July 25, 2013

TO: County Personnel Policy Board Members

SUBJECT: Personnel Policy Board Meeting
Thursday, August 1, 2013
1:30 p.m., Commissioners Hearing Room
County-City Building, Room 112

A G E N D A

ITEM 1: Request to create the following classification:

CLASS CODE	CLASS TITLE	PROPOSED PAY RANGE
9540	Property Appraisal Technician	A22 ($37,044.80 - $47,451.04)

ITEM 2: Request to revise the following classifications:

CLASS CODE	CLASS TITLE	
9545	Computer and GIS Records Assistant II	(C19)
9855	Engineering Technician III	(C17)

ITEM 3: Request to change the title and revise the following classification:

	CLASS CODE	CURRENT CLASS TITLE	
FROM	5764	Community Corrections Screening Specialist	(C08)

	CLASS CODE	PROPOSED CLASS TITLE	
TO	5764	Screening Specialist	(C08)

ITEM 4: Request to amend Rule 17.19 of the Personnel Rules - Shift Differential

ITEM 5: Request to amend Rule 17.20 of the Personnel Rules - Weekend Differential Pay

ITEM 6: Request to amend Rule 18.1 of the Personnel Rules - Compensation for Absence on Holidays

ITEM 7: Request to amend Rule 19.3 of the Personnel Rules - Sick Leave

ITEM 8: Request to revise Military Family Leave Personnel Policy Bulletin.

ITEM 9: Discussion on County Procedures for Retirement.

ITEM 10: Election of Chair.

ITEM 11: Election of Vice-Chair.

ITEM 12: Request for appeal hearing - Kim Weygint - County Engineer.

ITEM 13: Miscellaneous Discussion

pc: Department Heads
Kim Weygint
Rick Deboer
Richard Grabow

LANCASTER COUNTY
PROPERTY APPRAISAL TECHNICIAN

NATURE OF WORK

This is technical work involving the parcel maintenance of real property in Lancaster County.

Work involves processing property transfers; updating, revising and maintaining maps, aerial photographs and records indicating property ownership in the County; processing Tax Increment Financing projects; researching value discrepancies; researching and answering property owner's questions; and updating and maintaining various property records and files pertinent to the Department. Supervision is received from the Computer and GIS Supervisor with work being reviewed in the form of accuracy and completeness of drawings prepared, tasks performed and reports submitted.

EXAMPLES OF WORK PERFORMED

Update and maintain parcel accounts involving assessment values, researching changes and adjusting accounts by entering changes on the computer system.

Check deeds to determine property ownership; transfer legal descriptions; and process changes on Orion system.

Create various parcel configuration maps utilizing GIS Software; calculate new land areas and values; create new tax parcels so that records correspond with ownership.

Work with property owners and/or their representatives to solve ownership and legal description discrepancies.

DESIRABLE KNOWLEDGE, ABILITIES AND SKILLS

Considerable knowledge of the use and operation of personal computer systems including hardware and software applications.

Some knowledge of the principles, practices and techniques of parcel maintenance.

Ability to read and comprehend legal property descriptions, plats, maps, imprints, contracts and deeds.

Ability to use ArcGIS Software in property information review and map creation.

Ability to establish and maintain effective working relationships with property owners, co-workers and the general public.

Ability to communicate effectively both orally and in writing.

DESIRABLE TRAINING AND EXPERIENCE

Completion of an Associate's Degree in law, math, drafting, real estate, property appraisal, or related field.

MINIMUM QUALIFICATIONS

Graduation from a senior high school or equivalent supplemented by college level course work in law, math, drafting, real estate, property appraisal, or related field; or any equivalent combination of training and experience which provides the desirable knowledge, abilities and skills.

8/13

PS9540

LANCASTER COUNTY
COMPUTER AND GIS RECORDS ASSISTANT II

NATURE OF WORK

This is responsible technical work processing, integrating and maintaining geographic data, creating and updating computerized macros and producing advanced level maps utilizing the Geographic Information System (GIS), ~~ARC/VIEW and/or ARC/INFO~~ ARCGIS computer software systems.

Work involves integrating, updating and maintaining GIS records and producing advanced-level digital maps. Work also involves assisting in the development, implementation, modification, and maintenance of GPS and GIS data processing systems; creating and maintaining Arc Macro Language files; and developing special reports for agencies within City and County government, private citizens and community organizations. General supervision is received from an administrative superior with work being reviewed in the form of accuracy and results achieved.

EXAMPLES OF WORK PERFORMED

Integrate, update and maintain GIS records and produce advanced-level digital maps; assist in the development, implementation, modification and maintenance of GPS and GIS data processing systems; assist in developing, establishing and implementing policy regarding computer data entry to ensure efficient data access and retrieval; create and maintain Arc Macro Language files.

Analyze geographic, assessment and/or engineering data, records and statistics, assist in identifying appropriate GIS selection criteria and develop advanced-level maps/images and special reports for agencies within City and County government, private citizens and community organizations; respond to inquiries concerning GIS related information; assist in the development and maintenance of a departmental web site.

Investigate and determine cause of problems with GIS computer software applications; research, recommend and test computer programs for departmental use; assist in developing and maintaining department's web site.

Coordinate and manage the Orion computer system for the Assessors/Register of Deeds Office; create, define and maintain custom files for various processes; create and administer user profiles, ID's, passwords, and other general security information.

DESIRABLE KNOWLEDGE, ABILITIES AND SKILLS

Knowledge of computer systems, operating systems and computer hardware and software equipment used in geographic information systems and large database maintenance activities including PC, ~~UNIX, GIS, ARC/INFO and ARC/VIEW applications~~ tablets, data collectors, printers and plotters.

Knowledge of data management principles and practices employed in engineering, planning, or property assessment.

Knowledge of digital mapping techniques and procedures as related to the development, revision and interpretation of maps and cartographic materials.

Ability to write computer programs/queries to access information documented within multiple computer files or relational database systems.

Ability to utilize programming language in the development and maintenance of a departmental web site.

Ability to logically analyze computer system and programming problems and develop workable solutions.

Ability to perform mathematical and geometrical computations.

Ability to analyze legal descriptions, title abstracts and survey data.

Ability to establish and maintain effective working relationships with public officials, co-workers, and the general public.

Ability to communicate effectively both orally and in writing including the ability to train and instruct others.

DESIRABLE TRAINING AND EXPERIENCE

~~Completion of an Associate's Degree~~ Graduation from an accredited four-year college or university in computer science, planning, geography, drafting or related field including experience using ~~ARC/INFO, ARC/VIEW~~ ARCGIS or GIS software.

MINIMUM QUALIFICATIONS

Completion of an Associate's Degree in computer science, planning, geography, drafting or related field including some experience using GIS software; or any equivalent combination of training and experience that provides the desirable knowledge, abilities and skills.

NECESSARY SPECIAL REQUIREMENT

Possession of a valid driver's license when operating a vehicle is necessary for the satisfactory performance of assigned duties.

~~11/12~~
08/13

PS9545

LANCASTER COUNTY
ENGINEERING TECHNICIAN III

NATURE OF WORK

This is responsible supervisory and highly complex technical work in connection with any branch of engineering and/or land surveying in the field and/or office.

Work responsibilities may include one or more of the following: supervision of subordinate personnel performing preliminary and construction surveys of bridge, culvert and road projects which may run concurrently; drafting of preliminary and final surveys of future bridge, culvert and road projects; and supervising and assisting in annual visual inspections of existing bridges and culverts. Supervision is exercised over subordinate supervisory and technical personnel on assigned projects. Supervision is received from an administrative or professional superior in the form of reports and results achieved, although employees of this class exercise considerable independent judgment in performance of assigned duties.

EXAMPLES OF WORK PERFORMED

Supervises and assists subordinate personnel in preliminary and construction surveys pertaining to bridge, culvert and road projects.

Supervises, assists or performs inspections of all work assigned.

Coordinates inspection, construction and survey activities with appropriate departments and/or contractors.

Records data related to surveys and inspections and submits reports to appropriate persons.

Locates and perpetuates all section corners within Lancaster County, and supervises survey crews involved in necessary field work.

Performs computations necessary in design and checking of construction plans for deviation from plans and specifications.

Performs drafting of preliminary and final surveys of future bridge, culvert and road projects.

Supervises and assists in annual visual inspections of bridges and box culverts.

Performs related work as required.

DESIRABLE KNOWLEDGE, ABILITIES AND SKILLS

Extensive knowledge of, and the ability to apply, the technical principles, methods and procedures of engineering and land surveying to the work being performed.

Extensive knowledge of, and the ability to apply, the technical principles, procedures, standard specifications and current policies to the planning, design and construction of assigned project.

Ability to make complex and varied engineering and surveying computations.

Ability to plan, assign and supervise the work of subordinate supervisory and technical personnel.

Ability to work independently on a variety of complex projects with only periodic and general instructions.

Ability to establish and maintain effective working relationships with governmental officials, co-workers and the general public.

DESIRABLE TRAINING AND EXPERIENCE

Graduation from a senior high school or equivalent plus extensive qualified technical experience in a supervisory capacity; or graduation from a senior high school or equivalent supplemented by completion of an Associate's Degree in Engineering Technology or related field plus considerable qualified technical experience in a supervisory capacity.

MINIMUM QUALIFICATIONS

Graduation from a senior high school or equivalent plus considerable experience as an Engineering Technician II; or any equivalent combination of training and experience that provides the desirable knowledge, abilities and skills. Registration as a Land Surveyor by the State of Nebraska if engaged in land surveying.

DESIRABLE SPECIAL REQUIREMENT

Compliance with the standards established by the Institute for the Certification of Engineering Technicians for the grade of Senior Engineering Technician.

~~Registration as a Land Surveyor by the State of Nebraska if engaged in land surveying.~~

NECESSARY SPECIAL REQUIREMENT

Possession of a valid driver's license when operating a vehicle is necessary to the satisfactory performance of assigned duties.

~~11/12~~
08/13

PS9855

LANCASTER COUNTY
~~COMMUNITY CORRECTIONS~~ SCREENING SPECIALIST

NATURE OF WORK

This is human service work ~~in a Community Correction Program~~ evaluating and coordinating the assignment of pre-trial and sentenced ~~correction~~ clients to the Alternatives to Incarceration Program.

Work involves responsibility for interviewing and assessing ~~correctional~~ clients; communicating with the courts, attorneys, families, criminal justice practitioners, and others regarding the client's ability to successfully participate in the ~~community corrections~~ program. Work also involves compiling statistics; formulating and preparing reports summarizing requested data elements. Supervision is received from an administrative superior with work being evaluated in the form of reports, conferences and effectiveness of service provided.

EXAMPLES OF WORK PERFORMED

Interviews potential clients; reviews criminal backgrounds and personal behaviors; utilizes a variety of assessment instruments and processes in preparation of program consideration.

Prepares and forwards associated documentation for presentation to the court for determination of placement in the alternatives to incarceration program.

Assesses intervention and rehabilitation needs for a variety of social, vocational, financial, and behavioral health issues effecting criminal behavior.

Prepares documentation for submission to program case managers and others for appropriate follow up activities.

Participates as a team member in program planning and meetings to enhance provision of services.

DESIRABLE KNOWLEDGE, ABILITIES AND SKILLS

Knowledge of sociological, behavioral and cultural factors influencing the behavior and attitudes of clients.

Knowledge of the legal system and judicial process.

Knowledge of the functions and services of community organizations, related human services, mental health and substance abuse resources.

Ability to establish and maintain effective working relationships with clients, co-workers, and the general public.

Ability to communicate effectively both orally and in writing.

Ability to maintain records of services provided client progress and required documentation.

DESIRABLE TRAINING AND EXPERIENCE

Graduation from an accredited four-year college or university with major coursework in counseling, social work, psychology, sociology or related field plus experience in the mental health, substance abuse or correctional field.

MINIMUM QUALIFICATIONS

Graduation from an accredited four-year college or university with major coursework in counseling, social work, psychology, sociology or related field plus some experience in the mental health, substance abuse or correctional field or any equivalent combination of training and experience that provides the desirable knowledge, abilities and skills.

NECESSARY SPECIAL REQUIREMENT

Possession of a valid license when operating a vehicle is required in the performance of assigned duties.

~~11/12~~
08/13

PS5764

17.19 Shift Differential (Revised ~~12/11~~08/13)

(a) ~~Except for Corrections and Community Mental Health employees, s~~Status and probationary employees not covered by a labor agreement and in a pay grade prefixed by 'C' or 'Y', and who are regularly assigned to second and third shifts shall be paid an additional thirty-five (35) cents per hour.

(b) Status and probationary employees not covered by a labor agreement and in a pay grade prefixed by 'A', and who are regularly assigned to second and third shifts shall be paid an additional forty (40) cents per hour.

(c) Status and probationary employees not covered by a labor agreement and who are regularly assigned to second and third shifts and who work at Corrections~~ and~~, Community Mental Health, and Mental Health Crisis Center shall be paid an additional forty-five (45) cents per hour.

(d) The differential pay per hour shall be included as an addition to their current hourly rate. For purposes of shift differential pay, the following conditions shall apply:

~~(a)~~(1) To be entitled to shift differential pay, an employee must work a majority of his regularly scheduled hours between 5:00 p.m. and 9:00 a.m. This shall not apply to temporary assignments for shift hours between 5:00 p.m. and 9:00 a.m.

~~(b)~~(2) For purposes of computing any shift differential pay, "current hourly rate" shall mean the hourly rate of pay which is applicable to the employee's regularly assigned class.

~~(c)~~(3) An employee whose regularly scheduled shift entitles him to shift differential pay shall receive the shift differential pay as a part of his current hourly rate for leaves of absence including vacation, sick leave, holiday pay and funeral leave.

~~(d)~~(4) For purpose of computing overtime pay, an employee shall receive his current hourly rate in addition to the thirty-five (35) cents, forty (40) cents, or forty-five (45) cents per hour shift differential.

17.20 Weekend Differential Pay (Revised ~~12/12~~08/13)

Probationary and status employees of Community Mental Health or Mental Health Crisis Center who are in class code 7705 - Registered Nurse I or 7706 - Registered Nurse II and who are scheduled to work between the weekend times of 00:01 a.m. on Saturday through 23:59 p.m. on Sunday, will receive an additional seventy-five (75) cents per hour. This payment will be in addition to any other payment and will be included as part of the employee's current hourly rate.

18.1 Compensation for Absence on Holidays (Revised ~~06/13~~08/13)

(a) All full-time and part-time status and probationary employees with the exception of those identified in paragraph ~~(c)~~(g) below shall receive pay for one-fifth (1/5) of their regularly scheduled work week not to exceed eight (8) hours for the following legal holidays or any other day proclaimed by the County Board as a holiday:

New Year's Day	Labor Day
Martin Luther King Jr.'s Day	Veteran's Day
President's Day	Thanksgiving Day
Memorial Day	Day After Thanksgiving
Fourth of July	Christmas Day

(b) In addition to the established holidays listed above, ~~all~~ employees in pay grades prefixed by 'C', 'E', 'J' or 'Y', with the exception of those identified in paragraph ~~(c)~~(g) below, will receive twenty-four (24) hours of noncumulative personal holiday time each year beginning with the pay period in August that results in the first pay check in September.

(c) In addition to the established holidays listed above, employees in pay grades prefixed by 'A' or 'G', with the exception of those identified in paragraph (g) below, will receive twenty (20) hours of noncumulative personal holiday time each year beginning with the pay period in August that results in the first paycheck in September.

(d) Part-time employees will receive personal holiday hours at one-fifth (1/5) of their regularly scheduled work week not to exceed eight (8) hours.

(e) Personal holiday hours may be taken anytime during the year that begins with the pay period in August that results in the first pay check in September (or be forfeited), provided the days and times selected by the employee have the prior approval of the Department Head.

(f) Employees will be required to use personal holiday hours in increments of not less than two (2) hour blocks of time.

~~(c)~~(g) Part-time status and probationary shift employees of facilities open seven (7) days a week or twenty-four (24) hours a day shall earn legal and personal holidays on a prorated schedule at the rate of 0.05 per hour worked which shall be added to the holiday bank each pay period. Accumulated holiday hours must be taken during the year that begins with the pay period in August that results in the first pay check in September (or be forfeited), provided the time selected by the employee has the prior approval of the Department Head.

19.3 Sick Leave (Revised ~~11/08~~08/13)

(a) Sick leave is only to be used for sickness, family illness, personal and family medical appointments, injury, disability or funeral leave as outlined in these Rules and for no other purpose. An employee who uses sick leave for any other purpose may be subject to discipline.

(1) Each ~~status~~ employee in a pay grade prefixed by 'C', 'E' or 'Y' shall earn Sick Leave hours at the factored hourly rate specified to equate to thirteen (13) days per year or one hundred four (104) hours per year for a full-time employee.

(2) Each employee in a pay grade prefixed by 'A' or 'G' shall earn sick leave hours at the factored hourly equivalent of ninety-nine (99) hours per year for a full-time employee.

(3) Sick Leave shall not accrue during any period of absence without pay.

(4) Sick Leave shall be earned, but not granted, during the first six (6) months of employment.

(5) No refund of vacation shall be allowed due to illness incurred while on vacation.

(6) Sick Leave for part-time employees will be earned based on the number of hours worked each pay period.

(b) The Department Head may require a doctor's certificate be obtained on an annual basis for the continued medical condition.

(c) An employee may use up to forty (40) hours per calendar year for illness in the immediate family or family medical appointments. Upon written request, the Personnel Director may waive the forty (40) hour limit after reviewing the individual circumstances in support of the request.

(d) Immediate family for the purpose of sick leave usage is defined to be spouse, child, grandchild, parent, step-parent, sister, brother, employee's grandparents and the parents of the employee's spouse. Immediate family will also include any other family member, whether it be by blood or legal marriage, or legal adoption or foster children, residing in the same household.

(e) Accumulation of sick leave credit shall not exceed two thousand eighty (2,080) hours at any one time. Disability retirement shall not be effective until accumulated sick leave has been used.

(1) Upon retirement or death, ~~the~~ employees in a pay grade prefixed by 'C', 'E' or 'Y', shall receive fifty-five percent (55%) of accumulated sick leave, one hundred percent (100%) of which will be distributed into the employee's PEHP premium account.

(2) Upon retirement or death, employees in a pay grade prefixed by 'A' or 'G' shall receive forty-five percent (45 %) of their accumulated sick leave into the employee's PEHP account.

(3) ~~The p~~Payment ~~will~~shall be made based on ~~at~~ the employee's current ~~regular~~ hourly rate of ~~the employee~~ pay at the time of retirement or death.

(f) An employee who is absent because of sickness shall inform his immediate supervisor of the fact and the reason therefore as soon as possible; failure to do so within a reasonable time may be cause for denial of pay for the period of absence. The Department Head may require a doctor's certificate or other evidence of illness before approving sick leave with pay; such certificates shall be transmitted to the Personnel Officer with the report of sick leave for entry in the employee's records. Sick leave may be denied when the County has facts showing that an employee is abusing sick leave.

(g) An employee, at his discretion, may supplement his worker's compensation payment to bring the total sum of worker's compensation payment and sick leave to a figure equivalent to a full pay check.

(h) An employee in a pay grade prefixed by ‘C’, ‘E’ or ‘Y’ who voluntarily separates, other than retirement, from employment with the County after fifteen (15) consecutive years of service with the county shall be paid fifty percent (50%) of their accumulated sick leave balance that is in excess of one thousand hours. This pay out shall be distributed as one-third (⅓) cash and two-thirds (⅔) PEHP.

(1) An employee in a pay grade prefixed by ‘A’ or ‘G’ who voluntarily separates, other than retirement, from employment with the County after fifteen (15) consecutive years of service with the County shall be paid forty-five percent (45%) of their sick leave balance in excess of 1000 hours, and shall be paid in cash.

(2) Payment shall be made based on the employee's current hourly rate of pay.

(i) Once an employee has exhausted all sick leave, the department head may automatically deduct as necessary from any available paid leaves.

Personnel Policy Bulletin

Number: ~~2009-3~~2013-2

Lancaster County

Date: ~~April~~,

~~2009~~August, 2013

Reference:	**Title:**
Family and Medical Leave Act of 1993 (FMLA), as amended, and 29 C.F.R. Part 825	**MILITARY FAMILY LEAVE** UNDER THE FAMILY AND MEDICAL LEAVE ACT

1. Purpose. The purpose of this policy is to define Lancaster County's procedure with regard to Military Family Leave in accordance with the provisions of the Family and Medical Leave Act (FMLA) of 1993 and the federal regulations pertaining thereto.

2. Eligibility. Employees who have been employed for at least one year, and for at least 1,250 hours during the preceding 12-month period, may be eligible for either 12 weeks of call to duty leave per twelve month period, or 26 weeks of leave to care for injured service members during a single 12-month period. An employee returning from service covered by the Uniformed Services Employment and Reemployment Rights Act ("USERRA"), 38 U.S.C. 4301 et. seq. shall be credited with the hours of service that would have been performed but for the period of absence from work due to or necessitated by USERRA-covered service in determining the employee's eligibility for FMLA-qualifying leave. (See, 29 C.F.R. § 825.110)

3. Leave Period. The period for taking Military Family Leave shall be measured forward from the first date an employee takes leave and shall expire twelve months thereafter. (See, 29 C.F.R. § 825.110)

4. Reasons for Leave.

   A. Call to Duty Leave - An eligible employee is entitled to a total of 12 weeks of leave because of any "qualifying exigency" arising out of the fact that the spouse, son, daughter, or parent of the employee is on covered active duty, or has been notified of an impending call or order to covered active duty, in the Armed Forces in support of a contingency operation. (See, 29 C.F.R. § 825.126)

      1. "Qualifying exigency" includes the following categories:

         a. Short-notice deployment (leave taken for this purpose can be used for a period of 7 calendar days beginning on the date a covered military member is notified of an impending call or order to active duty);
         b. Military events and related activities (including family support or assistance programs and informal briefings);
         c. Childcare and school activities (e.g., to arrange for alternative childcare, provide childcare on an urgent, immediate-need basis or to attend meetings at a school or daycare facility);

d. Financial or legal arrangements (e.g., to prepare and execute powers of attorney, enroll for military health care or to prepare a will or living trust);

e. Counseling (non-medical, for oneself, the military member, or a child);

f. Rest and recuperation (e.g., to spend time with a ~~covered~~ military member who is on short-term, temporary, rest and recuperation leave during the period of deployment; eligible employees may take up to ~~5~~ 15 calendar days of leave for each instance of rest and recuperation); and

g. Post-deployment activities (e.g., to attend ceremonies and briefings for a period of 90 days or to address issues arising from the military member's death).

h. Parental care leave (leave taken to care for a military member's parent who is incapable of self-care when the care is necessitated by member's covered active duty.)

2. This period of leave is available during any 12-month period.

3. This period of leave also includes leave for other circumstances covered by the already existing 12 weeks of FMLA leave, as provided in Personnel Policy Bulletin 2009-1. For example, if an employee takes two weeks of call to duty leave, he or she would only have 10 weeks of FMLA leave remaining for all other purposes during that 12-month period.

B. Care for Injured Service Member Leave - An eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered service member who is recovering from a serious illness or injury sustained in the line of duty on active duty is entitled to a combined total of 26 weeks of leave during a single 12-month period to care for the service member. (See, 29 C.F.R. § 825.127)

1. This period of leave shall only be available once during a single 12-month period. If an eligible employee does not utilize all of his or her 26 workweeks of leave entitlement to care for a covered service member during this "single 12-month period," the remaining part of his

Reference:	**Title:**
Family and Medical Leave Act of 1993 (FMLA), as amended, and 29 C.F.R. Part 825	**MILITARY FAMILY LEAVE** UNDER THE FAMILY AND MEDICAL LEAVE ACT

or her 26 workweeks of leave entitlement to care for the covered service member is forfeited.

2. The leave entitlement in this section is to be applied on a per-covered service member, per-injury basis such ~~than~~that an eligible employee may be entitled to take more than one period of 26 workweeks of leave if the leave is to care for different covered service members or to care for the same service member with a subsequent serious injury or illness, except that no more than 26 workweeks of leave may be taken within any "single 12-month period."

3. This period of leave also includes leave for other circumstances covered by the already existing 12 weeks of FMLA leave, as provided in Personnel Policy Bulletin 2009-1. For example, an employee might qualify for 12 weeks of non-military related FMLA leave for his or her own serious health condition, and an additional 14 weeks of FMLA leave to care for a covered service member. However, in no circumstances will an employee have leave protection for more than a combined total of 26 weeks during a 12-month period. Additionally, in no circumstances will an employee take more than 12 weeks of non-military related FMLA leave, even if the employee takes fewer than 14 weeks of FMLA leave to care for an covered service member.

5. ~~Active Duty Defined.~~

~~A. Active duty means duty under a call or order to active duty (or notification of an impending call or order to active duty) in support of a contingency operation. Covered military members on active duty include members of the reserve components (Army National Guard, Army Reserve, Marine Corps Reserve, Air National Guard, Air Forces Reserve, and Coast Guard Reserve), or a retired member of the Regular Armed Forces. A call to active duty for purposes of leave taken because of a qualifying exigency refers to a Federal call to active duty, not a State call to duty. Active duty excludes reservists who are injured in the course of performing their regular reserve duties, such as monthly weekend service or during their two weeks of annual training. (See, 29 C.F.R. 825.126(b)(2)).~~

Reference:	**Title:**
Family and Medical Leave Act of 1993 (FMLA), as amended, and 29 C.F.R. Part 825	**MILITARY FAMILY LEAVE** UNDER THE FAMILY AND MEDICAL LEAVE ACT

Covered Active Duty Defined. Covered active duty or call to covered active duty status in the case of a member of the Regular Armed Forces means duty during the deployment of the member with the Armed Forces to a foreign country. Covered active duty or call to covered active duty status in the case of a member of the Reserve components of the Armed Forces means duty during the deployment of the member with the Armed Forces to a foreign country under a Federal call or order to active duty in support of a contingency operation pursuant to applicable federal law. The active duty orders of a member of the Regular components of the Armed Forces will generally specify if the member is deployed to a foreign country. The active duty orders of a member of the Reserve components will generally specify if the military member is serving in support of a contingency operation by citation to the relevant section of Title 10 of the United States Code and/or by reference to the specific name of the contingency operation and will specify that the deployment is to a foreign country. (See, 29 C.F.R. § 825.126)

~~6. Contingency Operation Defined. A military operation qualifies as a contingency operation if it (i) is designated by the Secretary of Defense as an operation in which members of the armed forces are or may become involved in military action, operations, or hostilities against an enemy of the United States or against an opposing military force; or (ii) results in the call or order to, or retention on, active duty of members of the uniformed services under Section 688, 12301(a), 12302, 12304, 12305, or 12406 of Title 10 of the United States Code, Chapter 15 of Title 10 of the United States Code, or any other provision of law during a war or during a national emergency declared by the President or Congress. (See, 29 C.F.R. 825.126(b)(3)).~~

~~7.~~6. ~~Covered Service Member. Covered service member means 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. Eligible employees may not take leave under Paragraph 4(B) 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. (See, 29 C.F.R. 825.127(a)).~~ Covered Service Member. Covered service member means:

A. A current 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.

Reference:	**Title:**
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B. A covered veteran who is undergoing medical treatment, recuperation or therapy for a serious injury or illness. Covered veteran means an individual who was a member of the Armed Forces (including a member of the National Guard or Reserves), and was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran. An eligible employee must commence leave to care for a covered veteran within five years of the veteran's active duty service, but the single 12-month period during which an employee is entitled to 26 weeks of leave may extend beyond the five-year period.

~~8.~~7. Outpatient Status. Outpatient status, with respect to a covered service member, means the status of a member of the Armed Forces assigned to either a miliary 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. (See, 29 C.F.R. § 825.127~~(a)(2)~~(b)(1)).

~~9.~~8. Parent of a Covered Service Member. A "parent of an injured 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." (See, 29 C.F.R. § 825.127~~(b)~~(d)(2)).

~~10.~~9. Next of Kin. Next of kin of a covered service member means the nearest blood relative, other than the covered service member's spouse, parent, son, or daughter, in the following order of priority: blood relatives who have been granted legal custody of the service member by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless the covered service member has specifically designated in writing another blood relative as his or her nearest blood relative for purposes of military caregiver leave under the FMLA. When this designation is made, that relative is deemed the only next of kin eligible to take military caregiver leave. (See, 29 C.F.R. § 825.127~~(b)~~(d)(3)).

~~11.~~10. Serious Injury or Illness.

A. Serious injury or illness, in the case of a member of the Armed Forces, including a member of the National Guard or Reserves, means an injury or illness incurred by the covered servicemember~~member~~ in line of duty in the

Reference:	**Title:**
Family and Medical Leave Act of 1993 (FMLA), as amended, and 29 C.F.R. Part 825	**MILITARY FAMILY LEAVE** UNDER THE FAMILY AND MEDICAL LEAVE ACT

Armed Forces or that existed before the beginning of the member's active duty and was aggravated by service in the line of duty or active duty in the Armed Forces, and on active duty that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating. (See, 29 C.F.R. § 825.127~~(a)~~(c)(1)).

B. Serious injury or illness for a covered veteran means an injury or illness that was incurred or aggravated by the member in the line of duty on active duty in the Armed Forces and manifested itself before or after the member become a veteran and is:

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

2. A physical or mental condition for which the covered veteran has received a VA Service Related Disability Rating (VASRD) of 50 percent or greater and such VASRD rating is based, in whole or in part, on the condition precipitating the need for caregiver leave; OR

3. A physical or mental condition that substantially impairs the veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service or would do so absent treatment; OR

4. An injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veterans Affairs Program of Comprehensive Assistance for Family Caregivers.

~~12.~~11. Son or Daughter. A "son or daughter on active duty or call to active duty status" and a "son or daughter of a covered service member" means the employee's biological, adopted, or foster child, stepchild, legal ward, or a child for whom the employee stood in loco parentis, who is on active duty or call to active duty status, and who is of any age. (See, 29 C.F.R. § 825.126(b)(1), 825.127~~(b)~~(d)(1)).

Reference:	**Title:**
Family and Medical Leave Act of 1993 (FMLA), as amended, and 29 C.F.R. Part 825	**MILITARY FAMILY LEAVE** UNDER THE FAMILY AND MEDICAL LEAVE ACT

~~13.~~12. General Information and Affect on County Paid Leaves.

Military Family Leave under the FMLA will be counted concurrently with other applicable paid leaves (family sick leave, personal holidays, and/or vacation). Therefore, the 12 or 26 weeks of leave will be paid to the extent the employee has other paid leaves available. After all applicable paid leaves are exhausted, any remaining Military Family Leave under the FMLA leave will be unpaid.

In those cases where a husband and wife are both employed by the County and both are eligible for Military Family Leave under the FMLA, they are limited to a combined total of 26 work weeks of leave during a single 12-month period if the leave is taken to care for an injured service member, as described in Paragraph 4(B) of this Bulletin. If one spouse is ineligible for Military FMLA leave, the other spouse would be entitled to a full 26 workweeks of leave to care for an injured service member.

~~14.~~13. Intermittent/Reduced Schedule Leave. Military Family Leave under the FMLA may be taken on an intermittent basis or on a reduced leave schedule when medically necessary to care for an injured service member. Employees needing intermittent/reduced schedule leave for planned medical treatment must work with their employers to schedule the leave so as not to unduly disrupt the employer's operations. If an employee requests intermittent leave or leave on a reduced leave schedule, that is foreseeable based on planned medical treatment, the County may require such employee to transfer temporarily to an available alternate position that has equivalent pay and benefits, and better accommodates periods of leave than the regular employment position of the employee.

Intermittent or reduced schedule leave may also be taken for a qualifying exigency (call to duty leave) only if the employee has given proper notice for the necessity of such leave, as provided in Paragraph ~~16~~15 of this Bulletin, and has provided a certification pursuant to Paragraph ~~17~~16 of this Bulletin.

~~15.~~14. Application for Leave. In all cases, an employee requesting leave must complete the attached “Application for Military Family Leave” and return it to the employee's department head for transmittal to the Personnel Director in the City/County Personnel Department. The completed application must state the reason for the leave and the starting and ending dates of the leave. The response to the request for Military Family Leave shall be provided to the employee within five business days after the employee gives notice of the need for leave.

Reference:	**Title:**
Family and Medical Leave Act of 1993 (FMLA), as amended, and 29 C.F.R. Part 825	**MILITARY FAMILY LEAVE** UNDER THE FAMILY AND MEDICAL LEAVE ACT

~~16.~~15. Notice of Leave. An employee intending to take call to duty leave, as described in Paragraph 4(A) of this Bulletin, must submit an application for leave at least 30 days before the leave is to begin if the necessity for the leave is foreseeable. If the leave is to begin within 30 days, an employee must give notice to his or her department head and to the City/County Personnel Department as soon as the necessity for the leave arises.

An employee intending to take leave to care for an injured service member, as described in Paragraph 4(B) of this Bulletin, must submit an application for leave at least 30 days before the leave is to begin. If the leave is to begin within 30 days, an employee must give notice to his or her department head and to the City/County Personnel Department as soon as the necessity for the leave arises.

~~17.~~16. Certification for Leave Taken Because of a Qualifying Exigency. An employee requesting call to duty leave, for a qualifying exigency, as described in Paragraph 4(A) of this Bulletin, must provide a copy of the service member relative's active duty orders or other documentation issued by the military, showing the service member's active duty or call to active duty status in support of a contingency operation, and expected dates of active duty service. The employee must also provide certification for each qualifying exigency leave requested during the period of the relative's active duty service. The certification shall include a statement or description, signed by the employee, of the appropriate facts regarding the qualifying exigency for which Military FMLA leave is requested. The certification shall also include the approximate dates and purpose of the absence, and if for reduced or intermittent leave, an estimate of the frequency and duration of the qualifying exigency. The certification for rest and recuperation leave pursuant to Paragraph 4 (A) (1) (f) of this Bulletin shall be accompanied by a copy of the military member's rest and recuperation leave orders or other documentation issued by the military setting forth the dates of the military member's leave.

The employee shall have 15 calendar days to provide the certification described in this section. Failure to provide the requested certification within 15 calendar days of the request for leave may result in denial of Military Family Leave.

Reference:	**Title:**
Family and Medical Leave Act of 1993 (FMLA), as amended, and 29 C.F.R. Part 825	**MILITARY FAMILY LEAVE** UNDER THE FAMILY AND MEDICAL LEAVE ACT

~~18.~~17. Certification for Leave Taken to Care for an Injured Service Member. An employee requesting leave to care for an injured service member, as described in Paragraph 4(B) of this Bulletin, must have the health care provider of the employee's spouse, son, daughter, parent, or next of kin complete a "Medical Certification Statement for Military Caregiver Leave" form. For purposes of this section, any one of the following health care providers may complete such certification: (i) a United States Department of Defense ("DOD") health care provider; (ii) a United States Department of Veterans Affairs ("VA") health care provider; (iii) a DOD TRICARE network authorized private health care provider; ~~or~~ (iv) a DOD non-network TRICARE authorized private health care provider~~.~~; or a heath care provider as defined in 29 C.F.R. § 825.125. Copies of the "Medical Certification Statement for Military Caregiver Leave" forms may be obtained through the Personnel Department.

The employee shall have 15 calendar days to provide the completed Medical Certification Form. Failure to provide the Medical Certification Form within 15 calendar days of the request for leave may result in denial of Military Family Leave. The County may require employees to provide subsequent recertifications of the employee's continued need for leave, but not more often than every 30 days.

~~19.~~18. Benefits Coverage During Leave. During a period of Military Family Leave under the FMLA, an employee will be retained on the County's health and dental care plans under the same conditions that applied before leave was commenced. To continue health and dental coverage, the employee must continue to make any contributions that he or she made to the plan before taking leave. Failure of the employee to pay his or her share of the health or dental care monthly cost may result in loss of coverage.

If the employee fails to return to work after expiration of leave, the employee will be required to reimburse Lancaster County for payment of health/dental care monthly costs incurred during the period of Military Family Leave under the FMLA, unless the employee has taken leave to care for an injured service member and fails to return because the injured service member has a continuing or recurring serious injury or illness. (See, 29 C.F.R. § 825.213(a)).

An employee is not entitled to any seniority or employee benefits that would have accrued if not for the taking of the leave. An employee who takes FMLA leave will not lose seniority or employment benefits that accrued before the date leave began. (See, 29 C.F.R. § 825.215(d)(2)). However, an employee's seniority will be lost relative to other employees as their seniority accrues.

Personnel Policy Bulletin

Number: ~~2009-3~~2013-2

Lancaster County

Date: ~~April~~,

~~2009~~August, 2013

Reference:	**Title:**
Family and Medical Leave Act of 1993 (FMLA), as amended, and 29 C.F.R. Part 825	**MILITARY FAMILY LEAVE** UNDER THE FAMILY AND MEDICAL LEAVE ACT

~~20.~~19. Restoration to Employment. Unless the employee is a "key employee", as defined by the Act, at the end of any Military FMLA leave, an employee will be restored to his or her old position or to a position with equivalent pay, benefits, and other terms and conditions of employment. Lancaster County cannot guarantee that an employee will be returned to his or her original job. A determination as to whether a position is an "equivalent position" will be made by Lancaster County. (See, 29 C.F.R. § 825.214 and § 825.215). A "key employee" is a salaried FMLA-eligible employee who is among the highest paid ten percent of all the employees employed by Lancaster County. (See, 29 C.F.R. § 825.217).

~~21.~~20. Failure to Return from Leave. The failure of an employee to return to work upon the expiration of Military FMLA leave will be considered a resignation unless an extension is granted. An employee who has requested less than 12 weeks of qualifying exigency leave may request an extension of leave by submitting a written request to the employee's department head setting forth the reasons for the extension, along with a certification detailing the reason for additional qualifying exigency leave. An employee who has requested less than 26 weeks of military caregiver leave may request an extension of leave by submitting a written request to the employee's department head setting forth the reason for the extension, along with a "Medical Certification Statement for Military Caregiver Leave" form. These written requests should be made as soon as the employee realizes that he or she will not be able to return at the expiration of the leave. In no circumstances, will an extension beyond the 12-week period for qualifying exigency leave, or 26-week period for military caregiver leave, authorized pursuant to the FMLA be granted.

~~22.~~23. Unlawful Acts. It is unlawful for any employer to interfere with, restrain, or deny the exercise of any right provided by the FMLA. It is also unlawful for an employer to discharge or discriminate against any individual for opposing any practice, or because of involvement in any proceeding related to the FMLA.

_____ _____

~~Mark A. Koller~~, Doug McDaniel, Personnel Director Date

Personnel Policy Bulletin

Number: ~~2009-3~~2013-2

Lancaster County

Date: ~~April~~,

~~2009~~August, 2013

Reference:	**Title:**
Family and Medical Leave Act of 1993 (FMLA), as amended, and 29 C.F.R. Part 825	**MILITARY FAMILY LEAVE** UNDER THE FAMILY AND MEDICAL LEAVE ACT

~~Bernie Heier~~,Larry Hudkins Chair
Board of County Commissioners

Date

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LANCASTER COUNTY
APPLICATION FOR MILITARY FAMILY LEAVE

Name of Employee: _____

Social Security Number: _____

Department: _____

Home Address: Street: _____

City: _____ State: _____ Zip: _____

Start Date of Anticipated Leave: _____

Expected Date of Return to Work: _____

Reason for Leave (Mark One):

_____ For a qualifying exigency arising out of the fact that my ____ spouse, ____ child, or ____, parent is on active duty, or has been notified of an impending call or order to active duty

_____ To care for my ____ spouse, ____ child, ____, parent, or ____ next of kin, who is a covered service member and has sustained a serious injury or illness in the line of duty while on active duty in the Armed Forces; or

Note: A leave request for qualifying exigency leave must be accompanied by a copy of the service member relative's active duty orders or other documentation issued by the military, showing the service member's active duty or call to active duty status in support of a contingency operation, and expected dates of active duty service.

A leave request to care for an employee's spouse, child, parent, or next of kin, who is a covered service member and has sustained a serious injury or illness in the line of duty, must be accompanied by a verifying medical certification issued by the health care provider of the employee's spouse, child, parent, or next of kin.

I hereby authorize Lancaster County to contact the Department of Defense to verify my military member's active duty or call to active duty status, and to contact my covered service member's health care provider to seek authentication or verification of the medical certification.

I understand that to maintain my health insurance benefits during this leave I must continue to pay my share of my health insurance as it comes due.

I understand that failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by Lancaster County.

Employee's Signature: _____ Date: _____

Approved By:

_____ _____
Department Head or Designee Date

_____ _____
Personnel Director Date

CITY OF LINCOLN/LANCASTER COUNTY
Certification of Qualifying Exigency
For Military Family Leave
(Family and Medical Leave Act)

SECTION I:

Employer name: City of Lincoln/Lancaster County

Contact Information: Personnel Department c/o Karen Eurich (402)441-7886, 555 S. 10th St., Suite 302, Lincoln, NE 68508

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II fully and completely. The FMLA permits an employer to require that you submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a qualifying exigency. Several questions in this section seek a response as to the frequency or duration of the qualifying exigency. Be as specific as you can; terms such as "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Your response is required to obtain a benefit. 29 CFR 825.310. While you are not required to provide this information, failure to do so may result in a denial of your request for FMLA leave. Your employer must give you at least 15 calendar days to return this form to your employer.

Your Name: _____
First Middle Last

Name of military member on covered active duty or call to covered active duty status:

_____
First Middle Last

Relationship of military member to you: _____

Period of military member's covered active duty: _____

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a military member's covered active duty or call to covered active duty status. Please check one of the following and attach the indicated document to support that the military member is on covered active duty or call to covered active duty status.

☐ A copy of the military member's covered active duty orders is attached.

☐ Other documentation from the military certifying that the military member is on covered active duty (or has been notified of an impending call to covered active duty) is attached.

☐ I have previously provided my employer with sufficient written documentation confirming the military member's covered active duty or call to covered active duty status.

CONTINUED ON NEXT PAGE

PART A: QUALIFYING REASON FOR LEAVE

1. Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason you are requesting leave):

_____

_____

_____

_____

2. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military; a document confirming the military member's Rest and Recuperation leave; a document confirming an appointment with a third party, such as a counselor or school official, or staff at a care facility; or a copy of a bill for services for the handling of legal or financial affairs. Available written documentation supporting this request for leave is attached.

   Yes ☐ No ☐ None Available ☐

PART B: AMOUNT OF LEAVE NEEDED

1. Approximate date exigency commenced: _____

   Probable duration of exigency: _____

2. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency?

   Yes☐ No☐

   If so, estimate the beginning and ending dates for the period of absence:

   _____

3. Will you need to be absent from work periodically to address this qualifying exigency? Yes☐ No☐

   Estimate schedule of leave, including the dates of any scheduled meetings or appointments:

   _____

   _____

   _____

   Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (i.e., 1 deployment-related meeting every month lasting 4 hours):

   Frequency:_____times per_week(s)_____month(s)

   Duration:_____hours_____day(s) per event.

 CONTINUED ON NEXT PAGE

PART C:

If leave is requested to meet with a third party (such as to arrange for childcare or parental care, to attend counseling, to attend meetings with school, childcare or parental care providers, to make financial or legal arrangements, to act as the military member's representative before a federal, state, or local agency for purposes of obtaining, arranging or appealing military service benefits, or to attend any event sponsored by the military or military service organizations), a complete and sufficient certification includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (i.e., either the telephone or fax number or email address of the individual or entity). This information may be used by your employer to verify that the information contained on this form is accurate.

Name of Individual: _____Title: _____

Organization: _____

Address: _____

Telephone: (_____)_____Fax: (_____) _____

Email: _____

Describe nature of meeting: _____

_____

_____

_____

_____

_____

_____

_____

PART D:

I certify that the information I provided above is true and correct.

Signature of Employee_____Date _____

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CITY OF LINCOLN/LANCASTER COUNTY

Certification for Serious Injury or Illness of a Current Servicemember for Military Family Leave (Family and Medical Leave Act)

SECTION I: For Completion by the EMPLOYEE and/or the CURRENT SERVICEMEMBER for whom the Employee is Requesting Leave

INSTRUCTIONS to the EMPLOYEE or CURRENT SERVICEMEMBER: Please complete Section I before having Section II completed. The FMLA permits an employer to require that an employee submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a serious injury or illness of a servicemember. If requested by the employer, your response is required to obtain or retain the benefit of FMLA-protected leave. 29 U.S.C. 2613, 2614(c)(3). Failure to do so may result in a denial of an employee's FMLA request. 29 CFR 825.310(f). The employer must give an employee at least 15 calendar days to return this form to the employer.

SECTION II: For Completion by a UNITED STATES DEPARTMENT OF DEFENSE ("DOD") PROVIDER or a HEALTH CARE PROVIDER who is either: (1) a United States Department of ("VA") health care provider; (2) a DOD TRICARE network authorized private health care provider; non-network TRICARE authorized private health care provider; or (4) a health care provider as defined in 29 CFR § 825.125.

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed on Page 2 has requested leave under the FMLA to care for a family member who is a current member of the Regular Armed Forces, the National Guard, or the 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. For purposes of FMLA leave, a serious injury or illness is one that was incurred in the line of duty on active duty in the Armed Forces or that existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces that may render the servicemember medically unfit to perform the duties of his or her office, grade, rank, or rating.

A complete and sufficient certification to support a request for FMLA leave due to a current servicemember's serious injury or illness includes written documentation confirming that the servicemember's injury or illness was incurred in the line of duty on active duty or if not, that the current servicemember's injury or illness existed before the beginning of the servicemember's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces, and that the current servicemember is undergoing treatment for such injury or illness by a health care provider listed above. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the servicemember's condition for which the employee is seeking leave.

 CONTINUED ON NEXT PAGE

SECTION I: For Completion by the EMPLOYEE and/or the CURRENT SERVICEMEMBER for whom the Employee Is Requesting Leave:

(This section must be completed first before any of the below sections can be completed by a health care provider.)

Part A: EMPLOYEE INFORMATION

Name and Address of Employer (this is the employer of the employee requesting leave to care for the current servicemember):

_____

Name of Employee Requesting Leave to Care for the Current Servicemember:

_____

First Middle Last

Name of Current Servicemember (for whom employee is requesting leave to care):

_____

First Middle Last

Relationship of Employee to the Current Servicemember:

Spouse☐ Parent ☐ Son ☐ Daughter ☐ Next of Kin ☐

Part B: SERVICEMEMBER INFORMATION

(1) Is the Servicemember a Current Member of the Regular Armed Forces, the National Guard or Reserves?

Yes☐ No☐

If yes, please provide the servicemember's military branch, rank and unit currently assigned to:

_____

Is the servicemember assigned to a military medical treatment facility as an outpatient or to a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients (such as a medical hold or warrior transition unit)?

Yes☐ No☐

If yes, please provide the name of the medical treatment facility or unit:

_____

(2) Is the Servicemember on the Temporary Disability Retired List (TDRL)?

Yes☐ No☐

 CONTINUED ON NEXT PAGE

Part C: CARE TO BE PROVIDED TO THE SERVICEMEMBER

Describe the Care to Be Provided to the Current Servicemember and an Estimate of the Leave Needed to Provide the Care:

_____

_____

SECTION II: For Completion by a United States Department of Defense ("DOD") Health Care Provider or a Health Care Provider who is either: (1) a United States Department of Veterans Affairs ("VA") health care provider; (2) a DOD TRICARE network authorized private health care provider; (3) a DOD non-network TRICARE authorized private health care provider; or (4) a health care provider as defined in 29 CFR 825.125. If you are unable to make certain of the military-related determinations contained below in Part B, you are permitted to rely upon determinations from an authorized DOD representative (such as a DOD recovery care coordinator).

(Please ensure that Section I above has been completed before completing this section. Please be sure to sign the form on the last page.)

Part A: HEALTH CARE PROVIDER INFORMATION

Health Care Provider's Name and Business Address:

_____

Type of Practice/Medical Specialty: _____

Please state whether you are either: (1) a DOD health care provider; (2) a VA health care provider; (3) a DOD TRICARE network authorized private health care provider; (4) a DOD non-network TRICARE authorized private health care provider, or (5) a health care provider as defined in 29 CFR 825.125:

_____

Telephone: ( ) _____ Fax: ( )_____

Email: _____

PART B: MEDICAL STATUS

(1) The current Servicemember's medical condition is classified as (Check One of the Appropriate Boxes):

☐ **(VSI) Very Seriously Ill/Injured** – Illness/Injury is of such a severity that life is imminently endangered. Family members are requested at bedside immediately. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

☐ **(SI) Seriously Ill/Injured** – Illness/injury is of such severity that there is cause for immediate concern, but there is no imminent danger to life. Family members are requested at bedside. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

☐ **OTHER Ill/Injured** – a serious injury or illness that may render the servicemember medically unfit to perform the duties of the member's office, grade, rank, or rating.

 CONTINUED ON NEXT PAGE

☐ **NONE OF THE ABOVE** (Note to Employee: If this box is checked, you may still be eligible to take leave to care for a covered family member with a "serious health condition" under § 825.113 of the FMLA. If such leave is requested, you may be required to complete DOL FORM WH-380-F or an employer-provided form seeking the same information.)

(2) Is the current Servicemember being treated for a condition which was incurred or aggravated by service in the line of duty on active duty in the Armed Forces?
Yes☐ No☐

(3) Approximate date condition commenced: _____

(4) Probable duration of condition and/or need for care: _____

(5) Is the servicemember undergoing medical treatment, recuperation, or therapy for this condition? Yes☐ No☐

If yes, please describe medical treatment, recuperation or therapy:

_____

PART C: SERVICEMEMBER'S NEED FOR CARE BY FAMILY MEMBER

(1) Will the servicemember need care for a single continuous period of time, including any time for treatment and recovery? Yes☐No☐
If yes, estimate the beginning and ending dates for this period of time:_____

(2) Will the servicemember require periodic follow-up treatment appointments? Yes☐ No☐
If yes, estimate the treatment schedule:_____

(3) Is there a medical necessity for the servicemember to have periodic care for these follow-up treatment appointments? Yes☐ No☐

(4) Is there a medical necessity for the servicemember to have periodic care for other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of medical condition)?
Yes☐ No☐
If yes, please estimate the frequency and duration of the periodic care:

_____

Signature of Health Care Provider: _____Date: _____

CITY OF LINCOLN/LANCASTER COUNTY

Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave (Family and Medical Leave Act)

SECTION I: For completion by the EMPLOYEE and/or the VETERAN for whom the employee is requesting leave

INSTRUCTIONS to the EMPLOYEE and/or VETERAN: Please complete Section I before having Section II completed. The FMLA permits an employer to require that an employee submit a timely, complete, and sufficient certification to support a request for military caregiver leave under the FMLA leave due to a serious injury or illness of a covered veteran. If requested by the employer, your response is required to obtain or retain the benefit of FMLA-protected leave. 29 U.S.C. 2613, 2614(c)(3). Failure to do so may result in a denial of an employee's FMLA request. 29 CFR 825.310(f). The employer must give an employee at least 15 calendar days to return this form to the employer.

(This section must be completed before Section II can be completed by a health care provider.)

Part A: EMPLOYEE INFORMATION

Name and address of employer (this is the employer of the employee requesting leave to care for a veteran):

_____

Name of employee requesting leave to care for a veteran:

_____

First Middle Last

Name of veteran (for whom employee is requesting leave):

_____

First Middle Last

Relationship of employee to veteran:

Spouse☐ Parent☐ Son☐ Daughter☐ Next of Kin ☐ (please specify relationship):

Part B: VETERAN INFORMATION

(1) Date of the veteran's discharge:

_____

(2) Was the veteran **dishonorably** discharged or released from the Armed Forces (including the National Guard or Reserves)? Yes☐ No☐

(3) Please provide the veteran's military branch, rank and unit at the time of discharge:

_____

(4) Is the veteran receiving medical treatment, recuperation, or therapy for an injury or illness? Yes☐ No☐

 CONTINUED ON NEXT PAGE

Part C: CARE TO BE PROVIDED TO THE VETERAN

Describe the care to be provided to the veteran and an estimate of the leave needed to provide the care:

_____

_____

SECTION II: For completion by: (1) a United States Department of Defense ("DOD") health care provider; (2) a United States Department of Veterans Affairs ("VA") health care provider; (3) a DOD TRICARE network authorized private health care provider; (4) a DOD non-network TRICARE authorized private health care provider; or (5) a health care provider as defined in 29 CFR 825.125.

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee named in Section I has requested leave under the military caregiver leave provision of the FMLA to care for a family member who is a veteran. For purposes of FMLA military caregiver leave, a serious injury or illness means an injury or illness incurred by the servicemember in the line of duty on active duty in the Armed Forces (or that existed before the beginning of the servicemember's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) and manifested itself before or after the servicemember became a veteran, and is:

(i) a continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember's office, grade, rank, or rating; or

(ii) a physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service Related Disability Rating (VASRD) of 50 percent or greater, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave; or

(iii) a physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment; or

(iv) an injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veterans' Affairs Program of Comprehensive Assistance for Family Caregivers.

A complete and sufficient certification to support a request for FMLA military caregiver leave due to a covered veteran's serious injury or illness includes written documentation confirming that the veteran's injury or illness was incurred in the line of duty on active duty or existed before the beginning of the veteran's active duty and was aggravated by service in the line of duty on active duty, and that the veteran is undergoing treatment, recuperation, or therapy for such injury or illness by a health care provider listed above. Answer fully and completely all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA military caregiver leave coverage. Limit your responses to the veteran's condition for which the employee is seeking leave.

(Please ensure that Section I has been completed before completing this section. Please be sure to sign the form on the last page and return this form to the employee requesting leave (See Section I, Part A above).

 CONTINUED ON NEXT PAGE

Part A: HEALTH CARE PROVIDER INFORMATION

Health care provider's name and business address:

_____

Telephone: _____ Fax: _____ Email: _____

Type of Practice/Medical Specialty:_____

Please indicate if you are:

- ☐ a DOD health care provider
- ☐ a VA health care provider
- ☐ a DOD TRICARE network authorized private health care provider
- ☐ a DOD non-network TRICARE authorized private health care provider
- ☐ other health care provider

PART B: MEDICAL STATUS

Note: If you are unable to make certain of the military-related determinations contained in Part B, you are permitted to rely upon determinations from an authorized DOD representative (such as, DOD Recovery Care Coordinator) or an authorized VA representative.

(1) The Veteran's medical condition is:

- ☐ A continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember's office, grade, rank, or rating.
- ☐ A physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service Related Disability Rating (VASRD) of 50% or higher, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave.
- ☐ A physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment.
- ☐ An injury, including a psychological injury, on the basis of which the covered veteran is enrolled in the Department of Veterans' Affairs Program of Comprehensive Assistance for Family Caregivers.
- ☐ None of the above.

 CONTINUED ON NEXT PAGE

(2) Is the veteran being treated for a condition which was incurred or aggravated by service in the line of duty on active duty in the Armed Forces? Yes☐ No☐

(3) Approximate date condition commenced:_____

(4) Probable duration of condition and/or need for care:_____

(5) Is the veteran undergoing medical treatment, recuperation, or therapy for this condition?

Yes☐ No☐

If yes, please describe medical treatment, recuperation or therapy:_____

_____

PART C: VETERAN'S NEED FOR CARE BY FAMILY MEMBER

"Need for care" encompasses both physical and psychological care. It includes situations where, for example, due to his or her serious injury or illness, the veteran is unable to care for his or her own basic medical, hygienic, or nutritional needs or safety, or is unable to transport him or herself to the doctor. It also includes providing psychological comfort and reassurance which would be beneficial to the veteran who is receiving inpatient or home care.

(1) Will the veteran need care for a single continuous period of time, including any time for treatment and recovery?

Yes☐ No☐

If yes, estimate the beginning and ending dates for this period of time: _____

(2) Will the veteran require periodic follow-up treatment appointments? Yes☐ No☐

If yes, estimate the treatment schedule: _____

(3) Is there a medical necessity for the veteran to have periodic care for these follow-up treatment appointments?

Yes☐ No☐

(4) Is there a medical necessity for the veteran to have periodic care for other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of medical condition)? Yes☐ No☐

If yes, please estimate the frequency and duration of the periodic care:

_____

_____

_____

Signature of Health Care Provider:_____ Date:_____

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MEMORANDUM

DATE: November 21, 2000

TO: County Department Heads

FROM: Georgia Glass
Personnel

SUBJECT: County Employee Procedures for Retirement/Resignation/Dismissal

CC: Payroll Clerks
Diane Staab

In the past there has been some confusion regarding procedures for retirement, resignation, and dismissal of County employees and vacation payments.

Per County Rule 14.1-Resignation:

'An employee who desires to terminate his service with the County shall submit a written resignation to the Department Head. Resignations shall be submitted at least ten (10) working days before the final work day.... A copy of an employee's resignation shall be attached to the payroll action affecting the separation and be filed in the employee's service record in the Personnel Department. An employee's resignation shall become effective at the close of the last working day the employee is physically present at work.'

Following are Personnel Department interpretations of the administration of this rule provision.

All employees who are probationary or regular, must have their accumulated vacation paid out to them, regardless of reason of separation, be it retirement, resignation, or dismissal.

Retirement:

Employees must produce intent of retirement in writing to their supervisor with one of the following two options.

1. The employee may designate a retirement date (last day working) in writing and request their vacation payout be included in their final paycheck as a lump sum.

2. The employee may designate the actual last day of work for retirement, and request that their vacation be used until it is depleted. The date their vacation is depleted will become the employee's effective date of their retirement.

The employee's retirement letter must be included with the Personnel Action Form and forwarded to the Personnel Department.

Departments will be able to recruit for the retiring employee's position, regardless of which option the employee has chosen.

Resignation:

1. Employees should provide a letter of resignation to their supervisor at least two weeks prior to their last day of work.

2. Employees are not allowed to use vacation, Personal Convenience Holiday, sick leave, etc. for their last day of employment. Employees must 'physically' work their last day. In the event the employee does not 'work' through their designated last day, their last physical day on the job becomes their last day worked, and no further payment will be granted, with the exception of their vacation payout.

3. The employee's resignation letter must be included with the Personnel Action Form and forwarded to the Personnel Department.

Dismissal:

Refer to County Rule 11.2 (e)-Dismissal.

1. A Department Head may dismiss any status employee for cause. Prior to a dismissal, the Department Head shall notify the employee that he is proposing to dismiss the employee and the reasons for the dismissal.

2. If the Department Head determines just cause exists for dismissal, the Department Head shall furnish the employee and the Personnel Officer, not later than one (1) working day of such action, with a written statement of the reasons for dismissal.

Refer to County Rule 8.3-Separation During the Probationary Period:

1. If at any time during the probationary period the Department Head determines that the services of the employee have been unsatisfactory, the employee shall be separated from his position without the right of appeal or hearing. Notification of any dismissal of a probationary employee shall be made in writing by the appointing authority to the Personnel Officer together with a report in writing of the reasons for the dismissal.

Any dismissal letter and pertinent documentation must be included with the Personnel Action Form and forwarded to the Personnel Department.

Additionally, all probationary or regular employees who separate from County service voluntarily may participate in an exit interview with the Personnel Department. The employee should contact Barb Boggs at 441-7519 to schedule an interview.

Thank you.

GGE060

CITY - COUNTY PERSONNEL

2013 JUN 7 PM 4 05

AFSCME LOCAL 2468

STEP 1

AFSCME
We Make America Happen

OFFICIAL GRIEVANCE FORM

NAME OF EMPLOYEE Kim Weygint DEPARTMENT Engineering

CLASSIFICATION Stores Clerk I

WORK LOCATION Lincoln Shop IMMEDIATE SUPERVISOR Ron Bohaty

TITLE

STATEMENT OF GRIEVANCE:

List applicable violation: Article 18 section 2 of AFSCME 2468 Labor contract.

Adjustment required: Recall Ms Weygint to her former classification

I authorize the A.F.S.C.M.E. Local 2468 as my representative to act for me in the disposition of this grievance

Date 6/7/13 Signature of Employee

Signature of Union Representative [signature] Title Union President

Date Presented to Management Representative

Signature Title

Disposition of Grievance: We believe that a contract violation has taken place. We also believe that there is enough for ms Weygint to continue in her previous classification

THIS STATEMENT OF GRIEVANCE IS TO BE MADE OUT IN TRIPLICATE. ALL THREE ARE TO BE SIGNED BY THE EMPLOYEE AND/OR THE AFSCME REPRESENTATIVE HANDLING THE CASE.

ORIGINAL TO Personnel Director

COPY

COPY: LOCAL UNION GRIEVANCE FILE

NOTE: ONE COPY OF THIS GRIEVANCE AND ITS DISPOSITION TO BE KEPT IN GRIEVANCE FILE OF LOCAL UNION.