seniority as long as they return to their job within 90 days of the termination of military duty.

Adopted January 31, 2001

# Smoking Distance Policy

## CITY OF PLATTSBURGH SMOKING DISTANCE POLICY

At a Regular Meeting of the Common Council of the City of Plattsburgh, NY held September 4, 2003 the following resolution was adopted:

By Councilor Sabourin; Second by Councilor Voss

**RESOLVED:** That the City of Plattsburgh sets the minimum distance that tobacco products may be smoked from Municipal Buildings at 40 feet from any entrance of all municipal buildings and no smoking in City vehicles.

**On roll call:** All affirmative

**CARRIED**

Adopted September 9, 2003

# Transitional Duty Program Policy Statement

## CITY OF PLATTSBURGH TRANSITIONAL DUTY PROGRAM POLICY STATEMENT

In the effort to create an environment that will facilitate employee recovery from injury or illness, and to improve operational efficiency of the City of Plattsburgh, a program of Transitional Duty is hereby established.

**On a case-by-case basis**, this program covers all Municipal personnel who sustain a work related disabling injury subject to the following guidelines: the disability must be a temporary condition, and the employee must have Transitional Duty capacity as determined by his/her treating physician. Such employee may be given a Transitional Duty assignment(s) consistent with his/her physical abilities and any limitations imposed by the treating physician. Each case will be independently evaluated by the Transitional Duty Team at least every thirty days for progress. The Transitional Duty Assignment will not last more than **twelve weeks**.

This program may also apply voluntarily, on a case-by-case basis, to employees who have sustained disabling injuries or illness from non-job related activity, if and when Transitional Duty tasks become available; with work-related injuries receiving priority if transitional duty work is limited.

It is the Goal of the City of Plattsburgh, with the cooperation of all departments, to locate and assign Transitional Duty, when feasible, according to the following guidelines:

1. The approval physician shall be encouraged to release temporarily disabled employees to a transitional duty work status and describe the employee's capacities in sufficient detail to enable the municipality to determine a suitable work or task assignment.
2. The employee's regular work division shall attempt to locate or design a work assignment within the capacities described by the physician.
3. If the usual work division is unable to assign suitable work, other divisions within the department shall be contracted to determine if suitable work assignment exists.
4. If no suitable temporary assignment is available within the department, the employee will not be allowed to come back to work under the Transitional Duty Program.
5. Upon release to regular work without restrictions, the employee shall be returned to his/her permanent work unit and his/her regular position.

Adopted November 19, 1998

# Travel Policy

## CITY OF PLATTSBURGH AFFIRMATIVE ACTION PLAN

At a regular meeting of the Common Council of the City of Plattsburgh, NY, held June 19, 2003, the following resolution was adopted:

By Councilor Olds; seconded by Councilor Voss

WHEREAS, a resolution establishing Travel Regulations for all employees of the City of Plattsburgh was adopted at a regular Meeting of the Common Council held July 13, 2000,

WHEREAS, there is a need to revise the meal allowances to adjust for inflation of 3 years, now therefore be it

RESOLVED: the City of Plattsburgh adopts the New York State per diem rate for meal expenses for City employees on official City business;

RESOLVED: documentation of all meals is required and City employees will be reimbursed only for the actual dollar amount spent.

On roll call, Councilor Drew, Councilor Stewart, Councilor Voss, Councilor Sabourin, Councilor Valentine, Councilor Olds.

All voted in the affirmative.

# Violence Prevention Policy and Incident Reporting

## CITY OF PLATTSBURGH

### WORKPLACE VIOLENCE PREVENTION POLICY AND INCIDENT REPORTING

The City of Plattsburgh is committed to the safety and security of our employees. Workplace violence presents a serious occupational safety hazard to our agency, staff, and clients. Threats, threatening behavior, or acts of violence against employees, visitors, guests, or other individuals by anyone on City of Plattsburgh property will be thoroughly investigated and appropriate action will be taken, including summoning criminal justice authorities when warranted. All employees are responsible for helping to create an environment of mutual respect for each other as well as clients, following all policies, procedures and program requirements, and for assisting in maintaining a safe and secure work environment.

This policy is designed to meet the requirements of NYS Labor Law 27b and highlights some of the elements that are found within our Workplace Violence Prevention Program. The process involved in complying with this law included a workplace evaluation that was designed to identify the workplace violence hazards our employees could be exposed to. Other tools that were utilized during this process included establishing a committee made up of management and Authorized Employee Representatives who will have an ongoing role of participation in the evaluation process, recommending methods to reduce or eliminate the hazards identified during the process and investigating workplace violence incidents or allegations. All employees will participate in the annual Workplace Violence Prevention Training Program.

The goal of this policy is to promote the safety and well-being of all people in our workplace. All incidents of violence or threatening behavior will be responded to immediately upon notification.

The City of Plattsburgh has identified response personnel that include a member of management and an employee representative. If appropriate, the City of Plattsburgh will provide counseling services or referrals for employees through the Employee Assistance Program.

All City of Plattsburgh personnel are responsible for notifying the contact person designated below of any violent incidents, threatening behavior, including threats they have witnessed, received, or have been told that another person has witnessed or received.

#### **Designated Contact Person:**

**Ann Giard-Chase  
HR Director  
41 City Hall Place  
Plattsburgh, NY 12901**

Adopted November 23, 2010