

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

SECTION 10 FORMS

- 10.1 Acknowledgement
- 10.2 An Equal Opportunity Employer Application for Employment
- 10.3 Application for Use of Sick Leave and Other Leaves
- 10.4 Record of Instruction and Cautioning
- 10.5 Report of Written Reprimand
- 10.6 Notice of Predisciplinary Conference
- 10.7 Complaint Form
- 10.8 Exit Interview Form
- 10.9 First Report of Injury Form (FROI)
- 10.10 Employment Eligibility Verification (I-9) Form
- 10.11 Statement of Support for Drug Free Policies (Current Employee)
- 10.12 Drug Free Workplace Statement for Prospective Employees
- 10.13 Receipt of Drug Free Workplace Documentation for Existing Employees
- 10.14 Drug Free Workplace Policy (Reasonable Cause/Documentation of Violation)
- 10.15 Drug Free Workplace Policy (Return to Duty Agreement)
- 10.16 Sick Leave Conversion Upon Retirement Form
- 10.17 EEO/ADA Complaint Form
- 10.18 Family and Medical Leave Request Form
- 10.19 Family and Medical Leave Notification Form
- 10.20 Employee's Report of Back Injury
- 10.21 Workplace Safety and Illegal Activity Acknowledgement
- 10.22 Workplace Safety Report Form
- 10.23 Acknowledgement — Receipt of O.R.C Chapter 102
- 10.24 Ohio Ethics Law and Related Statutes
- 10.25 Workplace Violence Incident Report
- 10.26 Ohio Bureau of Motor Vehicles Crash Report
- 10.27 Supervisor's Accident Investigation Report
- 10.28 DMA Form

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

ACKNOWLEDGEMENT

SECTION 10.1

Please sign the attached, and present the acknowledgement slip below to your Appointing Authority for inclusion in your Personnel File.

ACKNOWLEDGEMENT

I have been informed of the existence of a Belmont County Personnel Policy Manual, and have been given an opportunity to review its contents. I have familiarized myself with the information in these directives and understand that I am governed by them. I further understand that this manual is not an employment contract.

Since the information in these directives is subject to change, it is understood that I will be notified of such change through the usual channels of communication. I agree to comply with all changes to the policies and procedures contained in the manual.

Signature of Employee

Date

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

**AN EQUAL OPPORTUNITY EMPLOYER APPLICATION
FOR EMPLOYMENT**

**SECTION 10.2
PAGE 1**

**PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS
CONTAINED ON THE ENTIRE APPLICATION FORM**

POSITION SOUGHT: _____

NAME: _____

Last

First

Middle Initial

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

COUNTY: _____ HOME PHONE: _____

S.S. NUMBER: _____ ARE YOU AN ADULT? YES NO

EMPLOYMENT HISTORY AND WORK EXPERIENCE

IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK EXPERIENCE IN DATE ORDER, INCLUDING MILITARY EXPERIENCE. BEGIN WITH YOUR CURRENT EMPLOYER. USE ADDITIONAL PAPER IF NECESSARY. FAILURE TO INCLUDE ALL EMPLOYMENT MAY BE GROUNDS FOR DISQUALIFICATION.

CURRENT EMPLOYER: _____

(Enter "None" if unemployed)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT?

YES NO

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.: _____

WHY DO YOU WANT TO LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.: _____

WHY DID YOU LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO: _____

JOB TITLE: _____

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

**AN EQUAL OPPORTUNITY EMPLOYER APPLICATION
FOR EMPLOYMENT**

**SECTION 10.2
PAGE 2**

SUPERVISOR'S NAME: _____
BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____ PER _____
DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.: _____

WHY DID YOU LEAVE? _____

PREVIOUS EMPLOYER: _____
ADDRESS: _____
PHONE NUMBER: _____
DATES EMPLOYED: _____ TO: _____
JOB TITLE: _____
SUPERVISOR'S NAME: _____
BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____ PER _____
DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.: _____

WHY DID YOU LEAVE? _____

PREVIOUS EMPLOYER: _____
ADDRESS: _____
PHONE NUMBER: _____
DATES EMPLOYED: _____ TO: _____
JOB TITLE: _____
SUPERVISOR'S NAME: _____
BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____ PER _____
DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.: _____

WHY DID YOU LEAVE? _____

IF YOU NEED TO LIST ANY ADDITIONAL PREVIOUS EMPLOYERS, PLEASE USE A BLANK SHEET OF PAPER TO DO SO.

EDUCATION AND TRAINING

THIS SECTION IS INTENDED TO GIVE THE EMPLOYER INFORMATION ABOUT THE EDUCATION AND TRAINING THAT THE APPLICANT HAS COMPLETED, AND TO DEMONSTRATE THE SKILLS, KNOWLEDGE, AND ABILITIES OF THE APPLICANT TO PERFORM THE JOB DUTIES OF THE POSITION.

HIGH SCHOOL ATTENDED: _____
ADDRESS: _____
DID YOU GRADUATE? _____ HIGH SCHOOL EQUIVALENT? _____
COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, SPORTS, ETC.: _____

COLLEGE OR TRADE SCHOOL ATTENDED: _____
ADDRESS: _____
DID YOU GRADUATE? _____ DEGREE: _____
COURSES PERTAINING TO JOB APPLIED FOR: _____

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

**AN EQUAL OPPORTUNITY EMPLOYER APPLICATION
FOR EMPLOYMENT**

**SECTION 10.2
PAGE 3**

ACTIVITIES, AWARDS, SPORTS, ETC.: _____

GRADUATE SCHOOL(S) ATTENDED: _____

ADDRESS: _____

DID YOU GRADUATE? _____ DEGREE: _____

PLEASE USE THE FOLLOWING SPACE TO PROVIDE ANY FURTHER INFORMATION ON TRAINING, EDUCATION, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK, ETC., THAT YOU POSSESS OR HAVE EXPERIENCED THAT MAY BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION.

PERSONAL INFORMATION

DO YOU HAVE ANY COMMITMENTS (I.E., SECOND JOB, SCHOOL, ETC.?) WHICH MIGHT INTERFERE WITH, OR ADVERSELY AFFECT, YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR A POSITION? YES NO

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, PLEASE EXPLAIN: _____

(THE EMPLOYER WILL ONLY CONSIDER SPECIFIC CRIMES RELATED TO QUALIFICATIONS FOR POSITIONS APPLIED FOR.)

DO YOU POSSESS A VALID DRIVERS LICENSE? YES NO

IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT? YES NO

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES NO

ARE YOU RELATED TO ANYONE THAT IS CURRENTLY EMPLOYED BY BELMONT COUNTY? YES NO

PLEASE LIST THREE REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU HAVE KNOWN AT LEAST ONE YEAR:

NAME: _____

PHONE: _____ ADDRESS: _____

NAME: _____

PHONE: _____ ADDRESS: _____

NAME: _____

PHONE: _____ ADDRESS: _____

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

**AN EQUAL OPPORTUNITY EMPLOYER APPLICATION
FOR EMPLOYMENT**

**SECTION 10.2
PAGE 4**

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing. Initials: _____

2. If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening shifts or night shifts, including weekends and be on call and work mandatory overtime hours. Initials: _____

3. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by an Appointing Authority of Belmont County, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded. Initials: _____

4. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background for any criminal or unlawful activity. Initials: _____

5. I hereby authorize the employers, schools and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer. Initials: _____

6. READ CAREFULLY BEFORE INITIALING
"I agree that any claim or lawsuit relating to my service with Belmont County or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary." Initials: _____

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

(Applicant's Signature)

(Date)

(Notarized by)

(Date)

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

**AN EQUAL OPPORTUNITY EMPLOYER APPLICATION
FOR EMPLOYMENT**

**SECTION 10.2
PAGE 5**

*

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

**AN EQUAL OPPORTUNITY EMPLOYER APPLICATION
FOR EMPLOYMENT**

**SECTION 10.2
PAGE 6**

EEO DATA: VOLUNTARY DISCLOSURE FORM

Regulations of the Equal Employment Opportunity Commission (EEOC) require employers to compile data regarding the nature and make-up of their work forces in order to further the goals of Title VII of the Civil Rights Act of 1964, as amended.

Your responses to the following questions will help the employer comply with this requirement. Completion of this questionnaire is entirely voluntary on your part. Should you opt to complete the questionnaire, your response will be used by the employer solely for the purposes of preparing the reports required by the EEOC. Your response will be kept confidential, and will play no part in the employer's evaluation of your employment performance or status, or your treatment as an employee. The completed questionnaire will be kept separate from your personnel file.

NAME: _____

AGE: _____

SEX: _____

RACIAL AND ETHNIC CATEGORIES:

- White (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaska Native

DO NOT WRITE BELOW THIS LINE

HIRED: _____ Yes ___ No ___ POSITION _____

DEPT. _____ SALARY/WAGE _____

DATE REPORTING TO WORK _____ SHIFT _____

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

**APPLICATION FOR USE OF SICK LEAVE AND
OTHER LEAVES**

**SECTION 10.3
PAGE 1**

(Print) LAST	FIRST M.I.	DATE
--------------	------------	------

Reason for Use of Sick Leave:

1. _____ Medical, Dental, or Optical Appointment¹

2. _____ Personal Illness² _____
State exact nature of injury

3. _____ Personal Injury³ _____
State exact nature of injury

a. Where did it occur? _____

b. When did injury occur? _____

c. Will this injury affect your ability to perform any of your required duties? _____

4. _____ Illness or injury in immediate family? _____

State nature of illness or injury to family member and relationship of family member

a. Briefly state why it was necessary for you to attend to this family member. _____

¹A statement from the appropriate practitioner stating the time you were there and the reason for your appointment must be attached.

²If you sought medical attention for an illness or injury, you must attach the physician's statement no matter how long the absence.

³If injury, a statement from your physician must be attached stating the **exact nature** of your

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

**APPLICATION FOR USE OF SICK LEAVE AND
OTHER LEAVES**

**SECTION 10.3
PAGE 2**

-
- b. Did you take this family member to a medical practitioner or a hospital?⁴ _____
5. _____ On-the-job injury. Check this block if you desire to temporarily use sick leave benefits and plan to file Workers' Compensation benefits at a later date. Your supervisor will instruct you on how to file for Workers' Compensation.
6. _____ Death in Family _____
State name and relationship of family member
- Date of Death _____ Date of Funeral _____
7. _____ Number of hours of sick leave requested _____
Note: Sick Leave must be taken in units of whole hours
8. _____ Court: _____ Court Duty _____ Jury Duty
- Subpoena issued by _____ Court _____, 20____.
(Attached copy of subpoena or order to report for Jury Duty)
9. _____ Military _____ With Pay _____ Without Pay

I do hereby certify the statements made herein to be true and factual. I understand that payment for the sick leave requested may be withheld until all information I have stated on this application is verified, and until I complied with all rules and regulations as stated on this application, and in the County's policy manual. Further, I understand that falsification of this application may constitute fraud, may result in a refund by me to the County, and may be cause for discipline, including dismissal.

Signature of Employee

injury, and that you can return to work.

⁴A statement from the attending physician or from the hospital that your attendance with a family member was **necessary** must be attached.

BELMONT COUNTY
PERSONNEL POLICY MANUAL

APPLICATION FOR USE OF SICK LEAVE AND
OTHER LEAVES

SECTION 10.3
PAGE 3

DO NOT WRITE BELOW THIS LINE

Administrative Action: Approved
 Not Approved

Supervisor

Remarks: _____ Total Hours _____

Available Balances: _____ Sick Time _____ Vacation Time
 _____ Personal Leave _____ Compensatory Time

As of _____, 20_____

Signature of Supervisor

Date

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

RECORD OF INSTRUCTION AND CAUTIONING

SECTION 10.4

PAGE 1

Employee's Name: _____

Employee's Classification: _____

Date Violation Occurred: _____

Location Where Violation Occurred: _____

VIOLATION

Type of Violation: _____

Description Of Violation: _____

(Attach Additional Sheet If Necessary)

Instruction & Cautioning is issued as a corrective measure in an effort to help you improve your conduct. Any further violations may result in more severe disciplinary actions.

Signature Of Supervisor or Manager

Signature of Appointing Authority

I hereby acknowledge that a copy of the above Record Of Instruction & Cautioning has been given to me this day.

Signature Of Employee

Date

cc: Employee
Employee's Personnel File

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

REPORT OF WRITTEN REPRIMAND

SECTION 10.5

Employee's Name: _____

Employee's Classification: _____

Date Reprimand Was Issued: _____

VIOLATION

Date Violation Occurred: _____ Location Where Violation Occurred: _____ Describe
Violation: _____

(Attach Additional Pages If Necessary)

This written reprimand is issued as a corrective measure in an effort to help you improve your conduct. This warning will cease to have force or effect twenty-four (24) months from the date of issuance, provided no intervening discipline has occurred.

Signature of Person Issuing Warning

Title

I hereby acknowledge that a copy of this written reprimand has been given to me on this date.

Employee's Signature

Date

I hereby acknowledge that a copy of this written reprimand was presented to the above named employee on this date.

Witness

Date

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

NOTICE OF PREDISCIPLINARY CONFERENCE

SECTION 10.6

This notice is provided to you to advise that a predisciplinary conference will be held at _____ at _____ on _____ to provide you with
time location date
an opportunity to respond to the following allegations of misconduct: _____

Proof of allegations at this predisciplinary conference may result in disciplinary action ranging from an oral warning or counseling up to and including possible suspension or termination of your employment. The particular discipline, if any, to be imposed will be determined by the appointing authority after a careful review of the report issued by a hearing office.

You have the right to: (1) appear at the conference to present an oral or written statement in your defense; (2) appear at the conference and have your chosen representative present an oral or written statement in your defense; or (3) elect in writing to waive your opportunity to have a predisciplinary conference.

If you elect to attend the conference and present any evidence in your defense, or if you are called to testify as to these matters by the appointing authority, you must answer all questions truthfully. If it is proved in a subsequent hearing that your responses to questions were not truthful, such dishonesty may result in further disciplinary action.

At the conference you may present any explanation of the alleged misconduct. A written report will be prepared by the person conducting the conference concluding as to whether or not the alleged misconduct occurred. A copy of this report will be provided to you within five (5) days following its preparation.

The predisciplinary conference will be conducted by _____.

If you have any questions in regard to this procedure, please contact this individual immediately.

I acknowledge receipt of this notice on: _____, 20____.

Signature _____

I acknowledge receipt of this notice on: _____, 20____.

Witness Signature _____

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

COMPLAINT FORM

SECTION 10.7

APPOINTING AUTHORITY OR DESIGNEE

Name of Employee _____

Classification _____ Unit or Dept. No. _____

Date of Occurrence _____ Date Presented _____

Nature of Complaint, what is the issue or allegation, what has been violated? _____

Statement of facts: _____

Names of any witnesses: _____

Relief requested: _____

Employee Signature: _____ Date _____

If complaint is a group complaint, all employees in the group shall sign on the back of form. The employee whose name appears in the above space shall process the complaint.

Complaint must be addressed verbally with the employee's immediate supervisor within five (5) working days from the date of the alleged complaint.

Supervisor _____ Date Received _____

Supervisor Answer _____ Date _____

(Response to be issued within five (5) working days of the date on which the complaint was submitted.)

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

EXIT INTERVIEW FORM

SECTION 10.8

PAGE 1

Name _____ Department _____
 Job Title _____ Termination Date _____
 Date Interviewed _____ By _____ Employment Date _____
 Reason for Separation _____

Employee's Evaluation of the Job

	Excellent	Satisfactory	Fair	Poor	Unsatisfactory
Interest Job Held					
Performance Recognition					
Supervisory Fairness					
Chance for Advancement					
Wages and Benefits					
Rapport with Fellow Workers					
Training Received on Job					
Description of Position Compared to Actual Work					
Communication between Employees & Management					
General Working Conditions					

Employee's Comments _____

Interviewer's Comments _____

Appointing Authority's and Supervisor's Final Evaluation of Employee _____

Would We Rehire? Yes No

 Signature of Appointing Authority or Designee /Date

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

REPORT OF INJURY FORM

SECTION 10.9

PAGE 1

(Supervisors must report all accidents involving an injury to an employee.)

Name of Injured Employee: _____ Age ____ Sex _____

Classification Title: _____ Department: _____

Length of Service with Department: _____ On Present Job: _____

Date of Accident: _____ Time: __ a.m. __ p.m.

Location of Accident: _____

Who advised you of accident? _____ When? _____

Description of incident: _____

Nature of injury and part of body involved: _____

Was any protective equipment being used? If yes, what type? _____

What job was the employee performing when he or she was injured? (including tools, machine, and materials being used) _____

Were any safety rules violated? (please explain) _____

What safeguards may be used to prevent similar incidents? _____

What equipment was damaged? _____

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

REPORT OF INJURY FORM

SECTION 10.9

PAGE 2

Was any first aid provided at the scene of the accident by any employee or person not licensed to practice medicine? Yes No

Did the employee see a doctor about the accident? Yes No

If yes, name of doctor: _____

Address: _____ Telephone: _____

Did the employee report to work the next scheduled day? Yes No

Name and addresses of witnesses to incident: _____

I have completed this report and it is correct to the best of my knowledge.

Signature of Person Completing Form

Date

I have read this report it is correct to the best of my knowledge.

Employee's Signature

Date

This form, completed and signed by appropriate parties must be submitted within forty-eight (48) hours of the incident.

Signature of Appointing Authority

Date

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

EMPLOYMENT ELIGIBILITY VERIFICATION (I-9)

SECTION 10.10

INSERT I-9 FORM

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

STATEMENT OF SUPPORT FOR DRUG FREE POLICIES (CURRENT EMPLOYEE)	SECTION 10.11
---	----------------------

The purpose of this statement is to voluntarily demonstrate my support for a strict enforcement of Belmont County's Drug Free Workplace Policy, and the Employer's attempt to eradicate drugs in the workplace.

Signature _____ Date _____

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

**DRUG FREE WORKPLACE STATEMENT FOR
PROSPECTIVE EMPLOYEES**

SECTION 10.12

The purpose of this statement is to verify that I have received a copy of the Belmont County Board of Commissioners' Drug Free Workplace Policy, and to further verify that I understand and support such policy.

I further agree to refrain from violating this policy while employed by the County.

I further acknowledge, in advance, that my understanding is that the penalty for violating this policy can be discharge, and I agree that such penalty is appropriate when supported by evidence.

Signature _____ Date _____

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

**RECEIPT OF DRUG FREE WORKPLACE DOCUMENTATION SECTION 10.13
FOR EXISTING EMPLOYEES**

This is to verify that I have been provided with a copy of the Belmont County Board of Commissioners' Drug Free Workplace Policy.

Signature _____ Date _____

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

DRUG FREE WORKPLACE POLICY

SECTION 10.14

Reasonable Cause / Documentation of Violation

The individual identified below is suspected of failing to comply with the Belmont County Drug Free Workplace Policy.

Employee Name _____ Location _____

List below all of the behaviors observed by the supervisor that created a concern that the employee named above might be in violation of the Employer's Drug Free Workplace Policy.

If there were observable changes in the employee's job performance, list these behaviors below.

List below any physical signs or symptoms of possible substance use that the employee exhibited.

Eyes _____

Coordination _____

Speech _____

Other _____

Other Pertinent Observations _____

Supervisor Reporting _____

Title of Supervisor _____

Name of Concurring Supervisor/Managerial Witness _____

Position _____

Date _____ Time _____ Shift _____

Testing Ordered:

_____ Drugs

_____ Yes Employee Consent Yes/No Date Tested _____

_____ Alcohol

_____ No Employee Consent Yes/No

MRO Findings _____

Follow-up Actions Taken _____

County Official's Signature _____ Date _____

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

DRUG FREE WORKPLACE POLICY

SECTION 10.15

PAGE 1

Return To Duty Agreement

EMPLOYEE _____ DEPARTMENT _____

Effective _____, by agreement of all the parties, the termination of the aforementioned employee will be reduced to a final suspension, providing all conditions of the Return to Duty Agreement are completed on a timely basis. The purpose of the Agreement is to prevent any misunderstanding as to its terms, conditions, and time specified. This Agreement is specifically and individually designed to meet the needs of the employee named above and shall not be precedent setting.

I, _____, have read, understood, and agree to all of the terms of this Agreement, and fully understand that failure to comply with its terms may result in disciplinary action, up to and including termination of my employment.

I agree that:

1. I will abstain from the use of alcohol, and all psychotropic drugs (any substance or drug having a special affinity for or effect on the psyche or mind) not prescribed by my primary care physician and approved by the designated substance abuse professional. I will notify my Employer of such prescriptions. I understand that abuse of such prescriptions will be a violation of the Agreement.
2. I will enter rehabilitation treatment at _____. I consent to the issuance of progress reports to the designated representative if the Belmont County Board of Commissioners.
3. I will complete the intensive phase of treatment with approval of the substance abuse professional.
4. I will attend the continuing care program at _____ for no less than one year.
5. I will attend AA/NA meetings and support group weekly for minimally one (1) year as recommended by the substance abuse professional.
6. I will have the AA/NA group secretary or support group facilitator attest to my attendance on a record card. Further, I will submit that record card to the designated employer representative on a weekly basis as stated in statement #2.

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

**Return To Duty Agreement
(Continued)**

7. I will submit to testing for drugs and alcohol prior to my return to work. My Employer may require that I submit myself to a minimum of six (6) follow-up drug tests within the twenty-four (24) month period immediately following my return to duty and may require additional tests for up to sixty (60) months.

The application of this Agreement shall be not subject to the grievance and arbitration procedures set forth in the collective bargaining agreement.

By their signatures, the Employer and Union acknowledge that the aforementioned employee has had the terms of this Agreement explained to him/her, that he/she has willingly agreed to them, and that they have witnessed his/her signature on this Agreement.

Employee

Date

Employer

Date

Union Representative (if applicable)

Date

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

SICK LEAVE CONVERSION UPON RETIREMENT FORM	SECTION 10.16
---	----------------------

Name _____

Classification/Rate of Pay _____ Department _____

Check One

- I would like to be paid for my accumulated sick leave. I realize that this payment will be based on my current rate of pay, and that my entire sick leave credit will be eliminated.
- I would like to retain my accrued sick leave.
- Not eligible for sick leave conversion.

Signature of Employee _____ Date _____

Approved Disapproved

Signature of Appointing Authority _____

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

EEO/ADA COMPLAINT FORM

SECTION 10.17

- A. Complainant must fill out this portion and give to the EEO/Personnel Officer within ten (10) working days of the incident being complained about.

Name of Complainant _____

Classification (Position Applied For) _____

Address (If Non-Employee) _____

County Department (If An Employee) _____

Reason for Claiming Discrimination
Based on Disability (Continue on Back
If Necessary) _____

Date Of Incident _____

Nature of Disability _____

Resolution You Request _____

Signature and Date _____

- B. EEO/Personnel Officer (answer within ten (10) working days)

Resolution _____

Or _____

Disposition _____

Note: Keep on file for three (3) years; six (6) years for employee complaints.

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

FAMILY MEDICAL LEAVE REQUEST FORM

SECTION 10.18

Employee Name: _____ Date: _____

Leave Requested: *(Check One)*

- Due to birth of child of employee;
 Due to placement of child with the employee for adoption/foster care;
 In order to care for: _____
(Name of Person)

(must be spouse, child, parent or person "in loco parentis" to employee) Who has the following serious health condition: _____

(State Exact Nature of Health Condition)

- Because of the following serious health condition that renders employee unable to perform the essential functions of the employee's position. _____

(State Exact Nature of Health Condition)

Beginning date/time of leave _____

Ending date/time of leave _____

Total hours of leave requested _____

- If leave is due to serious health condition of employee or member of immediate family, Section 10.17, Certification of Health Care Provider must be completed and attached hereto.

I certify all statements herein to be complete and true. Falsification is cause for discipline up to and including termination of employment.

Signature of Employee

Administrative Action

- Order Second Opinion to Certification **Or**
 Approved Not Approved Because: _____

Signature

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

FAMILY MEDICAL LEAVE NOTIFICATION FORM

SECTION 10.19

This notice is provided to you in response to your request for Family and Medical Leave and is intended to describe your rights and obligations under your leave.

1. You are entitled to 12 weeks of Family and Medical Leave (FML) measured forward from the date the employee's first family medical leave begins. Your current FML balance is: _____ days & hours

2. Before taking FML, you must exhaust all applicable accrued paid leave:

earned vacation leave	_____	hours
accrued sick leave (if applicable)	_____	hours
compensatory time	=====	hours
	_____	total hours

3. After exhaustion of your accrued paid leave, you shall be eligible to take ___ hours of Family and Medical Leave beginning _____, 20__ and ending _____, 20__.

4. For the duration of your leave, your current group health insurance coverage will be maintained so long as you pay your portion of the premium. \$_____ is due at the Belmont County Auditor's Office by the last day of the month beginning _____, 20__ and ending _____, 20__. Failure to pay said amounts within 30 days of the due date will result in termination of the Employer's obligation to pay its share of the premium for your coverage.

5. If your FML is due to a serious health condition which has rendered you unable to perform the essential functions of your position, you will be required to present a certification from your physician stating you are fit to return to duty before resuming work.

6. Upon return to work, you will be restored to your original position or a position with equivalent pay, benefits and other terms of employment.

7. If you elect not to return to work at the expiration of your FML, you will be liable to repay the Employer's share of all premiums paid on your behalf while on FML.

APPROVED

Date: _____ Name: _____

Signature: _____

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

EMPLOYEE'S REPORT OF BACK INJURY

SECTION 10.20

(This form is to be completed and submitted with Section 10.9, Report of Injury Form, to Supervisor when injury is to an employee's back)

Employee Name: _____

Name of Employer: _____

1. What part of your back hurts now? _____
2. When did you first notice this back pain (date & time)? _____
3. What did you feel? _____
4. What were you doing at that time? (explain in detail): _____

5. If you were lifting an object, what was it and how heavy? _____

6. What was your exact position when pain was first noticed? _____

7. What was the length of time between the injury and your disability? _____

8. Did anyone see you get hurt? __ Give name: _____
9. Did you report or mention this injury to anyone? _____
Who and when? _____
10. Did you ever have a back injury before? _____
11. If so, when? _____ What part of your back? _____
12. Were you treated by a doctor? _____ Date: _____
13. Has it given further trouble? _____
14. Have you ever received or filed for compensation because of a back injury? _____
Other injury? _____

By signing this form I expressly waive all provisions of law which forbid any person or persons who heretofore did or who hereafter may medically attend, treat, or examine me or who may have information of any kind which may be used to render a decision in my claim for injury/disease of _____, 20__ from disclosing such knowledge to my employer and/or Comp Management, Inc. (representative of employer). A copy of this form will serve same as the original.

Employee Signature _____ Date _____

(Print Name) _____

SUPERVISOR'S REPORT:

Exceptions: _____

Supervisor's signature is verification that the validity and completeness of the above statement has been checked.

Date completed: _____

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

**WORKPLACE SAFETY AND ILLEGAL ACTIVITY
ACKNOWLEDGEMENT**

SECTION 10.21

The employee understands and accepts that all of the Employer's employees share responsibility for maintaining a safe workplace and a workplace free from illegal activity. Therefore, the employee has an obligation to obey and enforce workplace safety rules and to immediately contact a supervisor if the employee becomes aware of potential or evident safety problems in the workplace. Furthermore, all employees are required to inform the Employer of any evidence of wrongdoing or waste in the workplace by a fellow employee or supervisor, and to do so before reporting the issue to other authorities, pursuant to the requirements of Ohio law.

Employee's Signature

Date

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

WORKPLACE SAFETY REPORT FORM

SECTION 10.22

Dept./Office: _____ Date: _____

Location and nature of rules or workplace safety violation: _____

My suggested remedy(ies): _____

Date _____ Employee's Signature _____

SUPERVISOR'S REPLY TO EMPLOYEE

Date Supervisor's Signature

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

**ACKNOWLEDGEMENT OF RECEIPT OF
O.R.C. CHAPTER 102**

SECTION 10.23

Please sign below and present this acknowledgement slip to your Appointing Authority for inclusion in your personnel file.

I hereby acknowledge that I have received a copy of O.R.C. Chapter 102 — Public Officers — Ethics, and O.R.C. Section 2921.42. By my signature below, I hereby acknowledge that if I break these provisions of the law, I could be subject to criminal prosecution and/or discipline including termination of my employment.

Signature of Employee

Date

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

OHIO ETHICS LAW AND RELATED STATUTES

SECTION 10.24

In order to read the Ohio Ethics Law and Related Statutes, go to the following web link:

<http://www.ethics.ohio.gov/ethicslawrevisedcode.html>

If you are unable to access the web link, the Employer can provide you with a hard copy of the document to review.

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

WORKPLACE VIOLENCE INCIDENT REPORT

SECTION 10.25

Date of incident: _____

Facts of Incident: _____

Statement(s) of Witnesses:

1. _____

Signature of Witnesses: _____

2. _____

Signature of Witnesses: _____

3. _____

Signature of Witnesses: _____

4. _____

Signature of Witnesses: _____

Proposed Action To Prevent Situation From Occurring Again: _____

Signature of Supervisor or Department Head: _____

Date: _____

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

**OHIO BUREAU OF MOTOR VEHICLES
CRASH REPORT**

SECTION 10.26

INSERT FORM

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

**10.27
PAGE 1**

Name of Injured: _____ Sex: _____ Age: _____

Home Address: _____

Social Security Number: _____ Date of Accident: _____

Nature of injury and body part(s): _____

Occupation: _____

Occupation at time of injury: _____

Case numbers or names of same accident: _____ Time of injury: _____

On Premises: ___ Specific Location: _____

Name and address of treating facility: _____

Describe how accident happened: _____

Accident sequence: Describe in reverse order of occurrence events preceding the injury and accident, starting with the injury and moving backward in time reconstruct the sequence of events that led to the injury.

A. Injury event: _____

B. Accident event: _____

C. Preceding event #1: _____

D. Preceding event #2: _____

Severity of injury: (Circle)

Fatality Lost workdays Medical treatment First aid Other _____

Supervision at time of accident: (Circle)

Directly supervised Not supervised Indirectly supervised Not feasible

Task and activity at time of accident: _____

Employee was working: (Circle) Alone Group Other: _____

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

SECTION 10.27

PAGE 2

Casual factors, events, and conditions that contributed to the accident: _____

Corrective action: _____

Responsible person: _____

Accident Investigation Team:

A. Supervisor: _____

B. Injured Person (when possible): _____

C. Safety Committee Member: _____

D. Safety Department Representative: _____

**BELMONT COUNTY
PERSONNEL POLICY MANUAL**

DMA FORM

SECTION 10.28

PAGE 1

SEE FOLLOWING PAGE

The DMA Form can be found at:

http://homelandsecurity.ohio.gov/dma_terrorist/HLS%200037%20Public%20Employment%202-06.pdf