

KITSAP PUBLIC HEALTH BOARD - AGENDA

April 3, 2018

1:45 p.m. to 3:00 p.m.

Norm Dicks Government Center, First Floor Chambers
Bremerton, Washington

- 1:45 p.m. 1. Call to Order
Mayor Becky Erickson, Chair
- 1:46 p.m. 2. Approval of March 6, 2018 Meeting Minutes
Mayor Becky Erickson, Chair
- 1:48 p.m. 3. Approval of Consent Items and Contract Updates: See Warrant and EFT Registers and Contracts Signed Report
Mayor Becky Erickson, Chair
- 1:50 p.m. 4. Public Comment
Mayor Becky Erickson, Chair
- 2:00 p.m. 5. Health Officer and Administrator Reports
Dr. Susan Turner and Keith Grellner

ACTION ITEMS

- 2:15 p.m. 6. Resolution 2018-03 – Approving Revisions to Health District Personnel Rules
Keith Grellner, Administrator

DISCUSSION / INFORMATION ITEMS

- 2:30 p.m. 7. Drinking Water/On-Site Sewage Program
Eric Evans, Drinking Water/On-Site Sewage Program Manager
- 3:00 p.m. 8. Adjourn

**KITSAP PUBLIC HEALTH BOARD
MEETING MINUTES
Regular Meeting
March 6, 2018**

The meeting was called to order by Board Chair, Mayor Becky Erickson at 1:50 p.m.

REVIEW AND APPROVE AGENDA

There were no changes to the agenda.

Mayor Rob Putaansuu moved and Commissioner Charlotte Garrido seconded the motion to approve the agenda. The motion was approved unanimously.

BOARD MEETING MINUTES

Mayor Putaansuu moved and Mayor Greg Wheeler seconded the motion to approve the minutes for the February 6, 2018, regular meeting. The motion was approved unanimously.

CONSENT AGENDA

The March consent agenda included the following contracts:

- 1675 Amendment 1 (1797), *Washington State University, Food Insecurity Nutrition Incentive*
- 1749 Amendment 1 (1800), *Washington State Department of Health, Consolidated Contract*

Mayor Putaansuu moved and Commissioner Garrido seconded the motion to approve the consent agenda, including the Contracts Update and Warrant and Electronic Funds Transfer Registers. The motion was approved unanimously.

PUBLIC COMMENT

There was no public comment.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Health Officer Update:

Dr. Susan Turner, Health Officer, provided the Board with an update on flu season. She said flu season in Kitsap County appears to be on the decline as there have been a reduced number of positive influenza tests and visits to physicians for influenza-like illnesses. She said visits to emergency departments for influenza-like illnesses are still elevated, however, they are also on the decline. Dr. Turner estimated there would be another four weeks of vigorous flu season and reminded the Board that it is important to continue preventative measures such as washing hands and staying home when sick.

Next, Dr. Turner provided the Board with an update on the Three County Coordinated Opioid Response Plan (3CCORP). The 3CCORP workgroups are currently on pause, while the Olympic Community of Health (OCH) focuses on the Medicaid Demonstration waiver projects with providers in the three counties: Clallam, Jefferson and Kitsap.

She said opiate prevention work continues while workgroups are paused and noted that Governor Jay Inslee will likely sign the state safe medicine return bill which is very similar to the ordinance approved by this Board in 2016 (Ordinance 2016-02, Secure Medicine Return Regulations). Additionally, she said the OCH signed a contract with the University of Washington and the Kaiser Foundation Research Institute to work with 10 primary care practices across the region to assist them in redesigning the procedures and practices around opioid prescribing. Dr. Turner said she also invited Kitsap's pain clinic to participate and is awaiting their response.

Dr. Turner noted a few updates on the opioid use disorder treatment workgroup. The hub and spoke project funded by the CURES Act funds through the Washington State Department of Social and Health Services Division of Behavioral Health and Recovery (DBHR) is funding a grant award obtained by Peninsula Community Health Services (PCHS) with allied spokes across the region, including the North Olympic Healthcare Network in Port Angeles. This project has already surpassed the goal of 200 treatment inductions by April 30th with 260 inductions so far. According to data from the state on the hub and spoke project in our region, 84 percent of patients are using buprenorphine and 16 percent are using Naltrexone. Additionally, 48 percent of patients are male and 51 percent are female. Half of the patients are in the age range of 26-35 years of age. Dr. Turner said she met with PCHS provider staff to thank them for their large contribution to increased Medication Assisted Treatment (MAT) access and to share with them the 3CCORP work so they could see the larger role they are playing.

Dr. Turner said MAT prescribers and substance use disorder (SUD) providers will begin meeting quarterly starting March 15th to develop community referral standards and make co-management of patients much more streamlined and beneficial for patients.

Dr. Turner announced that Salish Behavioral Health Organization (BHO) Executive Director, Anders Edgerton, confirmed last week that BayMark has signed leases with facilities in Port Angeles and Kitsap County and is starting to work on city permits.

Dr. Turner said the opiate overdose prevention workgroup is on pause, but is still refining its survey for agencies and entities across the region.

Additionally, Dr. Turner said the 3CCORP Steering Committee members met with US legislative staff and she attended a roundtable arranged by Senator Cantwell with many of the same partners. The gathering advocated for:

- National safe med return legislation
- Activity with Federal Drug Administration (FDA) to move naloxone off the drug schedules (OTC)
- Funds to support universal access to naloxone

- Funds to continue to support long term infrastructure to ensure all with Opiate Use Disorder (OUD) have access to evidence based treatment
- Funds for sustained outreach and education to reduce stigma of opiate use disorder and treatment
- Funding to support evidence-based clean syringe exchange harm reduction services
- Improvements in the prescription drug monitoring programs—perhaps national model

The Round Table also provided more information about Senator Cantwell’s “CARA 2.0” bill, which would incorporate many of the attendees’ requests. There was an article in the Kitsap Sun about this meeting.

Mayor Erickson commented that the region has come a long way in addressing the opioid epidemic compared to three years ago. Mayor Erickson also asked if Dr. Turner knows where in Kitsap County BayMark has signed a lease. Dr. Turner says she does not yet know the location. Mayor Erickson said the Board would like to know the location soon.

There was no further comment.

Administrator Update:

Mr. Keith Grellner, Administrator, provided the board with a legislative update. He reminded them that February 7th was Public Health Day at the legislature. He attended the event and was able to meet in person with Senator Rolfes, and Representatives Hansen and Appleton. Prior to the event, Mr. Grellner reached out to all of Kitsap’s state legislators to let them know he would be available to meet with them.

Mr. Grellner told the Board that Kitsap Public Health played a role in the fate of several bills this session:

- HB 1476 – an Onsite Sewage Systems (OSS) bill from the 2017 session that local public health and Washington Association of Counties (WSAC) was able to kill last year, was revived again this year. The bill would have required additional unfunded mandates of local health jurisdictions. While Kitsap Public Health agreed with the policy angle of the bill, the unfunded mandate aspect was the reason for opposition. Opposing unfunded mandates was one of Kitsap Public Health’s legislative priorities this year. It appears as though the bill will die this year, too.
- HB 2420 – another OSS bill that would have had essentially the opposite effect of 1476. Kitsap Public Health opposed this bill, too. This bill would have undermined operations and maintenance programs (O&M) by prohibiting the requirement of access easements for septic systems on separate property from the building producing the sewage, and prohibited the requirement of an O&M contract being associated with the issuance of a permit. This bill also appears to be dead for this year.
- HB 1047 – the statewide secure medicine return bill, which proposes to replicate the local programs that Kitsap, Pierce, King, and Snohomish have adopted. Kitsap Public Health supported this bill provided there was not a preemption clause for local programs. After a lot of debate and immense pressure from the pharmaceutical

- industry, a compromise has been achieved and it appears this bill will go to the governor for final approval. Both the house and senate have passed it. If signed, as part of the compromise, this bill will preempt existing local programs 12 months after it goes into effect, however, it will move the responsibility for administering and enforcing the new law from local health to state health.
- Several tobacco and vaping to 21 bills (HBs 1054 & 2165; and SB 6048) that Kitsap Public Health supported did not make it through, but it is Mr. Grellner's understanding that one or more of them may be labeled as "necessary to implement the budget", so they were not subject to the bill cutoff and may still get passed.
 - It appears that Kitsap Public Health may be successful in getting the legislature to retain funding assistance for local health jurisdictions (LHJs) for their Group B water programs for another year. Although this does not provide much funding for Kitsap Public Health District (about \$20,000 every two years), it will assist the Health District until they can get a local program established.

Mr. Grellner informed the Board that Washington Department of Health (DOH) plans to sample a select group of Group A water systems (large water systems with more than 15 connections) for per- and polyfluoroalkyl substances, or PFAS for short. He explained that PFAS are chemicals associated with processes for making things stain resistant, water resistant, non-stick, and certain types of fire-fighting foam used frequently at military and aviation facilities. These chemicals have found their way to groundwater in many areas and cause negative health effects when they bioaccumulate in the body. He said there are 16 water systems at risk for PFAS contamination in Kitsap County, but no testing has begun in Kitsap County yet. He also said that, although there is no current drinking water standard for these chemicals, the state board of health and DOH are working to develop a water quality standard now. He said that water systems that have been identified for testing are located near a known PFAS contaminated site or a fire training, military, or airport facility that used PFAS-containing foam or other products.

Mayor Erickson asked what will happen if PFAS chemicals are found in Kitsap water systems, and if there's a treatment process that can be done. Mr. Grellner confirmed there is a treatment process and said the two places that recently had elevated levels of PFAS in the water are Airway Heights near Spokane and some areas of Whidbey Island near the naval air station. He explained that DOH takes additional samples around the aquifer the wells are drilled into, flushes the system, and then adds treatment to the water systems.

Mayor Putaansuu asked if the chemicals appear differently in shallow versus deep aquifers. Mr. Grellner said he doesn't believe DOH has come to a conclusion on that yet. He added that it was his understanding that Airway Heights doesn't have an aquitard, which is a layer of semipermeable soil between the surface of the ground and the groundwater that is tapped for drinking water. However, he believes that Whidbey Island wells do have an aquitard similar to that in Kitsap County. He explained that it may not be the depth to the groundwater that effects chemical levels, but rather the level of usage and length of time the chemicals were used.

Mayor Erickson expressed concerns about the cost of the testing and treatment within the cities. Mr. Grellner said he doesn't believe any of the city water systems were on the list of at-risk water systems. He clarified that it was mainly larger Group A community systems.

Commissioner Ed Wolfe said the Board had discussed changes to Group B water system regulations in 2017 and asked if there were any updates. Mr. Grellner said no changes were implemented, but the topic will be brought back to the Board in the next month or two.

Commissioner Wolfe also asked if the funding Mr. Grellner referenced earlier from the legislature was only for Group B water systems, which the Health District has not yet made changes to. Mr. Grellner confirmed and said the purpose of the funding was to help LHJs with funding while they work to develop their own local Group B program.

Next, Mr. Grellner said the Washington Department of Agriculture (WSDA) will be conducting aerial spraying for gypsy moths in late April to mid-May with an organic pesticide called "Btk" (*Bacillus thuringiensis kurstaki*) over an area near the south end of Bangor Subbase and the north end of Olympic View Road in Central Kitsap. He explained that gypsy moths are an invasive species that will rapidly defoliate forested areas, killing trees and creating fire hazards. The spraying is set to occur once the moth larvae begin to hatch in spring. He said WSDA does surveillance statewide, and their surveillance efforts found the moths in this area last fall. Btk is a naturally occurring bacteria that is found in soil and it is toxic to the moth larvae. Jim Zimny, Assistant Environmental Health Director, attended two open houses held by last week hosted by WSDA to inform the public. WSDA will release additional information before they begin spraying.

Mayor Erickson asked for clarification on when the spraying will occur. Mr. Grellner explained that the WSDA will monitor the area and can't spray until the larva begin to hatch, which should be in late April to mid-May. He said the bacteria will be eaten by the larva, which kills them before they can cocoon and hatch into moths.

There was no further comment.

NURSE-FAMILY PARTNERSHIP

Ms. Katie Eilers, Director of Community Health, gave the Board a presentation regarding the Nurse-Family Partnership (NFP) program. Ms. Eilers explained that the NFP program in Kitsap County is a response to some of the perinatal health indicators from the annual indicator report. NFP is an evidence-based, community health program where registered nurses work with low-income women pregnant with their first child. Each new mom is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits until her child reaches the age of two. It is a life-transforming partnership, for the mom and her child. Nurse-Family Partnership helps families — and the communities they live in — become stronger while saving money for state, local and federal governments. Ms. Eilers said the Kitsap program closely follows the national model, and therefore the program should see some of the same results locally that have been found in evidence-based trials throughout the United States.

Ms. Eilers said the NFP program started in Washington State in 1999 and has served 11,000 families through 15 counties and 12 agencies. She said many of the agencies with NFP programs are public health departments

Kitsap Public Health District began implementing NFP in July 2012 as part of a regional team with Jefferson County Public Health and the Port Gamble S'Klallam Tribe. The Kitsap NFP program maintains a caseload of 50 families and has served 150 families to date. A family will receive up to 64 home visits from a NFP Nurse over a 30-month period. There are three NFP trained nurses on staff at the Health District.

Ms. Eilers explained that the program is funded through a variety of sources, including the Washington State Department of Early Learning Home Visiting Services Account, 1/10 of 1% Chemical Dependency Therapeutic Court Tax, and Washington DOH Maternal and Child Health Block Grant in addition to local funding.

Ms. Eilers said the program was founded to focus on pregnant women during a crucial time when they are highly motivated to provide the best life for themselves and their infant, and when the baby is most vulnerable to negative influences and most receptive to positive influences.

Ms. Eilers explained that NFP's goals are as follows:

1. Improve pregnancy outcomes by helping women engage in good preventive health practices, including thorough prenatal care from their healthcare providers, improving their diets, and reducing their use of cigarettes, alcohol and illegal substances.
2. Improve child health and development by helping parents provide responsible and competent care.
3. Improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.

She said there are five key components for successful implementation of the program:

1. First-time, low-income mothers with risk factors such as poverty, dangerous physical environment, isolation, young, uneducated, mental health issues, substance abuse, and history of neglect or abuse – Adverse Childhood Experiences (ACEs).
2. Registered Nurses are used because evidence-based trials have shown they are the most effective home visitor because of their knowledge, judgement and skills, credibility and perceived authority.
3. Intensive Services to learn parenting skills and acquire knowledge.
4. Focus on Behavior.
5. Program fidelity to the national model.

Nurses work with families over the following areas: personal health, environmental health, life course development, maternal role, family and friends, and health and human services utilization. The NFP program uses standardized assessments to gather baseline data and continue to follow up with clients over time, which provides evidence-based data for the program. She also shared

research done over the last 30 years in New York, Tennessee and Colorado, and she noted that data is still being collected on the individuals from the original studies. The studies focus on moms who have received NFP intervention compared to a comparable control group who did not receive the intervention.

The studies have shown participants in NFP have significant increases in maternal employment; having a dad in the household; fewer injuries; fewer instances of neglect; reduction in childhood arrests at age 15; and positive outcomes around behavior or intellectual health at age 6, as compared the control group. Additionally, the children of moms who participated in NFP did significantly better in reading, math and language than the control group.

Ms. Eilers said research shows the program has long-term benefits for the families and society. She said Dr. Ted Miller of the Pacific Institute for Research and Evaluation reviewed 41 NFP evaluation studies and predicts that every dollar invested nationwide in NFP will yield a return on investment to government of \$2.90 and to society of \$6.40. She also said the program is growing and, as of September 2017, NFP programs are in 42 states, the U.S. Virgin Islands and several countries.

Next, Ms. Eilers introduced Nancy Acosta, Nurse-Family Partnership Program Supervisor, to read a testimonial from NFP graduate, Laura, about her experience with the program with her son, Felix. Ms. Acosta was Laura's NFP nurse. Laura's testimonial said that Ms. Acosta helped to relieve many of her fears of being a first-time mom during their first visit together. She also said Ms. Acosta visited her once a week and provided essential information that she relied on for Felix. Through the program, Laura learned that Felix had a motor speech disorder and enrolled him at Holly Ridge. He now excels in preschool and starts kindergarten in the fall. She said since joining the program and establishing family goals, her husband went back to college and she applied to Western Washington University to complete her bachelor's degree in human services, they moved from a rented room to a basement apartment and bought their first home in 2016, and she graduated with her Bachelor's degree in 2016. Laura now works for Housing Kitsap, where she feels like she is "paying it forward" by providing support to people in public housing. Laura said she is forever grateful to Ms. Acosta and the NFP program for helping her be the best mom she can be.

Commissioner Wolfe asked how many women were served in 2017 and if the funding was state or federal. Ms. Eilers said the Kitsap NFP program had about 50 women in 2017. The NFP program spends about \$8,000 a year on each woman through state and local funding.

Mayor Kol Medina commented that he has worked extensively with Ms. Eilers on Kitsap Strong, a county-wide project. Mayor Medina applauded Ms. Eilers' work and said he has enjoyed working with her. He also asked why the program only serves 50 families at a time and if it's due to lack of funding or lack of interest from new moms. Ms. Eilers said it is partially due to both lack of funding and interest, but also that the program requires aggressive referral networks because moms need to begin the program before their 28th week of pregnancy. Kitsap has a Community Health Worker who helps close gaps for referrals to the program so it can develop a waitlist. She said a waitlist will help leverage funding for expansion.

Mayor Erickson commented that she admires the NFP program for its intervention with adverse childhood experiences (i.e., ACEs) and investment in healthy families.

There was no further comment.

SOLID AND HAZARDOUS WASTE PROGRAM

Ms. Jan Brower, Program Manager of the Solid & Hazardous Waste Program (SHW), provided the Board with an overview of the SHW program. The SHW program enforces regulations that govern the handling, treatment, storage, transportation, and disposal of solid and hazardous waste in Kitsap County. These regulations include both local Health Board ordinances and Washington State Department of Ecology codes. Additionally, SHW work is included in, and coordinated with, the Kitsap County Comprehensive Solid Waste Management Plan (KCCSWMP), 1999 Edition.

Ms. Brower explained that SHW is comprised of a variety of program areas. These program areas include:

- Solid and Hazardous Waste Regulation policies and procedures
 - Secure Medicine Return Regulation (SMR)
 - Solid Waste Complaint Response
 - Homeless response coordination
 - Kitsap Nuisance Abatement Team (KNAT)
- Hazardous Sites and Closed and Abandoned Landfill (39) Management and Oversight
 - Gorst Creek Landfill Restoration Project
- Small Quantity Generator (SQG) Business Assistance Program-
 - Local Source Inspections – 286 business Technical Assistance visits during 2017
 - EnviroStars Business Incentive Program
- Solid Waste Permitting
 - Closed and Operating Landfills (5)
 - SW Handling Facilities (13)
 - Conditionally Exempt Facilities (17)
- Illegal Drug Lab Response, Assessment and Decontamination

Ms. Brower said SHW also develops various program policies and procedures, factsheets, and brochures. These materials assist the regulated community in complying with the various regulations and provide educational information to the public.

Her presentation gave examples of the kinds of complaints SHW receives with photos of sites they have visited. She said there are a variety of obstacles that can occur while trying to clean up a site, but noted they have methods for overcoming these obstacles. SHW works with adult and child protective services to assist people who need a guardian. She also said SHW can order a dumpster through the Clean Kitsap program for disposal on properties where the occupants can't

afford disposal costs. Another obstacle is foreclosures, because often the banks don't have state or local contacts. However, she noted that the City of Bremerton recently passed an ordinance requiring foreclosures to provide a local contact.

Mayor Erickson asked if the SHW program considers a property to be a health hazard, if the city or county could then step in to pay for the cleanup and lien the property. Ms. Brower said that is a possibility and is usually handled through the KNAT. Mayor Putaansuu said the City of Port Orchard recently underwent code changes to enable the city to lien property.

Commissioner Wolfe commented that the County recently re-energized and funded the KNAT. He also said the Health District SHW team has been doing great work.

Ms. Brower continued the presentation and explained that the process can take quite a while. The SHW program has the authority to issue civil infractions. It can take up to 30 days with cooperative individuals and over three months if it goes to court. However, if an individual fails to appear at court, they are issued a second ticket. She noted that if the first ticket didn't receive a response, the second one likely won't either. Additionally, she said the KNAT has a backlog of over 100 complaints, so this is not a timely process.

Mayor Erickson asked if the time issue was due to a lack of resources and if dedicating more people to the program would speed up the process. Ms. Brower agreed that having additional people and money would certainly increase the capacity. Commissioner Wolfe commented that more money and people were added to the KNAT a couple of years ago and the program has seen a significant improvement since then. Ms. Brower agreed. Mayor Erickson said she would like to see even more resources go to this program, and said she'd like the cities to participate.

Mayor Wheeler said this is his first exposure to the program. He also asked if the SHW team works with the City of Bremerton. Ms. Brower confirmed that they do and said they coordinate complaints with the City of Bremerton, and that the program often works with jurisdictional code enforcement agencies on dangerous building assessments.

Mayor Wheeler also asked about the court process. Ms. Brower explained that the SHW program can issue civil infractions which either go to court to be found committed or are contested. If this process does not work, the complaint is referred to the KNAT for assessment as a nuisance property.

Mayor Putaansuu added that the program lost resources during the economic downturn, but the City of Port Orchard made a conscious effort to dedicate more resources to the program during the last budget session and pushed for the authority to take action on complaints.

Ms. Brower said the program is looking at improvements to infrastructures and policy to make these issues more manageable in the future. She also said the KNAT has the authority to recover money for these services, which the Health District does not have the authority to do. She said the KNAT is currently working on cleanup at 13 sites.

Mayor Erickson asked who the stakeholders are. Ms. Brower said the stakeholders of the KNAT include the Kitsap County Sheriff's Office, Kitsap County Public Works, Kitsap County Department of Community Development, Animal Control, city code enforcement, and Clean Water Kitsap.

Lastly, Ms. Brower said kiosks for the Secure Medicine Return program are scheduled to arrive in Kitsap County on March 1st and will be installed over the following two weeks. The program should be open to the public by April 1st.

Mayor Medina asked how the SHW program is funded. Ms. Brower explained the program gets majority of its funding from the Kitsap County Solid Waste Tipping Fee, grant funding, and permit fees.

Mayor Erickson thanked Ms. Brower for her presentation and said the SHW program has been very beneficial to the jurisdictions.

There was no further comment.

ADJOURN

There was no further business; the meeting adjourned at 3:07 p.m.

Becky Erickson
Kitsap Public Health Board

Keith Grellner
Administrator

Board Members Present: *Mayor* Becky Erickson; *Commissioner* Charlotte Garrido; *Mayor* Kol Medina; *Mayor* Rob Putaansuu; *Mayor* Greg Wheeler; *Commissioner* Ed Wolfe.

Board Members Absent: *Commissioner* Rob Gelder.

Community Members Present: Carol Larson, *League of Women Voters - Kitsap*; Cristina Roark, *Kitsap Strong*.

Staff Present: Nancy Acosta, *Public Health Nurse Supervisor, Parent Child Health*; Amy Anderson, *Public Health Educator, Public Health Emergency Preparedness and Response*; Angie Berger, *Administrative Assistant, Administration*; Karen Bevers, *Communications Coordinator and Public Information Officer*; Dana Bierman, *Community Liaison, Chronic Disease Prevention*; Jan Brower, *Program Manager, Solid and Hazardous Waste*; Daydra Denson, *Environmental Health Specialist 2-RS, Solid and Hazardous Waste*; Katie Eilers, *Director, Community Health Division*; Keith Grellner, *Administrator, Administration*; Yaneisy Griego, *Bilingual Community Health Worker, Parent Child Health*; Grant Holdcroft, *Program Manager, Pollution Identification and Correction*; Melissa Laird, *Program Manager, Accounting*

and Finance; Dr. Susan Turner, Health Officer, Administration; Jim Zimny, Assistant Director, Environmental Health Division.

DRAFT

MEMO

To: Kitsap Public Health Board
From: Karen Holt, Human Resources Manager
Date: April 3, 2018
Re: Resolution 2018-03, Approving Revisions to the Health District Personnel Manual

The District is requesting Kitsap Public Health Board approval of Resolution 2018-03, Approving Revisions to the Health District Personnel Manual, to address the paid sick leave requirements of the initiative as outlined in Washington State Legislature RCW 49.46.200. Initiative Measure No. 1433, which was approved by Washington voters in fall 2016, contains four primary changes to state law:

- Requires employers to provide paid sick leave to most employees beginning January 1, 2018.
- Increases the minimum wage over the next several years.
- Ensures tips and service charges are given to the appropriate staff.
- Protects employees from retaliation when exercising their rights under the minimum wage requirements and Labor Standards Act.

Starting January 1, 2018, employers in Washington are required to provide most of their employees with paid sick leave. Employees must accrue paid sick leave at a minimum rate of one hour of paid sick leave for every 40 hours worked which must be paid to employees at their normal hourly compensation. Additionally, employees are entitled to use accrued paid sick leave beginning on the 90th calendar day after the start of their employment.

To comply with the paid sick leave requirement, the District will maintain the current leave accrual system it has in place with minimal changes. New employees will now have access to their General Leave accrual beginning on the 90th calendar day after the start of their employment for absences as defined by the new law. Requests for vacation, etc., will be allowed only after successful completion of the probationary period, usually six months, as has been our practice historically. Represented employees will be allowed to accrue more than 360 hours of general leave throughout the year, with a cap of 360 hours at year-end. This is consistent with our practice for our unrepresented and managerial staff. Extra-help, hourly staff, will now accrue one hour for every 40 hours worked, consistent with the law, with no other leave provisions. Previously, extra-help/hourly staff did not accrue leave. Currently, we have no extra-help/hourly employees on staff.

Attached, please find the following documents related to this request:

- A red-lined version showing the proposed revisions to the Health District Personnel Manual to come into compliance with the paid sick leave requirements of Initiative Measure No: 1433 (**Note: Only the pages/sections being revised are included with the red-line version);
- A final “clean” version the revised Personnel Manual in its entirety; and
- Resolution 2018-03, Approving Revisions to the Health District Personnel Manual.

Recommended Action

The Health District recommends the Health Board make and approve a motion such as the following:

The Board moves to approve Resolution 2018-03, Approving Revisions to the Health District Personnel Manual.

If you have questions, comments or need additional information, please contact me at (360) 728-2294, or karen.holt@kitsappublichealth.org.

Attachments: Revised Draft Health District Personnel Manual Changes (April 3, 2018)
 Clean Draft of Revised Health District Personnel Manual (April 3, 2018)
 Resolution 2018-03, Approving Revisions to the Health District Personnel Manual



KITSAP PUBLIC HEALTH DISTRICT

PERSONNEL MANUAL

April 3, 2018 ~~January 5, 2016~~

Adopted: April 1, 1967
Revised: June 11, 1981
May 6, 1982
November 10, 1983
October 4, 1984
June 6, 1985
July 31, 1985
January 2, 1986
September 6, 2000
March 6, 2001
February 3, 2003
June 2, 2009
February 1, 2011
June 7, 2011
December 6, 2011
January 1, 2013
April 2, 2013
October 1, 2013
November 5, 2013
September 2, 2014
November 4, 2014
January 5, 2016
April 3, 2018

For questions, call Human Resources
(360) 728-2294 — ~~337-5294~~

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- 2.12 EXTRA-HELP HOURLY EMPLOYEE** – Non-regular employees who are at-will for the entire period of employment, whose employment may be terminated for convenience by the employing official, and who work variable hours and are paid on an hourly basis. Hourly employees receive only those benefits required by federal or state laws and do not receive Health District benefits unless authorized by the Administrator.
- 2.13 FULL MONTH OF EMPLOYMENT** – For purposes of paid leave and benefits eligibility, a full month of employment is any calendar month in which a probationary, provisional or regular employee is in a paid status for at least eighty (80) hours if a full-time employee, or for prorated hours based on the regular full-time equivalency if a part-time employee.
- 2.14 FULL-TIME EMPLOYEE** – A regular employee who is hired to work forty (40) hours per week in a budgeted position.
- 2.15 HEALTH OFFICER** – An experienced physician who must be licensed to practice medicine as required by RCW 70.05.050 and hold a degree of master of public health or its equivalent. Appointed by and acting under the direction of the Board, the Health Officer is responsible for the powers and duties set forth in RCW 70.05.070 and other applicable state law, and is also responsible for the Health District’s public health functions of community health assessment, public health policy development, and assurance of health service delivery.
- 2.16 IMMEDIATE FAMILY** – Includes the employee's spouse, children (including step and foster children), parents, parents-in-law or grandparents, or as otherwise specified in this Manual or other Health District policies.
- 2.17 NON-EXEMPT EMPLOYEE** – An employee who is subject to the minimum wage and overtime requirements of the Washington Minimum Wage Act and the Fair Labor Standards Act.
- 2.18 PART-TIME EMPLOYEE** - A regular employee who has successfully completed a probation period as defined in these policies, and who is hired to work less than forty (40) hours in a workweek. Regular part-time employees are eligible for Health District benefits prorated based on their full-time equivalence.
- 2.19 PROBATIONARY EMPLOYEE** - Employees who have not yet completed their probation period in a regular position and who have not been certified to regular employment status. Unless otherwise specified, when regular employees are referred to in these policies, they include probationary employees. Probationary employees are eligible for all employment benefits offered to regular employees; however, they are not eligible to use any leave accrued ([except as allowed by Initiative Measure No. 1433, \(Washington State Paid Sick Leave Law\)](#)) until successful completion of their probation period. The employment of probationary employees may be terminated for convenience at any time during the probation period by the employing official with or without notice and without right to appeal.
- 2.20 PROJECT EMPLOYEE** - Non-regular employees who are at-will for the entire period of employment, whose employment may be terminated for convenience at any time by the employing official, and who hold jobs of limited duration to accomplish special projects. Project employees receive only those benefits required by federal or state laws and do not receive Health District benefits unless authorized by the Administrator.
- 2.21 PROVISIONAL EMPLOYEE** - An employee who is hired into a position for a period of time up to a maximum of two (2) years. Provisional employees are eligible for Health District benefits prorated

based on their full-time equivalence; however, they are not eligible to use any accrued paid leave until completion of six (6) months of provisional service, [except as allowed by Initiative Measure No. 1433, \(Washington State Paid Sick Leave Law\)](#). The employment of provisional employees may be terminated for convenience at any time by the employing official with or without notice and without right to appeal. Regular employees who accept a provisional appointment are not considered provisional employees and have the right to revert to their previous or comparable position at the end of the provisional appointment.

- 2.22 REGULAR EMPLOYEE** – Employees in budgeted positions, who have successfully completed their probationary employment period. Regular employees are credited with continuous service from the date of hire into a budgeted position.
- 2.23 SEXUAL ORIENTATION** – Heterosexuality, homosexuality, bisexuality, and gender expression or identity. As used in this definition, “gender expression or identity” means having or being perceived as having a gender identity, self-image, appearance, behavior, or expression, whether or not that gender identity, self-image, appearance, behavior, or expression is different from that traditionally associated with the sex assigned to that person at birth.
- 2.24 SUPERVISOR** – An employee with the Health District who has been delegated the responsibility and authority to hire, suspend, promote, discipline, terminate, or direct other employees, or recommend such action; assign, monitor, and evaluate the work, approve leave requests, authorize overtime, etc. of assigned staff.
- 2.25 TEMPORARY EMPLOYEE** – Non-regular employees who are at-will for the entire period of employment, whose employment may be terminated for convenience by the employing official, and who hold jobs for no more than six (6) months duration usually due to abnormal workloads or emergencies. Temporary employees receive only those benefits required by federal or state laws and do not receive Health District benefits unless authorized by the Administrator. A temporary assignment may extend beyond the six-month limitation only with specific approval from the Administrator.

CHAPTER 5 –PROBATION/TRIAL SERVICE PERIOD

5.1 PURPOSE

The probation period is an essential part of the selection process and is a continuing evaluation of the candidate prior to granting regular employee status. During the probation period an employee is required to demonstrate suitability for the position by actual performance of the work.

5.2 PROBATION PERIOD - NEW EMPLOYEE

5.2.1 Duration: The introductory probation period for a new employee is usually a period of six (6) months. The probation period may be extended on a month-to-month basis for up to three (3) months by the employing official. What follows is a non-exclusive list of reasons for which the probation period may be extended:

- A. Additional training is required to achieve satisfactory performance;
- B. The employing official determines that there has been an insufficient time for the individual to perform the full range of duties for the job classification or inadequate opportunity to evaluate the probationary employee's performance;
- C. A performance or disciplinary problem has developed which may be correctable with more time, and it is in the best interests of the Health District to do so; or
- D. Other reasons determined to be appropriate by the employing official.

5.2.2 Notification of Extension: Notification by the employing official, in writing, stating the reason for the extension and the employee's obligation during the extension period will be provided to the probationary employee, with a copy to the Human Resources Manager.

5.2.3 Conditions of the Probation Period: During the probation period, each employee should receive two performance evaluations. One evaluation should be performed approximately three (3) months after the date of appointment to clarify goals, provide feedback, and compare perceptions about performance. This initial evaluation may be informal and use of the formal evaluation is optional. The second evaluation should be performed approximately two (2) weeks prior to the end of the normal probation period. During the probation period, the employing official may, with or without cause, dismiss an employee. The probationary employee does not have the right to appeal or the right of access to the grievance process upon demotion, dismissal, or disciplinary action.

5.2.4 Paid Time Off During the ~~Probationary~~Introductory Period: Probationary employees may not use ~~any~~ accrued paid leave during the first six (6) months of employment except as allowed by Initiative Measure No. 1433, (Washington State Paid Sick Leave Law), effective January 1, 2018, which allows employees to use accrued paid leave beginning on the 90th calendar day after the start of their employment for the following: to care for themselves or their family members; when the employees' workplace or their child's school or place of care has been closed by a public official for any health-related reason; and for absences that qualify for leave under the state's Domestic Violence Leave Act.— Probationary employees may use their personal holiday after four (4) months of employment. Use of

leave without pay, accrued compensatory time, or administrative time may also be authorized during the probation period.

- 5.2.5 Termination of Probationary Employee: A probationary employee is an at-will employee, whose employment may be terminated by the employing official for convenience, and with or without notice. During the probation period, the probationary employee shall not have the right to appeal or the right of access to the grievance process.

5.3 TRIAL SERVICE PERIOD – PROMOTION, TRANSFER, OR REHIRE

- 5.3.1 Duration: The trial service period for a promoted, transferred or rehired employee is a period of three (3) months for union positions and six (6) months for management and non-union positions. The employing official may extend the trial service on a month-to-month basis for up to three (3) months under the following conditions:

- A. Additional training is required to achieve satisfactory performance;
- B. The employing official determines that there has been insufficient time for the individual to perform the full range of duties for the job classification or inadequate opportunity to evaluate the employee's performance;
- C. A performance or disciplinary problem has developed which may be correctable with more time, and it is in the best interests of the Health District to do so.
- D. Other reasons determined to be appropriate by the employing official.

- 5.3.2 Notification of Extension: Notification, in writing, which states the reason for the extension and the employee's obligation during the extension period, will be provided to the trial service employee, with a copy to the Human Resources Office.

- 5.3.3 Conditions of Trial Service Period: During the trial service period the employing official may, for convenience, demote an employee to his/her prior position or an equivalent position in the same salary range at the step previously held if there is such a position vacant. If no such position is vacant, the employment of a trial service employee may be terminated. During the trial service period, a trial service employee shall not have the right to appeal or the right of access to the grievance process.

CHAPTER 9 – EMPLOYEE BENEFITS

9.1 GENERAL POLICY

It is the Health District's policy to provide employees with a comprehensive benefits program. Employee benefits help the Health District attract and retain quality employees. The Health District reviews its benefits periodically and makes changes as warranted. Unless noted otherwise in these policies, benefits for regular part-time and temporary employees are:

- 9.1.1 Regular Part-time Employees: All leaves, including holidays, health insurance premium contributions, and benefit allowances are prorated for eligible employees. Prorated means the ratio between the number of hours in the employee's normal work schedule and forty (40) hours per week.
- 9.1.2 Temporary Employees: Temporary employees normally are not eligible to receive benefits, including paid leave, a personal holiday, health insurance, and benefit allowances, except for such benefits required by federal or state laws including Initiative Measure No. 1433, Washington State Paid Sick Leave Law; one hour of paid leave for every 40 hours worked beginning on the 90th calendar day after the start of their employment.

9.2 ORIENTATION

New employee orientation is a responsibility shared by the Human Resources Office and the hiring Program Manager. The Program Manager or designee will explain specific job requirements, description and explanation of duties, and program hours, policies, and procedures. The Human Resources Office provides basic employment-related information to all new employees early in the employment relationship.

9.3 BENEFITS PROGRAM

The Health District offers all probationary, provisional and regular employees participation in its benefits program. Part-time employees receive prorated benefits based on the employee's full-time equivalence.

- 9.3.1 The District will pay the premiums to provide basic life (which includes employee accidental death and dismemberment (AD&D)), and the base plan for long-term disability insurance to all eligible employees. Employees may, at their option and expense, purchase additional life, disability, and AD&D insurance coverage from the District's provider according to the rates and terms set by the provider.
- 9.3.2 Medical and Dental Insurance and Benefit Allowances.
 - A. The District will provide medical insurance for eligible employees through the Public Employees Benefits Board (PEBB). The District will offer dental insurance through the Western Healthcare Insurance Trust or through a comparable provider. Information regarding current insurance plans and policies can be obtained from the Human Resources Office.

approval for such purposes as vacation, bereavement, personal appointments, preventive health care, illness of less than five (5) consecutive days, etc. It may also be used for leave beginning on the 90th calendar day after the start of their employment for usage as outlined in Initiative Measure No. 1433, Washington State Paid Sick Leave Law. (See 5.2.4.) Each Program Manager is responsible for scheduling his or her employees' general leave without undue disruption of program operations.

9.8.2 Full-time employees shall accrue general leave at the following rates:

Years of Service	8-Hour Days Accrued/Year	Hours Accrued/Month
from 0 to 1 year	18 days	12.00 hours
from 1 to 2 years	19 days	12.67 hours
from 2 to 3 years	20 days	13.33 hours
from 3 to 4 years	21 days	14.00 hours
from 4 to 5 years	22 days	14.67 hours
from 5 to 6 years	23 days	15.33 hours
from 6 to 7 years	24 days	16.00 hours
from 7 to 8 years	25 days	16.67 hours
from 8 to 9 years	26 days	17.33 hours
from 9 to 10 years	27 days	18.00 hours
from 10 to 14 years	28 days	18.67 hours
from 14 to 24 years	29 days	19.33 hours
24 years and over	31 days	20.67 hours

9.8.3 All new employees must satisfactorily complete their probationary period to be entitled to the use of general leave, except as provided in Initiative Measure No. 1433, Washington State Paid Sick Leave Law.

9.8.4 Eligible part-time employees shall accrue general leave based on the above schedule prorated to their full-time equivalency.

9.8.5 Temporary employees are not eligible for any general leave benefits, except as provided in Initiative Measure No. 1433, Washington State Paid Sick Leave Law.

9.8.6 General leave accrues from the date of hire and may be used after successful completion of the probationary period, except as provided in Initiative Measure No. 1433, Washington State Paid Sick Leave Law. Provisional employees are eligible to use accrued paid leave after completion of six (6) months of provisional service, except as provided in Initiative Measure No. 1433, Washington State Paid Sick Leave Law. General leave continues to accrue during any paid leave of absence.

9.8.7 Employees do not accrue general leave when they are in a leave without pay status. To be eligible to accrue general leave in any calendar month, the employee must be in paid status for at least eighty (80) hours if a full-time employee, or in paid status for prorated hours if a part-time employee. General leave is credited to the employee's leave balance

on the last day of the calendar month earned and is available for use the first day of the next month.

- 9.8.8 Leave requests must be submitted at least two weeks prior to taking planned general leave. Scheduled requests for leave are subject to the approval of the employee's supervisor. In the event of a conflict between two employees, the employee making the first request will prevail. Should the sequence of conflicting requests be unknown, the employee having greater seniority shall prevail.
- 9.8.9 Employees unable to work or unable to report to work on time shall notify their supervisor as soon as possible before the workday begins or within fifteen (15) minutes of the employee's usual starting time. If an absence continues beyond one day, the employee is responsible for reporting in each day. If the supervisor is unavailable, the employee must leave a message with the Program Manager or Division Director stating the reason for the tardiness or inability to report to work. If the Program Manager attempts to contact the employee regarding the absence and is unable to reach him or her, the employee must make every attempt to call and talk directly to either the Program Manager or the Human Resources Manager. An employee who is absent without authorization or notification is subject to disciplinary action, including possible termination.
- 9.8.10 If an employee provides reasonable notice when requesting general leave and is prevented from taking requested general leave by the employee's supervisor, and if, as a result of such, the employee has more than the maximum allowable amount of leave accrued for the year on December 31, the employee may be cashed out at the employee's salary rate at that time or the employee may carry-over the accumulated leave into the next year.
- 9.8.11 Upon separation of an employee by retirement, resignation, layoff, dismissal or death, the employee or beneficiary thereof will be paid for the unused general leave to a maximum of thirty days (240 hours) at the rate the employee was being paid at the time of separation. Notwithstanding any other provision to the contrary, no leave payout (cash out) shall exceed two-hundred forty (240) hours.
- 9.8.12 Non-exempt employees may accrue ~~in excess of up to~~ three-hundred sixty (360) hours of general leave; however, a maximum of three-hundred sixty (360) hours of general leave may be carried to the next calendar year. ~~–A non-exempt employee who has reached the maximum accrual level will not accrue additional general leave until his or her balance has been reduced through use; provided, however, that~~ Division Directors may make written exceptions to this rule in the event an employee is precluded from taking a previously scheduled vacation through no fault of his or her own.
- 9.8.13 Exempt employees may accrue in excess of three-hundred sixty (360) hours of general leave; however, a maximum of three-hundred sixty (360) hours of general leave may be carried to the next calendar year. Division Directors may make written exceptions to this rule in the event an employee is precluded from taking a previously scheduled vacation through no fault of his or her own.

9.9 DONATION OF GENERAL LEAVE

- 9.9.1 It is the policy of the Health District to allow employees who are or who have family members who are suffering from a qualifying serious illness, injury, impairment or



KITSAP PUBLIC HEALTH DISTRICT

ACKNOWLEDGMENT RECEIPT

Receipt for the Kitsap Public Health District Personnel Manual

I hereby acknowledge that I have reviewed a copy of the *Kitsap Public Health District Personnel Manual*, revised effective ~~April 3, 2018~~ January 5, 2016. I understand that the *Personnel Manual* is not a contract of employment, and may be modified by the Health District at any time.

I further acknowledge my responsibility for adhering to the contents of the *Personnel Manual* and understand that any questions regarding the contents should be directed to the Human Resources Manager for explanation or clarification. I understand that this *Personnel Manual* supersedes all other prior versions.

My signature below further signifies that I have reviewed this *Personnel Manual* and that I accept and will abide by the provisions therein.

Printed Name _____

Date _____

Signature _____

Employee: Submit original to Human Resources for placement in personnel file.



KITSAP PUBLIC HEALTH DISTRICT

PERSONNEL MANUAL

April 3, 2018

Adopted: April 1, 1967
Revised: June 11, 1981
May 6, 1982
November 10, 1983
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October 1, 2013
November 5, 2013
September 2, 2014
November 4, 2014
January 5, 2016
April 3, 2018

For questions, call Human Resources
(360) 728-2294

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CHAPTER I – INTRODUCTION

1.1 ABOUT THE HEALTH DISTRICT

The Kitsap Public Health District (“Health District”) was established in 1947 under Chapter 70.46 Revised Code of Washington (RCW). In accordance with RCW 70.05, the governing Board for the Health District consists of the three (3) Kitsap County Commissioners and the Mayor or a City Councilmember as appointed by each of the cities of Bremerton, Bainbridge Island, Port Orchard, and Poulsbo. The Health District works to protect people from harmful conditions and to promote healthy behaviors. Through a broad range of critical activities, the Health District helps to reduce disease and injury, as well as the health care costs associated with them. To accomplish these broad responsibilities, the Kitsap Public Health Board (“Board”) has established the following mission statement, vision statement, and guiding principles:

1.1.1 Mission Statement

Kitsap Public Health District prevents disease and protects and promotes the health of all persons in Kitsap County.

1.1.2 Vision Statement

Striving to make Kitsap County a safe and healthy place to live, learn, work, and play.

1.1.3 Guiding Principles

Prevention	We believe prevention is the most effective way to protect our community from disease and injury.
Partnerships	We work with others when collaboration will produce better and faster results.
Effectiveness	We make data-driven decisions and use science-based practices to produce the best possible outcomes.
Equity	We believe all Kitsap residents should have an equal opportunity to live healthy and safe lives.
Quality	We continuously improve the quality of our services and systems to better serve the community to which we are accountable.

1.2 ORGANIZATION

The Board serves as the Health District’s governing body. It is responsible for developing the Health District policies, guidelines, and the classification plan contained herein. It is responsible for setting the annual budget, which reflects the salary ranges for classifications.

The Board appoints a Health Officer and may appoint an Administrator under RCW 70.05.040. The Health Officer, who must be an experienced physician licensed to practice medicine as required by RCW 70.05.050 and hold a degree of master of public health or its equivalent, is responsible for the powers and duties set forth in RCW 70.05.070 and other applicable state law, and is also responsible for the Health District's public health functions of community health assessment, public health policy development, and assurance of health service delivery. The Administrator, if appointed, acts as executive secretary and administrative officer for the Board, and is responsible for administering the operations of the District including such other administrative duties required by the local health board, except for duties assigned to the Health Officer in RCW [70.05.070](#) and other applicable state law.

The Administrator has the authority to approve Health District reorganizations and changes in the classification plan within the adopted Health District budget. The Administrator has the responsibility to ensure that the Division Directors and staff adhere to the Health District's policies, rules, and guidelines, including the provisions contained in this Manual.

The Human Resources Manager has been delegated the responsibility to administer all the human resources activities of the Health District and implement and maintain a professional system of personnel management in accordance with the Health District's policies, rules, annual budget, and this Manual. The Human Resources Manager has the responsibility under the direction of the Administrator to develop administrative, legal and personnel policies, procedures and guidelines as necessary to assist in the administration of the Health District, provided that such policies, procedures and guidelines are consistent with the intent of the provisions contained in this Manual.

1.3 PURPOSE

This Personnel Manual is provided as a reference source relating to the hiring, compensation, working conditions, promotions, transfers, discipline, and other matters affecting the status of Health District employees. While this Manual is not a legal agreement, nor an express or implied promise of specific treatment in particular circumstances, you will find it helpful to read this Manual entirely to understand the Health District's general guidelines, policies, procedures, rules, and benefits. The provisions contained in this Manual will change over time. Subject to approval by the Board, the Health District reserves the right to amend, modify, delete, alter, supplement, suspend, or terminate any statements or policies in this Manual and any employee benefits at any time, with or without notice. The Administrator and the Board also reserve the right to deviate from the statements or policies contained herein in individual situations to avoid disruptions in the public employer function, or to achieve its primary mission of providing orderly and cost efficient public health services to the public. As the Health District is the author of this Manual, interpretation of the provisions contained herein is determined by the Health District.

1.4 APPLICABILITY

1.4.1 Positions Covered

All positions and offices in the Health District service are covered by this Manual except:

- A. The Health Officer.

- B. The Administrator.
- C. The members of all boards and committees appointed by the Board or the Health Officer, Administrator, or their designee.
- D. Persons covered by a separate contract of employment.
- E. All student interns and volunteers.
- F. At-will employees in positions as prescribed by state law, or as may be designated by the Administrator or by the Board.

1.4.2 Supplementation of Collective Bargaining Agreement

This Manual applies to represented employees who are covered by the terms and conditions of a collective bargaining agreement, but only in accordance with the following:

- A. The provisions of this Manual may be adopted by specific reference and included as a part of the collective bargaining agreement.
- B. The provisions of this Manual apply where the collective bargaining agreement is silent on any subject covered herein to clarify or elucidate any provision of a collective bargaining agreement.

1.5 EMPLOYER RIGHTS

1.5.1 The Health District reserves all legal rights with respect to matters of general legislative, executive, and/or administrative policy, which include, but are not limited to the exclusive right to:

- A. Determine its mission.
- B. Select standards for employment and promotion.
- C. Direct its employees.
- D. Take disciplinary action.
- E. Relieve its employees from duty because of lack of work or other reason.
- F. Contract out work.
- G. Maintain the efficiency of governmental operations.
- H. Determine the methods, means, and personnel by which governmental operations are to be conducted.
- I. Take all necessary actions to carry out its mission in an emergency.
- J. Exercise complete control and discretion over its organization and the technology of performing its work.

- 1.5.2 The Health District also reserves the right of the Administrator and the Board to deviate from the statements or policies in this Manual in individual situations to avoid disruptions in the public employer function, or to achieve its primary mission of providing orderly and cost-efficient services to the public.

1.6 EMPLOYEE RIGHTS

- 1.6.1 Employees have the right and shall be protected in the exercise of such right, freely and without fear of penalty or reprisal, to form, join, and assist any employee organization or to refrain there from.
- 1.6.2 No employee will knowingly be directed to work in a condition, location, or assignment that would constitute a hazard to the employee's health or well-being.
- 1.6.3 Employees shall be protected from discrimination or harassment on the basis of race, color, religion, sex, national origin, age, marital status, sexual orientation, the presence of any sensory, mental or physical disability, veteran's status, or any other bases forbidden by federal, state, or local laws.

1.7 SEVERABILITY

If any provision within this Manual or application of the guidelines, policies, procedures and rules contained herein to a person or circumstances is held invalid, the remainder of this Manual or the application of the provisions to other persons or circumstances will not be affected.

1.8 REVISIONS, ADDITIONS AND DISTRIBUTION

As changes occur, all divisions will receive the revisions and additions to this Manual. A memorandum may be included with the revised pages giving instructions and explanations for each change, when necessary. The current date of each edition is entered in the lower right-hand corner of each page. The Human Resources Manager is responsible for updating the provisions in this Manual and making it accessible to all employees.

1.9 NOTICES

Any notice given by the Health District as provided for in this Manual shall be effective on the date of delivery. Any notice by an employee or applicant is effective upon receipt of such notice by the Health District.

CHAPTER 2 – DEFINITIONS

- 2.1 ADMINISTRATOR** – Appointed by and acting under the direction of the Board, the Administrator is the executive secretary and administrative officer for the Board, and is responsible for administering the operations of the District including such other administrative duties required by the Board, except for duties assigned to the Health Officer as enumerated in RCW [70.05.070](#) and other applicable state law.
- 2.2 ADMINISTRATIVE LEAVE** – Paid time off as determined by the Administrator for an investigation or other administrative proceeding or for time lost due to inclement weather.
- 2.3 ADMINISTRATIVE TIME** – Time off for exempt employees for any time worked in excess of the exempt employee’s regular workweek, calculated on an hour-for-hour basis, and as authorized by the exempt employee’s direct supervisor or Division Director. The maximum accrual of administrative time shall not exceed forty (40) hours at any time.
- 2.4 BREAK IN SERVICE** – A break in continuous service occurs when an employee is on unpaid leave for fifteen (15) calendar days or more.
- 2.5 COMPENSATORY TIME** – Paid time off the job that is granted to a non-exempt employee in lieu of overtime pay for hours worked beyond forty (40) hours in a workweek.
- 2.6 CONTINUOUS SERVICE/SENIORITY** – Length of continuous service by an employee, which includes periods of authorized paid leave and time between separation and re-employment not to exceed two (2) years. All benefits based on length of service are computed on the basis of seniority, unless otherwise specified. Seniority does not accrue during periods of unpaid leave of fifteen (15) calendar days or more.
- 2.7 DEMOTION** - The downgrade of an employee from one classification to another having a lower pay range.
- 2.8 DIRECTOR OF HEALTH** – The administrative and health officer of the Health District prior to November 5, 2013. The Board currently appoints two individuals, an Administrator and a Health Officer under RCW 70.05.040. Any use of the use of the term, Director of Health, in Health District policies and agreements shall refer to the Administrator, unless the term references powers, duties, or responsibilities of the Health Officer set forth in RCW 70.05.070 and other applicable state law.
- 2.9 DIVISION DIRECTOR** - An employee who reports directly to the Administrator and is responsible for directing one or more of the Health District divisions.
- 2.10 EMPLOYING OFFICIAL** - A person responsible for the employment, discipline, or termination of employees, usually a Program Manager, Division Director, or designee.
- 2.11 EXEMPT EMPLOYEE** – An executive, administrative, or professional employee exempt from the minimum wage and overtime requirements of the Washington Minimum Wage Act and Fair Labor Standards Act (FLSA). Exempt employees are hired to fulfill the duties of their positions and expected to work the hours needed to complete work assignments.

- 2.12 EXTRA-HELP HOURLY EMPLOYEE** – Non-regular employees who are at-will for the entire period of employment, whose employment may be terminated for convenience by the employing official, and who work variable hours and are paid on an hourly basis. Hourly employees receive only those benefits required by federal or state laws and do not receive Health District benefits unless authorized by the Administrator.
- 2.13 FULL MONTH OF EMPLOYMENT** – For purposes of paid leave and benefits eligibility, a full month of employment is any calendar month in which a probationary, provisional or regular employee is in a paid status for at least eighty (80) hours if a full-time employee, or for prorated hours based on the regular full-time equivalency if a part-time employee.
- 2.14 FULL-TIME EMPLOYEE** – A regular employee who is hired to work forty (40) hours per week in a budgeted position.
- 2.15 HEALTH OFFICER** – An experienced physician who must be licensed to practice medicine as required by RCW 70.05.050 and hold a degree of Master of Public Health or its equivalent. Appointed by and acting under the direction of the Board, the Health Officer is responsible for the powers and duties set forth in RCW 70.05.070 and other applicable state law and is also responsible for the Health District’s public health functions of community health assessment, public health policy development, and assurance of health service delivery.
- 2.16 IMMEDIATE FAMILY** – Includes the employee's spouse, children (including step and foster children), parents, parents-in-law or grandparents, or as otherwise specified in this Manual or other Health District policies.
- 2.17 NON-EXEMPT EMPLOYEE** – An employee who is subject to the minimum wage and overtime requirements of the Washington Minimum Wage Act and the Fair Labor Standards Act.
- 2.18 PART-TIME EMPLOYEE** - A regular employee who has successfully completed a probation period as defined in these policies, and who is hired to work less than forty (40) hours in a workweek. Regular part-time employees are eligible for Health District benefits prorated based on their full-time equivalence.
- 2.19 PROBATIONARY EMPLOYEE** - Employees who have not yet completed their probation period in a regular position and who have not been certified to regular employment status. Unless otherwise specified, when regular employees are referred to in these policies, they include probationary employees. Probationary employees are eligible for all employment benefits offered to regular employees; however, they are not eligible to use any leave accrued, except as allowed by Initiative Measure No. 1433, (Washington State Paid Sick Leave Law), until successful completion of their probation period. The employment of probationary employees may be terminated for convenience at any time during the probation period by the employing official with or without notice and without right to appeal.
- 2.20 PROJECT EMPLOYEE** - Non-regular employees who are at-will for the entire period of employment, whose employment may be terminated for convenience at any time by the employing official, and who hold jobs of limited duration to accomplish special projects. Project employees receive only those benefits required by federal or state laws and do not receive Health District benefits unless authorized by the Administrator.

- 2.21 PROVISIONAL EMPLOYEE** - An employee who is hired into a position for a period of time up to a maximum of two (2) years. Provisional employees are eligible for Health District benefits prorated based on their full-time equivalence; however, they are not eligible to use any accrued paid leave until completion of six (6) months of provisional service, except as allowed by Initiative Measure No. 1433, (Washington State Paid Sick Leave Law). The employment of provisional employees may be terminated for convenience at any time by the employing official with or without notice and without right to appeal. Regular employees who accept a provisional appointment are not considered provisional employees and have the right to revert to their previous or comparable position at the end of the provisional appointment.
- 2.22 REGULAR EMPLOYEE** – Employees in budgeted positions, who have successfully completed their probationary employment period. Regular employees are credited with continuous service from the date of hire into a budgeted position.
- 2.23 SEXUAL ORIENTATION** – Heterosexuality, homosexuality, bisexuality, and gender expression or identity. As used in this definition, “gender expression or identity” means having or being perceived as having a gender identity, self-image, appearance, behavior, or expression, whether or not that gender identity, self-image, appearance, behavior, or expression is different from that traditionally associated with the sex assigned to that person at birth.
- 2.24 SUPERVISOR** – An employee with the Health District who has been delegated the responsibility and authority to hire, suspend, promote, discipline, terminate, or direct other employees, or recommend such action; assign, monitor, and evaluate the work, approve leave requests, authorize overtime, etc. of assigned staff.
- 2.25 TEMPORARY EMPLOYEE** – Non-regular employees who are at-will for the entire period of employment, whose employment may be terminated for convenience by the employing official, and who hold jobs for no more than six (6) months duration usually due to abnormal workloads or emergencies. Temporary employees receive only those benefits required by federal or state laws and do not receive Health District benefits unless authorized by the Administrator. A temporary assignment may extend beyond the six-month limitation only with specific approval from the Administrator.

CHAPTER 3 – RECRUITMENT

3.1 RECRUITMENT

3.1.1 The Human Resources Office develops and conducts a recruitment program designed to meet current and projected employment needs. The Health District selects qualified applicants to fill job openings based on job qualifications to ensure a highly skilled, productive, and diverse workforce. Discrimination in selection because of race, color, religion, sex, national origin, age, marital status, sexual orientation, the presence of any sensory, mental or physical disability, veteran’s status, or any other bases forbidden by federal, state, or local laws is prohibited.

3.1.2 Any applicant or employee who feels that he or she has been discriminated against because of race, color, religion, sex, national origin, age, marital status, sexual orientation, the presence of any sensory, mental or physical disability, veteran’s status, or any other bases prohibited by federal, state, or local laws must follow the grievance procedure set forth in this Manual or in the Health District’s [Harassment and Discrimination Policy](#) (See Appendix A).

3.1.3 Types of Job Announcements

- A. Outside Posting: An employing official may request to post a notice of job vacancy to the general public. Applications are accepted from any qualified persons who wish to apply. The notice is posted for a minimum of five (5) working days before filling a job vacancy. Note: No posting is required in a re-employment situation.
- B. Internal Posting: An employing official may request to post a notice of job vacancy internally only to Health District employees. Applications are restricted to employees in regular, budgeted Health District positions. The notice is posted for a minimum of five (5) working days prior to filling the vacancy.

3.1.4 Recruitment Procedures

- A. Position Vacancy: To begin the recruitment process, the employing official submits a completed “Request for Personnel” form to the Human Resources Office. The Human Resources Office will prepare a job announcement and begin the recruitment process, coordinating the recruitment activities with the employing official. There is no posting requirement in a rehire situation.
- B. Distribution of Posting: All job vacancy postings should be posted on the official bulletin board at the main office. Outside Job Vacancy Notices may also be posted on the Health District’s web page on the Internet, recorded on the 24-hour job line, advertised in local newspapers, and sent to other agencies as appropriate.

3.1.5 Applications

- A. Filing of Applications: Applications for employment need to be filed on such forms as may be prescribed by the Human Resources Office. These forms must be filled

out completely by each applicant. A separate application must be completed for each position open. Applications must be signed with the applicant's original signature. Applicants are responsible for promptly notifying the Human Resources Office of any changes of address or telephone number so that the information may be corrected on the application. Applications will not be returned to the applicant.

1. To be accepted, an application must be received by the Human Resources Office by the close of business on or before the final filing date specified in the announcement. If indicated on the job announcement, applications postmarked by the final closing date will be accepted. The Human Resources Office is not responsible for the manner, method of delivery, or defective delivery.
 2. All information submitted in the application process will be subject to investigation and verification prior to appointment. The Human Resources Office may require proof of education, experience, and other claims as is deemed appropriate.
 3. Any applicant who supplies false or misleading information on his or her application, or anytime during the recruitment process, is disqualified or subject to immediate termination if hired.
- B. Review of Applications: All application packets submitted for job openings will be reviewed following a screening process based on the job requirements outlined in the job vacancy notice, including the skills, knowledge, and experience that are necessary to perform the work of the position.
- C. Notice to Applicants: Each person who files an application for an announced vacancy may obtain information concerning the status of his or her application upon request. Each applicant who is accepted for an examination will be notified by telephone or in writing of the scheduled time and place of the examination. The Human Resources Office is not responsible for the quality of mail delivery service.
- D. Rejection of Applications: The Human Resources Manager or designee has discretion to reject any applicant from further consideration. What follows is a non-exclusive list of reasons for which an applicant may be rejected:
1. The applicant does not meet the minimum qualification requirements established for the position.
 2. The applicant, through examination, does not successfully meet the minimum established passing score to be considered further for the position.
 3. The applicant has made a false statement of fact in the application process.
 4. The applicant has used or attempted to use illegal means to secure an advantage in the application process.

5. The applicant has improperly obtained and used information regarding the examination to which he/she is not entitled.
6. The applicant has failed to reply to a letter of inquiry sent to his/her last address and/or phone messages left at numbers designated on the application form.
7. Within the past ten years, the applicant has been convicted of a crime, and the conviction is directly related to the requirements of the job.
8. The applicant does not meet the minimum age requirement specified in the current class specification.
9. The applicant has declined an interview, failed to appear for a scheduled test or interview, or conveyed a lack of interest in the position.
10. The applicant failed to provide a completed application packet as required by the designated closing date.

3.2 EXAMINATIONS

3.2.1 Suitability for appointment to Health District positions is determined by examination relating to those matters that test the capacity and fitness of the candidates to perform the essential functions of the position. Examinations may include written, oral, physical or performance exercises, evaluations of training and experience, reference checks, review of the application and supplemental questionnaire, or other valid examination processes. Such factors as experience, education, aptitude, knowledge, skill, ability, character, or any other job-related qualifications may be taken into consideration. The Human Resources Office specifies the nature and content of examinations based upon information from the employing official and subject matter experts.

- A. Conduct of Examinations: Examinations are held at such times and places, and in such a manner as, in the judgment of the Human Resources Office, most nearly meet the practicability of administration and needs of this service. The examination is conducted under the direction of the Human Resources Manager. Where improper conduct on the part of a candidate is observed by the examination proctor, the candidate may be disqualified from further consideration.
- B. Inability to Appear for an Examination: In the event an applicant fails to appear at the designated time and place for an examination, the applicant foregoes the competition on that examination. The Human Resources Manager or designee may consider justifiable reasons for an applicant's inability to appear and may provide for a makeup examination when it is in the best interests of the Health District.
- C. Retake of Examinations: Applicants who fail an examination shall not be permitted to retake the examination during that examination process but may be permitted to retake the examination again when the position is next announced. On all tests, the Human Resources Office has the right to determine how often an applicant may take a test within a specified period.

- D. Veterans Scoring Criteria: Veterans qualifying under the provisions of RCW 41.04 will have added to their passing score on competitive examinations appropriate scoring criteria in accordance with State law. Eligible applicants must request such preference and provide proof of discharge in the manner prescribed by the Human Resources Manager or designee.

- E. Background Checks: A criminal background check through law enforcement agencies pursuant to RCW 43.43.830 through 43.43.845 will be conducted on all successful applicants prior to their being appointed to any position requiring unsupervised work with children or vulnerable adults.

CHAPTER 4 – APPOINTMENT

4.1 TYPES OF APPOINTMENTS

- 4.1.1 Regular Appointment: Regular appointment is any appointment to a vacant budgeted position in Health District service. Appointments are made in accordance with this Manual. Such appointments include initial appointments to the Health District service, promotions, transfers, and recalls. A regular appointment is tentative pending successful completion of a probation period.
- 4.1.2 Transfer: To meet the needs of the Health District, a lateral transfer may be made. An employee transferring to a different position must meet the minimum qualifications for that position. Transfers are based on job knowledge, past performance, seniority, and agency needs. Transfers are tentative pending successful completion of a trial service period.
- 4.1.3 Promotions: The Health District encourages promotion from within the organization. Openings will be posted so employees may become aware of opportunities and apply for positions in which they are interested and qualified. There are two (2) types of promotions available to Health District employees, noncompetitive and competitive. All promotions are made based on job knowledge, past performance, and seniority. Promotions are tentative pending successful completion of a trial service period.
- A. Noncompetitive Promotions: This type of promotion occurs through normal career growth and satisfactory performance. It is the regular progression through a classification series. These promotional opportunities are not posted. It is incumbent upon the employees to initiate the process for noncompetitive promotions once they believe they have become qualified for the higher class. A recommendation from the Program Manager and an evaluation for promotion must be completed in order to accomplish a noncompetitive promotion. The effective date of the promotion will be established by the Human Resources Manager.
 - B. Competitive Promotions: This type of promotion occurs when a position in a higher classification opens for competitive consideration. Employees must proceed with the regular application process to be considered for this type of promotion. These openings will be posted for a minimum of five (5) working days.
- 4.1.4 Re-employment: Employees who may be rehired by the Health District within two (2) years after their separation from Health District employment will be placed on the same salary step as that attained prior to the separation if they are rehired into the same or an equivalent position. If they are rehired within two (2) years of separation into a higher classification, they will be placed on the first step on the higher salary range which will afford them a salary increase over their previous appointment and as defined in Section 4.1.3 of this Manual. They will also retain the same benefits they had attained in their previous Health District employment including: the same general leave accrual rate, their previously accrued extended leave balance, and their accrued seniority. Their original hire date, evaluation date, and step increase date will be adjusted for the amount of time

they were separated from Health District employment. Rehires are tentative pending successful completion of a trial service period.

- 4.1.5 Provisional Appointment: A provisional appointment may be made to fill a vacant position for a period of time up to two (2) years in duration. A provisional appointment does not require any advertising, and the regular Health District recruitment procedures as outlined in Chapter 3 of this Manual do not apply. The incumbent is entitled to all Health District benefits afforded regular employees. If the incumbent is a regular Health District employee, he/she is entitled to revert to his/her former or equivalent classification at the end of the provisional appointment.

CHAPTER 5 –PROBATION/TRIAL SERVICE PERIOD

5.1 PURPOSE

The probation period is an essential part of the selection process and is a continuing evaluation of the candidate prior to granting regular employee status. During the probation period an employee is required to demonstrate suitability for the position by actual performance of the work.

5.2 PROBATION PERIOD - NEW EMPLOYEE

5.2.1 Duration: The introductory probation period for a new employee is usually a period of six (6) months. The probation period may be extended on a month-to-month basis for up to three (3) months by the employing official. What follows is a non-exclusive list of reasons for which the probation period may be extended:

- A. Additional training is required to achieve satisfactory performance;
- B. The employing official determines that there has been an insufficient time for the individual to perform the full range of duties for the job classification or inadequate opportunity to evaluate the probationary employee's performance;
- C. A performance or disciplinary problem has developed which may be correctable with more time, and it is in the best interests of the Health District to do so; or
- D. Other reasons determined to be appropriate by the employing official.

5.2.2 Notification of Extension: Notification by the employing official, in writing, stating the reason for the extension and the employee's obligation during the extension period will be provided to the probationary employee, with a copy to the Human Resources Manager.

5.2.3 Conditions of the Probation Period: During the probation period, each employee should receive two performance evaluations. One evaluation should be performed approximately three (3) months after the date of appointment to clarify goals, provide feedback, and compare perceptions about performance. This initial evaluation may be informal and use of the formal evaluation is optional. The second evaluation should be performed approximately two (2) weeks prior to the end of the normal probation period. During the probation period, the employing official may, with or without cause, dismiss an employee. The probationary employee does not have the right to appeal or the right of access to the grievance process upon demotion, dismissal, or disciplinary action.

5.2.4 Paid Time Off During the Probationary Period: Probationary employees may not use accrued paid leave during the first six (6) months of employment except as allowed by Initiative Measure No. 1433, (Washington State Paid Sick Leave Law), effective January 1, 2018, which allows employees to use accrued paid leave beginning on the 90th calendar day after the start of their employment for the following: to care for themselves or their family members; when the employees' workplace or their child's school or place of care has been closed by a public official for any health-related reason; and for absences that qualify for leave under the state's Domestic Violence Leave Act. Probationary employees

may use their personal holiday after four (4) months of employment. Use of leave without pay, accrued compensatory time, or administrative time may also be authorized during the probation period.

- 5.2.5 Termination of Probationary Employee: A probationary employee is an at-will employee, whose employment may be terminated by the employing official for convenience, and with or without notice. During the probation period, the probationary employee shall not have the right to appeal or the right of access to the grievance process.

5.3 TRIAL SERVICE PERIOD – PROMOTION, TRANSFER, OR REHIRE

- 5.3.1 Duration: The trial service period for a promoted, transferred or rehired employee is a period of three (3) months for union positions and six (6) months for management and non-union positions. The employing official may extend the trial service on a month-to-month basis for up to three (3) months under the following conditions:

- A. Additional training is required to achieve satisfactory performance;
- B. The employing official determines that there has been insufficient time for the individual to perform the full range of duties for the job classification or inadequate opportunity to evaluate the employee's performance;
- C. A performance or disciplinary problem has developed which may be correctable with more time, and it is in the best interests of the Health District to do so.
- D. Other reasons determined to be appropriate by the employing official.

- 5.3.2 Notification of Extension: Notification, in writing, which states the reason for the extension and the employee's obligation during the extension period, will be provided to the trial service employee, with a copy to the Human Resources Office.

- 5.3.3 Conditions of Trial Service Period: During the trial service period the employing official may, for convenience, demote an employee to his/her prior position or an equivalent position in the same salary range at the step previously held if there is such a position vacant. If no such position is vacant, the employment of a trial service employee may be terminated. During the trial service period, a trial service employee shall not have the right to appeal or the right of access to the grievance process.

CHAPTER 6 – CLASSIFICATION

6.1 APPLICABILITY

The Board has the sole authority to approve the classifications for all positions within the Health District, except as provided for herein.

6.2 DEFINITION

Classification is the systematic arrangement of positions into groups or categories according to common criteria established by the Health District such as type and level of work duties and/or responsibilities, skills, abilities, and qualifications. Classifications are adopted by the Board. Positions are assigned to classifications to facilitate pay administration, recruitment, retention, and other personnel actions.

6.3 CLASSIFICATION PLAN

6.3.1 Development and Maintenance: The Human Resources Office shall develop and maintain a classification plan for all positions within the Health District subject to approval by the Board. The placement of each position in the classification plan is determined in accordance with the qualifications required, difficulty, and responsibility of its designated duties. Approval by resolution of the Board is required for a newly created classification, a change in salary range placement of a classification, or revisions to a classification which reflect substantive changes in the type and level of responsibilities and qualifications.

6.3.2 Allocation: The plan groups positions together in classifications according to the following considerations:

- A. Difficulty/Responsibility of Work: The type of work, its difficulty, and the responsibility of the positions are substantially similar.
- B. Similar Qualifications: Applicants for the position are required to have substantially similar levels of education, experience, skill, knowledge, and ability.

6.3.3 Similar Pay: The same pay schedules for the positions can be fairly applied.

6.4 CLASSIFICATIONS

6.4.1 The Human Resources Office shall maintain a classification description (also referred to as “classification”) for each class of positions and may add, combine, abolish, or revise the classifications. Each classification includes the class title, a description of representative duties and responsibilities of positions included in the class, and a statement of the required, desirable, and/or preferred qualifications for positions in the class. The Human Resources Manager, under the direction of the Administrator, has the discretionary authority to make reasonable modifications to classification descriptions to reflect current standards, terms and practices; such modifications do not require approval by the Board.

- A. Interpretation of Classifications: Classifications are intended to be a general description of the kinds of positions contained within the class as determined by their duties and responsibilities and are not to be construed as prescribing specific duties for any individual position. The classifications are to be used as a guide by the employing official in assigning, directing, and controlling the work of the employees under his/her supervision. The use of specific expressions or illustrations pertaining to the duties, qualifications, or other requirements of the position are descriptive only and should not be construed to exclude others not specifically mentioned.
- B. Use in Examinations: Classifications are used as the basis for determining the suitability of candidates for employment by supplying information basic to the preparation of qualifying tests and examinations. The specification for any class constitutes the basis and source of authority for the examination for the class and for the evaluation of the qualifications of applicants.
- C. Vested Rights: The Health District may review and revise the classification of any position. While a classification may attach to a position, an employee filling the position has no vested right in any existing job classification. Modification or abolishment of a classification description is not a personnel action subject to the grievance procedure described in this Manual.

6.5 CLASSIFICATION STUDIES

- 6.5.1 From time to time, classification studies may be made of individual positions or groups of positions.
- 6.5.2 Whenever an employing official desires to create a new position, a notice of such proposed action together with a description of the duties and responsibilities of the proposed position is submitted to the Division Director. If the proposal submitted by the employing official is preliminarily approved by the Division Director, the Human Resources Manager will complete a formal review and submit recommendations regarding the classification request. The recommendations of the Human Resources Manager are submitted to the Administrator for approval. When applicable under Section 6.3.1 above, such requests are then submitted to the Board for final approval.

6.6 RECLASSIFICATION

- 6.6.1 The adoption of the Health District's annual budget establishes the programmatic, financial, and staffing plans for the Health District. It is recognized, however, that changes in budget, service demands, legal, technical, organizational, or programmatic requirements may necessitate changes in levels of positions. A position may be reclassified when the duties and responsibilities change to the extent that they are no longer similar to the scope of duties and level of responsibilities, skills, and abilities set forth in the classification.
- 6.6.2 Reclassification Upgrade: A reclassification upgrade is the result of an increase in the level of responsibilities, tasks, and duties of a position which changes areas of emphasis and the level of skill required in the current position.

- A. A reclassification upgrade may not be used as a merit raise, nor as a reward for employment longevity, nor may it be used to reflect an increased volume of work at the same level of responsibility that the incumbent is currently performing.
- B. As a result of reclassification upgrade, and due to an overall increase in the responsibilities of a position, the monetary compensation (pay range) established for the position may increase. The reclassification upgrade of a job involves an analysis of the critical elements of the position against predetermined standards for measuring the relative worth of a position and placement in the Health District's classification/pay scale. It is also critical to understand that a classification analysis focuses upon the qualifications, responsibilities, tasks, and duties of the position and not the qualifications of the incumbent in the position.

6.6.3 Approval to Review Reclassifications: Prior to reassigning duties to positions within their program or reorganizing work flow and responsibilities that may affect the classification of a position, employing officials shall obtain the approval of the Administrator and Human Resources Manager. Any change in classification or compensation shall be effective only on the date such approval is obtained.

6.6.4 Procedure: The procedure for obtaining a reclassification review and decision is:

- A. Employing officials meet with the Human Resources Manager to discuss their request and provide the following information:
 - 1. Concise explanation of changes in service demands, legal, technical, organizational or programmatic requirements that have differed since the adoption of the affected annual budget and necessitate changes.
 - 2. If applicable, copies of old and proposed organizational charts.
 - 3. Summary of potential financial impact to the program's current budget and anticipated following year's budget, and the identification of funding source (i.e., grants, contracts, and the like).
- B. The Human Resources Manager will review and submit recommendations regarding the reclassification request to the Administrator for approval.

6.6.5 Reclassification Downgrade: A reclassification downgrade is the result of a decrease in the level of responsibilities, tasks, and duties of a position which changes areas of emphasis and the level of skill required in the current position.

- A. A position may be reclassified to a lower range if the responsibilities of the job are determined to be less than originally indicated, or if certain responsibilities are removed from the job. Employing officials may request a formal review and recommendation by the Human Resources Office.
- B. All reclassification downgrade reviews that affect an incumbent employee shall be shared with the employee, and the employee shall be offered the opportunity to

meet with the Human Resources Manager, and the affected employing official to discuss the results of the review, prior to the approval by the Administrator.

- C. An incumbent employee affected by a reclassification downgrade shall not be paid less than his/her present salary, but that salary is frozen, and the employee will receive sixty percent (60%) of any future cost of living adjustments approved until the incumbent's salary falls within the reclassified salary range. A reclassification downgrade is not considered a demotion.

6.7 WORKING OUT-OF-CLASS

All requests from an employing official regarding employees working out-of-class will be reviewed by the Human Resources Manager. The Human Resources Manager will complete a review and submit his or her recommendations regarding the working out-of-class request to the employing official. The employing official may appeal the Human Resources Manager's decision to the Administrator.

CHAPTER 7 – COMPENSATION ADMINISTRATION

7.1 APPLICABILITY

The Board has the sole authority to approve the Health District's pay plan. Approval by resolution of the Board is required for substantive changes in salary schedules or changes in salary range placement of classifications. Note this section applies to positions established within the Health District's budget.

7.2 PAID STATUS

Paid status is defined as the normal employment situation where the employee is paid for time worked or is on a paid leave; i.e., general leave, extended leave, or other paid leave of absence. Time loss received under Worker's Compensation is not considered time worked or paid leave, and, therefore, an employee receiving time loss is considered on unpaid status.

7.3 PAY PLAN

7.3.1 The Human Resources Office maintains a pay plan for all positions within the Health District subject to approval by the Board. The Board may grant an across-the-board pay adjustment (cost-of-living increase) from time to time, raising the salaries of all positions by a specified amount within a defined group of classifications. Such adjustments, if any, will not change the employee's step increase date.

7.3.2 The pay plan is comprised of the following two salary structures:

- A. Nonexempt: Includes most regular non-management Health District employees. Nonexempt employees shall have any absence deducted from their accrued leave balances. If leave is not available, wages shall be deducted for leaves without pay.
- B. Exempt: Includes professional, executive, management and administrative employees as defined by the Fair Labor Standards Act (FLSA) and the Washington State Minimum Wage Act and as designated in the Health District's pay plan. An exempt employee is paid to perform a job that may not necessarily be completed in a normal workweek. In certain circumstances, partial deductions from an exempt employees' salary for absences of less than one day are prohibited by state and/or federal law; however, absences may be charged against the employee's accrued leave balances. In instances involving leave without pay and/or partial day deductions, consult with the Human Resources Office to ensure compliance with wage and hour laws.

7.4 RATES OF PAY

7.4.1 Salary Range: A pay range that comprises a series of steps through which employees in classifications assigned to the particular salary range may progress. See Chapter 6 for information regarding the assignment of classifications.

7.4.2 Minimum and Maximum Salaries: No employee will be paid at a rate of pay less than the minimum nor more than the maximum amount on the salary range established for his/her

classification as set forth in the pay plan unless otherwise provided for in this Manual. Monthly salaries in the pay plan are based upon full-time employment at the normal working hours for the position. Placement at compensation levels that are not in accordance with this Manual will require the approval of the Administrator.

- 7.4.3 Starting Salary Upon Initial Employment: New employees are normally appointed to the minimum step of the salary range in effect for the particular classification to which the appointment is made; however, the Human Resources Manager will consider the applicant's qualifications, prior work experience, and salary history in determining the appropriate salary step assignment at the time of hire. Also, if the employing official has determined that it is not possible to hire the most qualified and/or desirable candidate at the entry-level step, the employing official shall ask the Human Resources Manager for a review and approval of above the initial step appointment.
- 7.4.4 Salary Step Upon Promotion: When an employee is promoted from one classification to another, the employee will be assigned to the salary step for the new position which affords the employee an increase in pay over the employee's former pay.
- 7.4.5 Salary Step Upon Demotion: An employee who is demoted to a lower classification may be assigned to any step of the lower salary range for the new classification as determined by the Human Resources Manager, not to exceed the wage closest to the employee's pay rate prior to the demotion.
- 7.4.6 Salary Step Upon Recall: An employee who is recalled from layoff will be reinstated to the same step in the salary range as held prior to the break in service.
- 7.4.7 Salary Step Following Reclassification: If a position is reclassified to a higher classification, the employee will be assigned to the salary step in the new salary range which will afford the employee an increase in pay as provided for in cases of promotion. If a position is reclassified to a class with a lower salary range, the employee's pay will be established as provided in this Manual for reclassification downgrade or frozen pay rate.
- 7.4.8 Salary Step Following Allocation to a Different Pay Range: If a classification is assigned to a different salary range, with no change in duties or responsibilities, the employee will be paid at the step in the new pay range that most closely corresponds to the employee's placement in the original salary range.
- 7.4.9 Salary Step Upon Re-employment: For employees who have been laid off and rehired within six (6) months into the same classification as held previously, and for employees who are separated for two years or less and rehired into the same classification as that held previously, the employee will be reinstated to the same step in the salary range as held prior to the break in service.
- 7.4.10 Frozen Pay Rate: An employee's pay rate is frozen if his/her pay rate exceeds the maximum step of the salary range of the classification assigned. Employees whose pay rates are frozen receive sixty percent (60%) of the Cost of Living Adjustment granted to the respective salary range until such time as they can be moved to the top step of the adjusted salary range without suffering a decrease in pay.

- 7.4.11 Salary Step for Working Out-of-Class: An employee who performs work in a higher job classification for ten (10) or more consecutive working days will be paid wages of the higher job classification for all the time he/she performs work in the higher classification; provided
- A. That the referred ten (10) working days will relate to consecutive work days for each separate and specific incident or work project, and
 - B. Pre-approval is obtained from the Human Resources Manager, and
 - C. The employee working out-of-class is performing the full scope of duties principally ascribed to the higher-level classification.

7.5 ADVANCEMENT WITHIN A SALARY RANGE

Employees may receive increases in pay within the steps of the salary range for their classification as follows:

- 7.5.1 Newly hired employees usually receive their first step increase on the anniversary of their date of hire.
- 7.5.2 Promoted employees usually receive a step increase annually on the anniversary of the date of the promotion.
- 7.5.3 Employees usually receive additional step increases annually on the anniversary of their first step increase unless that date has been adjusted in accordance with this Manual. If an employee's performance is consistently unsatisfactory, the Division Director may defer a scheduled pay increase for a stipulated period of time or until the employee's job performance is satisfactory.

7.6 PREMIUM PAY

- 7.6.1 Bilingual Premium: The Health District will pay a bilingual premium of one-hundred twenty (\$120.00) per month to any employee who is assigned to use one or more additional languages as a job requirement or to perform interpreter services for the District. To receive a stipend, employees must demonstrate to the satisfaction of the District the ability to perform services in the applicable foreign language. Bilingual assignments that are not job requirements will be renewed annually and may be terminated at any time by the District or the employee. Such premium pay will be pro-rated for part-time employees based on their full-time equivalency.
- 7.6.2 Veterinarian Premium: In the event an employee has a valid Washington State veterinarian's license although the employee's essential functions do not include veterinary duties or credentials, the Health District will pay a premium of an additional three percent (3%) of the employee's regular base salary, provided the employee is assigned to perform additional veterinary duties on behalf of the Health District. Such additional duties include providing technical assistance and advice to veterinarians, health care professionals, animal control personnel and the general public regarding zoonotic disease exposures.

- 7.6.3 Lead Premium: The Health District will pay a premium of an additional three percent (3%) of the employee's regular base salary when assigning that employee to a designated Lead position. A Lead works with one or more employees who are in the same or closely related job classifications, and performs additional administrative or quasi-supervisory duties, such as assigning tasks, monitoring work quality, training and coaching employees. Lead responsibilities are incidental to the normal duties performed. Such an assignment will be made only as necessary to meet the business needs of the District, subject to approval by a Director. Lead responsibilities do not include performance evaluation, discipline, or termination of employees or the ability to effectively recommend such action. Lead premium pay is for the work assignment and should not be considered an entitlement by the employee should the employee no longer be assigned as a Lead. This premium cannot be applied to classifications where lead or supervisory responsibility is already outlined in the classification description.
- 7.6.4 On-Call Premium: The Health District will pay a premium of one-hundred fifty dollars (\$150.00) to employees for each week that an employee completes a weekly on-call rotation. Such employees are required to remain on-call during off-duty hours for the purpose of providing Communicable Disease subject matter expertise for response to Duty Officer inquires during evenings, weekends, and holidays. While in an on-call status, employees are required to remain within reasonable commuting time of the District, be accessible by cell phone and have access to the internet. The District will assign on-call responsibilities on a rotating, reverse-seniority basis to qualified employees who have not volunteered only in the event that it cannot obtain reasonable coverage through the use of volunteers. The starting and ending time for on-call periods will be 8:00 a.m. Monday morning; the District will consult with the affected employees prior to making any changes to on-call periods.

7.7 LONGEVITY BONUS

7.7.1 The Health District recognizes extended service through a longevity bonus. A longevity bonus is paid to the eligible employees annually at the end of the month that is their anniversary date of hire. Upon completion of the following years of employment, full-time employees shall receive an annual longevity bonus as follows:

▪ Completed five years of employment	\$200.00
▪ Completed ten years of employment	\$300.00
▪ Completed fifteen years of employment	\$400.00
▪ Completed twenty years of employment	\$500.00
▪ Completed twenty-five years of employment	\$600.00

Annual bonus amounts will be prorated for part-time employees based on the employee's full-time equivalency.

7.7.2 Breaks in Continuous Service: The longevity bonus is based upon continuous employment, exclusive of periods when an employee is in a leave of absence without pay status for periods of fifteen (15) or more calendar days; provided that:

- A. When an employee is laid off and rehired, and the separation does not exceed six (6) months, the longevity bonus shall be computed from the continuous employment date excluding the lay-off period.

- B. When an employee separates from employment and is subsequently rehired, the longevity bonus is computed from the original hire date, which has been adjusted forward for the period of time the employee was separated from Health District employment.

7.8 COMPENSATION FOR TRAVEL AND TRAINING

7.8.1 Travel Time Compensation - Nonexempt Employees: Travel time will be compensated in accordance with the Fair Labor Standards Act (FLSA). The hours that may or may not be compensated when traveling are:

Category	Definition	Compensated Travel Time?
Home to work travel	Normal home-to-work/ work-to-home commute time at the beginning and end of the work day.	No.
Home to work on a special one-day assignment in another city.	Employee is sent on a one-day assignment to another city and travels directly from the employee's residence.	Yes, except that the employee's normal commute time is deducted OR the commute time to the special assignment is deducted, whichever is less
Overnight travel	Travel that keeps an employee away from home overnight.	Yes, except that the employee's normal commute time is deducted when traveling directly to and/or from the employee's residence.
Free time	Regular meal periods, sleep time, and other free time while on work-related travel.	No.

7.8.2 Travel Time Compensation - Exempt Employees: Exempt employees are compensated on a salary basis for their regularly scheduled work hours. Exempt employees do not earn administrative time for travel or while attending training or conferences; flexible hours within a particular workweek may be made to adjust for such time by mutual agreement between the supervisor and the affected employee.

7.8.3 Compensated Time for Training: Computation of work time for nonexempt employees while attending training or traveling to and from training will be in accordance with the Fair Labor Standards Act (FLSA).

- A. Employees will be permitted to use work time for continuing education or professional development that is required as a condition of renewal for District-paid licensure or is otherwise approved by the employee's Program Manager or director. Employees are required to coordinate and schedule all such activities with the prior approval of their supervisor, which will not be unreasonably denied. Where possible, employees are expected to submit requests a minimum of thirty (30) calendar days in advance of the activity.
- B. Training which is required for professional licensure or certification or as a condition of practice in the employee's profession is not considered work time.

- C. Time spent studying for training classes shall not be considered work time.
- D. Employees whose positions are exempt from the FLSA shall be compensated for all time in training during normal work hours as part of their monthly salary.

7.8.4 Expenses for Training, Licensing and Certification: The District recognizes the value and benefit of training designed to enhance employee's abilities to perform their job duties. Training and professional development opportunities will be provided to employees in accordance with legal requirements, District/employee goals, and available resources.

- A. The District will reimburse employees for the annual renewal cost of any license/certification required by the position, other than driver's licenses. With approval of the Division Director, the District will also reimburse employees for the annual renewal costs of licenses or certifications that are not required by the District but provide a benefit to it.
- B. The District will pay or will assist in the payment of expenses associated with continuing education for licensing/certification requirements and for employees' professional development. Professional development courses or programs must include subject matter that is directly related to the improvement of the employee's current job skills or that reasonably relates to the employee's career objectives at the District. Approved expenses may include course tuition and registration fees, materials fees and travel expenses. Such financial assistance will be subject to available resources, the approval of the employee's Program Manager or Director, and verification of the employee's attendance and completion of the course.

7.9 OVERTIME

Overtime is the time a nonexempt employee works in excess of 40 hours in a workweek.

7.9.1 Authorization of Overtime: All overtime worked must be authorized by the Program Manager. Non-exempt employees who work unauthorized overtime must be compensated for the time worked, but they may be subject to discipline.

7.9.2 Overtime and Compensatory Time: Nonexempt employees performing work in excess of forty (40) hours in a work week shall be paid overtime at the rate of one and one half (1½) times the employee's regular rate of pay; except, that an employee may, at his/her option, take compensatory time off at the rate of one and one half (1½) hours off for each hour of overtime earned in lieu of overtime pay. The maximum allowable accrual for compensatory time is forty (40) hours. Any overtime worked in excess of the maximum compensatory time accrual shall be paid as it is accrued. An employee may submit a written request to Payroll by June 15th of any year to have any compensatory time accrued paid in the July paycheck. The Health District reserves the right to pay overtime in lieu of compensatory time accrual or to cash out accrued compensatory time balances.

7.9.3 Computation of Overtime: For the purpose of computing overtime compensation, fractional parts of an hour will be rounded to the nearest 15-minute increment.

- 7.9.4 Compensated and Non-Compensated Working Time: Questions regarding compensated and non-compensated time should be referred to the Human Resources Office.
- 7.9.5 Exempt Employees Administrative Time: Employees holding positions that have been determined as exempt under the provisions of the Fair Labor Standards Act will not be entitled to overtime pay or compensatory time off. Those employees may, subject to the discretion of and with the approval of the exempt employee's direct supervisor or Division Director, receive administrative time off on an hour-for-hour basis for hours worked in excess of their regular work hours during any workweek. The maximum accrual of administrative time shall not exceed forty (40) hours at any time.

CHAPTER 8 – CONTINUOUS SERVICE/SENIORITY

8.1 SENIORITY

Seniority is the length of continuous service with the Health District and determines eligibility for annual leave accruals, longevity, and retirement benefits. Seniority begins to accrue from the first day of employment or rehire into a regular position. When it is necessary to reduce the work force, performance, ability, and seniority will be considered.

8.1.1 Seniority Will Be Retained Under the Following Situations:

- A. Periods of authorized paid leave.
- B. Separation and re-employment which does not exceed two (2) years.
- C. Transfers, demotions, promotions.
- D. Military leave paid or unpaid in accordance with state and federal laws.
- E. Time off while on Time Loss due to an on-the-job injury.

8.1.2 Adjustment to Original Date of Hire: The date of hire, which is used to indicate seniority, is adjusted to exclude those unpaid time periods of fifteen (15) or more calendar days when an employee returns from leave without pay, recall from layoff, or is rehired. There will be no adjustment to the original date of hire for properly certified FMLA absences. When an employee is off work due to qualifying military leave (in accordance with state and federal laws - see Leaves of Absence, Military Leave, Chapter 9) or for Workers Compensation Time Loss, there is no adjustment to the original date of hire.

8.1.3 Adjustment to Step Increase Date:

- A. The step increase date is adjusted in accordance with the effective date of promotion or reclassification to a new classification in a higher salary range.
- B. The step increase date is adjusted to reflect the unpaid period of fifteen (15) or more calendar days when an employee returns from leave without pay or is rehired.

CHAPTER 9 – EMPLOYEE BENEFITS

9.1 GENERAL POLICY

It is the Health District's policy to provide employees with a comprehensive benefits program. Employee benefits help the Health District attract and retain quality employees. The Health District reviews its benefits periodically and makes changes as warranted. Unless noted otherwise in these policies, benefits for regular part-time and temporary employees are:

- 9.1.1 Regular Part-time Employees: All leaves, including holidays, health insurance premium contributions, and benefit allowances are prorated for eligible employees. Prorated means the ratio between the number of hours in the employee's normal work schedule and forty (40) hours per week.
- 9.1.2 Temporary Employees: Temporary employees normally are not eligible to receive benefits, including paid leave, a personal holiday, health insurance, and benefit allowances, except for such benefits required by federal or state laws including Initiative Measure No. 1433, Washington State Paid Sick Leave Law; one hour of paid leave for every 40 hours worked beginning on the 90th calendar day after the start of their employment.

9.2 ORIENTATION

New employee orientation is a responsibility shared by the Human Resources Office and the hiring Program Manager. The Program Manager or designee will explain specific job requirements, description and explanation of duties, and program hours, policies, and procedures. The Human Resources Office provides basic employment-related information to all new employees early in the employment relationship.

9.3 BENEFITS PROGRAM

The Health District offers all probationary, provisional and regular employees participation in its benefits program. Part-time employees receive prorated benefits based on the employee's full-time equivalence.

- 9.3.1 The District will pay the premiums to provide basic life (which includes employee accidental death and dismemberment (AD&D)), and the base plan for long-term disability insurance to all eligible employees. Employees may, at their option and expense, purchase additional life, disability, and AD&D insurance coverage from the District's provider according to the rates and terms set by the provider.
- 9.3.2 Medical and Dental Insurance and Benefit Allowances.
 - A. The District will provide medical insurance for eligible employees through the Public Employees Benefits Board (PEBB). The District will offer dental insurance through the Western Healthcare Insurance Trust or through a comparable provider. Information regarding current insurance plans and policies can be obtained from the Human Resources Office.

B. Employees may opt out of coverage under the District’s medical insurance plans with proof of group coverage under another comprehensive medical insurance plan; if PEBB underwriting rules change regarding eligibility to opt out of coverage, such rules will apply. Employees may opt out of the District’s dental insurance plan at their election. Eligible employees may elect to cover their dependents under the insurance plans in which they are participating and may make different choices with respect to dependent coverage under the District’s medical insurance and its dental insurance.

C. Medical Insurance Premiums.

1. The District will contribute the following percentages of the average medical insurance costs for full-time employees and dependents:

Employees	100%
Employee + Spouse	90%
Employee + Child(ren)	90%
Full Family	85%

2. The average medical insurance cost will be determined by computing the average cost of the medical plans available to employees through the District’s provider.

D. Dental Insurance Premiums.

1. The District will contribute the following percentages of the average dental insurance costs for full-time employees and dependents:

Employees	100%
Employee + Spouse	90%
Employee + Child(ren)	90%
Full Family	85%

2. The average cost of the dental insurance package will be determined by computing the average cost of the dental plans available to employees through the District’s provider.

E. Employees are responsible for paying through payroll deduction the difference between the District’s contribution toward medical and/or dental insurance and the cost of the plans/options they choose.

F. Benefit Allowance.

1. Employees who choose a District medical insurance plan that is less costly than the District’s contribution (as calculated above) will receive the difference between the District’s contribution and the cost of their plan choice in the form of a benefit allowance.

2. The District will provide all employees opting out of the District’s medical insurance plans a monthly benefit allowance of three-hundred seventy-five

dollars (\$375), pro-rated for part-time employees. Employees will be required to present evidence of coverage under another plan to opt out.

3. The District will provide all employees opting out of the District's dental insurance plans a monthly benefit allowance of twenty-five dollars (\$25), prorated for part-time employees.
4. The District will provide a flexible benefit allowance plan including at least those options in place as of the effective date of this Agreement. At the employee's option, benefit allowance funds may be used to pay any employee share of District medical or dental insurance premiums. Benefit allowance funds remaining after payment of the employee's selected District benefits will be contributed to the employee's HRA-VEBA account, provided the amount is at least ten dollars (\$10) per month.
5. Any additional benefit allowances require approval by resolution of the Board.

9.4 INSURANCE AND MEDICAL BENEFITS

9.4.1 Eligibility:

- A. All regular, probationary and provisional employees whose regular work schedule is twenty (20) hours per week or more are eligible for health insurance benefits and employer premium contributions offered by the Health District. Employees whose regular work schedule is less than twenty (20) hours per week may participate in the Health District's monthly benefit allowances prorated based on the employee's full-time equivalence.
- B. Employees whose hours are reduced to less than twenty (20) hours per week due to a reduction in force may be eligible for medical coverage under WAC 182-12-129, with District contributions prorated based on the resulting full-time equivalence.
- C. Medical, dental and life insurance coverage for eligible employees commences the first day of the month following one full month of employment, or coverage commences upon employment if the hire date is the first business day of the month. For purposes of benefits eligibility after hire and throughout employment, a full month of employment is defined as a calendar month in which the employee is in a paid status for at least eighty (80) hours if full-time, or for prorated paid hours if a part-time employee.
- D. Upon separation, coverage terminates the last day of the month of the last full month of employment. At that time the employee may elect to continue coverage at his or her own expense under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

9.4.2 Benefits Administration:

- A. The Health District provides group medical, dental, and life insurance coverage for regular, probationary and provisional employees who work twenty (20) hours or more per week.
- B. Regular, probationary and provisional part-time employees are eligible to receive benefits on a prorated basis, based on the employee's full-time equivalence.
- C. Employees may cover dependents on the Health District's plans at their expense for any amounts that exceed District contributions. Dependents may be enrolled at time of hire, during annual open enrollment as designated by the Health District or according to enrollment and eligibility guidelines for the Health District plans.
- D. The Human Resources Office will provide applications and information concerning the insurance programs to all eligible employees and will arrange deductions for dependent premiums, if applicable.

9.5 RETIREMENT SYSTEM

All eligible probationary, provisional and regular employees are enrolled in the Washington State Public Employees' Retirement System upon employment. Participation is mandatory for eligible employees. A joint contribution by the employee and the Health District based upon the percentage of the employee's salary is paid into the retirement system. Contribution rates are set by the State of Washington and are subject to change. See the appropriate Washington State Department of Retirement Systems member handbook for more information.

9.6 SOCIAL SECURITY

Social Security (Federal Insurance Contributors Act) provides employees and/or their dependents with an income in the event of disability, death, or retirement. Under federal law, a joint contribution by the employee and the Health District, based upon a percentage of the employee's salary, is paid into the fund.

9.7 HOLIDAYS

9.7.1 Eligibility: Paid holidays begin at the date of hire. Employees who are on leave without pay for more than one-half (½) of their scheduled shift the working day before or after a holiday will not receive compensation for that holiday.

9.7.2 Holiday Observance:

A. The Health District observes the following as paid holidays:

- | | |
|------------------------------|-----------------------------|
| ▪ New Year's Day | January 1 |
| ▪ Martin Luther King Jr. Day | Third Monday in January |
| ▪ President's Day | Third Monday in February |
| ▪ Memorial Day | Last Monday in May |
| ▪ Independence Day | July 4 |
| ▪ Labor Day | First Monday in September |
| ▪ Veterans Day | November 11 |
| ▪ Thanksgiving Day | Fourth Thursday in November |

- Native American Heritage Day Fourth Friday in November
- Christmas December 25
- One Personal Holiday Employee's Choice

- B. If a holiday falls on a Sunday, it is observed on the following Monday. If a holiday falls on a Saturday, it is observed on the preceding Friday. However, for any employees who are regularly scheduled to work on weekends, the holiday is observed on the actual holiday.
- C. Full-time employees will receive eight (8) hours of pay at their straight-time rate for each holiday. Eligible probationary, provisional and regular part-time employees receive prorated holiday pay.
- D. Nonexempt regular employees will be paid for the holiday plus one and one-half times their regular rate of pay for any time worked on the holiday. Such time must be pre-authorized by the Program Manager.

9.7.3 Personal Holiday

- A. An employee may take the personal holiday at any time during the calendar year subject to the prior approval of the Program Manager. The personal holiday will not be carried over into the succeeding calendar year. Probationary and provisional employees are eligible for taking their personal holiday after they have been employed for four months.
- B. Upon resignation with two weeks' notice, retirement, layoff, dismissal or death, the employee or the employee's beneficiary will receive payment for an unused personal holiday.
- C. Employees separating in January must have a full month of employment in January in order to be eligible for a personal holiday for that year.

9.7.4 Religious Holidays

Employees may take up to two unpaid holidays per calendar year for reasons of faith or acts of conscience, or for an organized activity conducted under the auspices of a religious denomination, church, or religious organization as provided in Washington State Substitute Senate Bill 5173. Such unpaid holidays are available for use on January 1 or each year and the unpaid holidays must be taken in full work day increments. If an employee's religious beliefs require observance of a holiday as outlined above, or that is not included in the basic holiday schedule, the Health District will use its best efforts to accommodate that employee. The employee may take the day off using his or her personal holiday, general leave, compensatory time, or leave without pay with his or her Program Manager's preapproval provided that the accommodation does not create an undue hardship for the Health District or its employees.

9.8 GENERAL LEAVE

- 9.8.1 Each regular, probationary and provisional full-time employee accrues general leave, which is leave that is earned by the employee and used at the employee's discretion with

supervisory approval for such purposes as vacation, bereavement, personal appointments, preventive health care, illness of less than five (5) consecutive days, etc. It may also be used for leave beginning on the 90th calendar day after the start of their employment for usage as outlined in Initiative Measure No. 1433, Washington State Paid Sick Leave Law. (See 5.2.4.) Each Program Manager is responsible for scheduling his or her employees' general leave without undue disruption of program operations.

9.8.2 Full-time employees shall accrue general leave at the following rates:

Years of Service	8-Hour Days Accrued/Year	Hours Accrued/Month
from 0 to 1 year	18 days	12.00 hours
from 1 to 2 years	19 days	12.67 hours
from 2 to 3 years	20 days	13.33 hours
from 3 to 4 years	21 days	14.00 hours
from 4 to 5 years	22 days	14.67 hours
from 5 to 6 years	23 days	15.33 hours
from 6 to 7 years	24 days	16.00 hours
from 7 to 8 years	25 days	16.67 hours
from 8 to 9 years	26 days	17.33 hours
from 9 to 10 years	27 days	18.00 hours
from 10 to 14 years	28 days	18.67 hours
from 14 to 24 years	29 days	19.33 hours
24 years and over	31 days	20.67 hours

9.8.3 All new employees must satisfactorily complete their probationary period to be entitled to the use of general leave, except as provided in Initiative Measure No. 1433, Washington State Paid Sick Leave Law.

9.8.4 Eligible part-time employees shall accrue general leave based on the above schedule prorated to their full-time equivalency.

9.8.5 Temporary employees are not eligible for any general leave benefits, except as provided in Initiative Measure No. 1433, Washington State Paid Sick Leave Law.

9.8.6 General leave accrues from the date of hire and may be used after successful completion of the probationary period, except as provided in Initiative Measure No. 1433, Washington State Paid Sick Leave Law. Provisional employees are eligible to use accrued paid leave after completion of six (6) months of provisional service, except as provided in Initiative Measure No. 1433, Washington State Paid Sick Leave Law. General leave continues to accrue during any paid leave of absence.

9.8.7 Employees do not accrue general leave when they are in a leave without pay status. To be eligible to accrue general leave in any calendar month, the employee must be in paid status for at least eighty (80) hours if a full-time employee, or in paid status for prorated hours if a part-time employee. General leave is credited to the employee's leave balance

on the last day of the calendar month earned and is available for use the first day of the next month.

- 9.8.8 Leave requests must be submitted at least two weeks prior to taking planned general leave. Scheduled requests for leave are subject to the approval of the employee's supervisor. In the event of a conflict between two employees, the employee making the first request will prevail. Should the sequence of conflicting requests be unknown, the employee having greater seniority shall prevail.
- 9.8.9 Employees unable to work or unable to report to work on time shall notify their supervisor as soon as possible before the workday begins or within fifteen (15) minutes of the employee's usual starting time. If an absence continues beyond one day, the employee is responsible for reporting in each day. If the supervisor is unavailable, the employee must leave a message with the Program Manager or Division Director stating the reason for the tardiness or inability to report to work. If the Program Manager attempts to contact the employee regarding the absence and is unable to reach him or her, the employee must make every attempt to call and talk directly to either the Program Manager or the Human Resources Manager. An employee who is absent without authorization or notification is subject to disciplinary action, including possible termination.
- 9.8.10 If an employee provides reasonable notice when requesting general leave and is prevented from taking requested general leave by the employee's supervisor, and if, as a result of such, the employee has more than the maximum allowable amount of leave accrued for the year on December 31, the employee may be cashed out at the employee's salary rate at that time or the employee may carry-over the accumulated leave into the next year.
- 9.8.11 Upon separation of an employee by retirement, resignation, layoff, dismissal or death, the employee or beneficiary thereof will be paid for the unused general leave to a maximum of thirty days (240 hours) at the rate the employee was being paid at the time of separation. Notwithstanding any other provision to the contrary, no leave payout (cash out) shall exceed two-hundred forty (240) hours.
- 9.8.12 Non-exempt employees may accrue in excess of three-hundred sixty (360) hours of general leave; however, a maximum of three-hundred sixty (360) hours of general leave may be carried to the next calendar year. Division Directors may make written exceptions to this rule in the event an employee is precluded from taking a previously scheduled vacation through no fault of his or her own.
- 9.8.13 Exempt employees may accrue in excess of three-hundred sixty (360) hours of general leave; however, a maximum of three-hundred sixty (360) hours of general leave may be carried to the next calendar year. Division Directors may make written exceptions to this rule in the event an employee is precluded from taking a previously scheduled vacation through no fault of his or her own.

9.9 DONATION OF GENERAL LEAVE

- 9.9.1 It is the policy of the Health District to allow employees who are or who have family members who are suffering from a qualifying serious illness, injury, impairment or

condition, which is not work related and has caused or is likely to cause that employee to take leave without pay or to have no alternative but to terminate employment with the Health District, to accept a donation of general leave from other Health District employees who have accrued general leave. Extended leave is not eligible for donation. For details, see Appendix B, [General Leave Donation Policy](#).

- 9.9.2 The Administrator or designee will consider any exceptions to this policy on a case-by-case basis.

9.10 EXTENDED LEAVE

- 9.10.1 Extended leave has been established to reduce the financial loss an employee may have when the employee is unavoidably absent from work for any of the following reasons:

- A. An employee's own illness, injury or pregnancy;
- B. The need to care for the employee's, spouse's, or domestic partner's child (or foster child) who is 1) under 18 years of age and has a health condition requiring treatment or supervision, or 2) 18 years of age or older but incapable of self-care because of a mental or physical disability; or
- C. The serious health condition or emergency condition of the employee's spouse, domestic partner, parents, parents-in-law, grandparents, children or for other family members with the approval of the Administrator. The Administrator may grant an exception for other family members for whom the employee is the primary care giver.

- 9.10.2 The following conditions apply to extended illness leave:

- A. Regular full-time employees will accrue four (4) hours of extended leave for each month worked with unlimited accrual.
- B. Regular part-time employees will accrue extended leave prorated based on their full-time equivalency.
- C. Probationary employees accrue extended leave, prorated based on their full-time equivalence, from the date of hire; however, they are not entitled to use this leave during their probationary period.
- D. Temporary employees do not accrue extended leave.
- E. Employees do not accrue extended leave when they are in a leave without pay status. To be eligible to accrue extended leave in a calendar month, the employee must be in paid status for at least eighty (80) hours if a full-time employee, or in paid status for prorated hours if a part-time employee. Extended leave is credited to the employee's leave balance on the last day of the calendar month earned and is available for use the first day of the next month.

- 9.10.3 Employees become eligible for use of extended leave as described below.

- A. For full-time employees whose normal work schedule is five (5) 8-hour shifts per week, use of extended leave begins 1) after the fifth (5th) consecutive day of absence for a condition listed in Section 9.10.1; or 2) after forty (40) hours of absence for a condition that has been certified for use of intermittent leave under the Family and Medical Leave Act.
 - B. For full-time employees working an alternate schedule, and for part-time employees, use of extended leave shall begin 1) after the employee has been absent for the number of work days he/she is normally scheduled to work in a workweek for a condition listed in Section 9.10.1; or 2) after forty (40) hours of absence (prorated for part-time employees) for a condition that has been certified for use of intermittent leave under the Family and Medical Leave Act.
- 9.10.4 Upon the employee's presentation of verification from a licensed health care provider involved in treating the affected individual or family member that documents a condition qualifying for use of extended leave, the general leave used by the employee for the initial days or hours of his/her absence will be restored and a corresponding amount of extended leave will be drawn from his/her extended leave account.
- 9.10.5 Employees who use all their accumulated extended leave and require more time off work due to illness or injury may use their accrued general leave and compensatory time. Also, with Administrator prior approval, such employees may request a leave without pay (see Leaves of Absence Without Pay, Section 9.12.8).
- 9.10.6 Employees will not be paid for any unused extended leave upon leaving Health District employment for any reason.

9.11 WORKERS COMPENSATION (INDUSTRIAL INSURANCE)

- 9.11.1 All employees are covered by the State Workers' Compensation Program. This insurance covers employees in case of on-the-job injuries or job-related illnesses. For qualifying cases, State Industrial Insurance will pay the employee for workdays lost and medical costs due to job-related injuries or illnesses. All job-related accidents shall be reported immediately to the supervisor.
- 9.11.2 When an employee requires medical treatment beyond simple first aid due to an on-the-job injury or illness, he/she is required to file a claim for Workers' Compensation. If the employee files a claim that results in an absence, the Health District will continue to pay (by use of the employee's unused extended leave) the employee's regular salary pending receipt of Workers' Compensation benefits. If the absence does not qualify for use of extended leave, or the employee exhausts all extended leave, accrued general leave may be used. For purposes of this policy, the term Workers' Compensation benefits means time loss or loss of earning power payments.
- 9.11.3 Coordination of Benefits: If the employee receives Workers' Compensation benefits, he/she is required to repay to the Health District the amount covered by Workers' Compensation benefits and previously advanced by the Health District. This policy is to ensure that the employee will receive prompt and regular wages during periods of injury

or disability so long as accrued extended leave is available, until the employee begins receiving Workers' Compensation benefits. Upon the repayment by the employee of the funds previously advanced by the Health District, the appropriate amount of leave will be restored to the employee's account. In no case may accrued leave be utilized or restored to the extent that it would cause the employee's salary or leave balance to exceed his or her normal rate of pay had the injury not occurred.

9.11.4 The Health District may require an examination at its expense, performed by a physician of its choice, to determine when the employee can return to work and if he/she will be capable of performing the duties of the position.

9.11.5 All on-the-job injuries must be reported as soon as possible to the employee's Program Manager and the Health District's Human Resources Manager, as provided for in Section 10.5.3 of this Manual.

9.12 LEAVES OF ABSENCE

9.12.1 Bereavement Leave:

Employees will receive up to twenty-four (24) hours off with pay per occurrence in the event of death in the immediate family, to include the employee's spouse, domestic partner, children, parents, stepparents, grandparents, grandchildren, sisters, brothers, parents-in-law, sisters-in-law, brothers-in-law, sons-in-law, daughters-in-law, or any person living in the employee's immediate household as a member of the family. Paid bereavement leave is not available for events more than six (6) months following the death of an individual covered by this section. Paid bereavement leave will be prorated for part-time employees based on full-time equivalency. With approval of the employee's manager, employees may use general leave in addition to the bereavement leave provided in this section.

9.12.2 Civil Leave:

- A. Civil leave with pay will be allowed to permit an employee to serve as a juror for a period up to two (2) weeks. Additional leave for jury service will be allowed pursuant to RCW 2.36.165; however, the employee must use accrued general leave, compensatory time, or serve on a leave without pay basis. An employee must notify his or her Program Manager prior to taking civil leave and provide the manager with a copy of Summons for Jury Duty. If an employee summoned for jury duty is excused during any portion of the workday, that employee must report to work for the duration of that day.
- B. The jury stipend and reimbursement to the employee for travel, lodging, food, or other actual expenses will not be considered compensation requiring repayment to the Health District.
- C. All employees who are subpoenaed to testify in court are allowed time off for the period they serve as witnesses. In general, witness duty leave is unpaid unless the employee has been subpoenaed by the Health District or its agent. For exempt salaried employees, consult with the Human Resources Office to ensure compliance with wage and hour laws.

- D. Civil leave with pay may be granted to an employee who needs time off from work due to an illness or injury for any period not covered by Workers' Compensation time loss payments under the following conditions. The illness or injury occurred because of or rising out of the employee's performance of his or her public health civil duties in response to a *bona fide* public health emergency, disaster, or bioterrorism event. The employee must be assigned responsibilities to protect the public's health in response to such public health emergency, disaster, or bioterrorism event, and a public health emergency must be declared by the District's Health Officer, or similar high-level authority.

9.12.3 Administrative Leave:

On a case-by-case basis, the Health District may place an employee on administrative leave with or without pay for an indefinite period of time. Administrative leave may be used in the best interests of the Health District (as determined by the Administrator) for such situations as:

- A. During an investigation or other administrative proceeding.
- B. For inclement weather or natural disaster when the Health District is closed for operations as determined by the Administrator. Administrative Leave is only provided to those employees who are scheduled to work during the Health District closure period. For details, see Appendix C, [Inclement Weather and Emergency Closures Policy](#).

9.12.4 Military Leave:

- A. Any employee who is a member of the Washington National Guard or of the Army, Navy, Air Force, Coast Guard, or Marine Corps of the United States or of any organized reserve of the Armed Forces of the United States, will be entitled to military leave with pay for a period not to exceed twenty-one (21) cumulative working days during each year beginning October 1st and ending the following September 30th in order that the employee may take part in active duty, when called, or active training duty. Such military leave will be granted pursuant to the provisions of RCW 38.40. The employee is responsible to provide military orders, or such documentation as is readily available. Employees are required to notify their supervisors at the earliest possible date upon learning of scheduled military duty.
- B. Any employee who enters upon active duty serve or training in the Washington National Guard, the Armed Forces of the United States, or the United States Public Health Service may seek a leave of absence as set forth within this Manual and, upon return, will be entitled to re-employment pursuant to the provisions of RCW 73.16.031-73.16.061 and Title 38 U.S.C. § 4301 et seq. An employee is entitled to unpaid military leave for a cumulative length of up to five (5) years and may be entitled to more time under certain circumstances. Upon return from military leave, health, retirement, and other rights and benefits are generally restored as if the employee had never taken a military leave of absence; provided, statutorily mandated National Guard and Reserve training requirements are excluded from the

cumulative five-year limit, pursuant to the provisions of Title 38, U.S.C. § 4301 et seq.

9.12.5 Military Family Leave:

- A. Any employee whose spouse is a member of the United States Armed Forces, National Guard, or reserves who has been notified of an impending call or order to active duty, or who has been deployed, or when the military spouse is on leave from deployment, will be entitled to a total of fifteen (15) cumulative working days of unpaid leave per deployment pursuant to the provisions of RCW 49.77, provided: 1) the leave is requested during a period of active military conflict, as declared by the President or Congress, or a period in which members of the reserve are ordered to active duty; and 2) the employee works an average of twenty (20) hours or more per week; and 3) notice of intent to take leave is made within five (5) business days of receiving official notice of an impending call or order to active duty or notice of a leave from deployment.
- B. Military family leave under state law is unpaid, but employees may elect to use accrued general leave or compensatory time during the military family leave period. Military family leave is in addition to leave available under the FMLA and other leave the employee may be entitled. If an employee on military family leave is on leave without pay such that he or she is not eligible for the Health District's contribution to health care benefits, the employee may continue, at the employee's expense, health care coverage according to RCW 49.78.290.

9.12.6 Domestic Violence Leave:

Pursuant to RCW 49.76, employees who are victims of domestic violence, sexual assault, or stalking, or who are family members of such victims, may take reasonable leave from work, intermittent leave, or leave on a reduced leave work schedule, by use of accrued leave or compensatory time or leave without pay to seek or obtain, or assist a family member in obtaining: 1) legal or law enforcement assistance to ensure the health and safety of the victim; 2) enforcement assistance to ensure the health and safety of the victim; 3) treatment by a health care provider for physical or mental injuries; 4) services from a domestic violence shelter, rape crisis center, or other related social services program; 5) related mental health counseling; or for 6) participating in safety planning, temporarily or permanently relocating, or taking other actions to increase the safety of the employee or employee's family members from future domestic violence, sexual assault, or stalking. For details, see Appendix D, [Domestic Violence Policy](#).

9.12.7 Leaves of Absence Without Pay:

A leave of absence without pay may be granted to Health District employees at the discretion of the employing official. If the leave of absence exceeds five (5) consecutive working days, the following conditions should be met before granting the leave:

- A. A written request for a leave of absence without pay must be submitted to the Program Manager on forms prescribed by the Human Resources Office. The written request must include the reason for leave, the length of time requested, and the

expected date of return to service. The leave of absence form must then be completed and approved by the Program Manager, submitted to the Division Director, and finally to the Human Resources Office.

- B. All accrued general leave must be exhausted before leave without pay will be granted. If the leave is for medical reasons, accrued extended leave must also be exhausted.
- C. The Program Manager must be assured that the granting of leave will not cause a hardship to the Health District.
- D. Arrangements must be made in advance by the employee to pay for insurance premiums if continued coverage is desired for the duration of the leave.
- E. The Program Manager must be reasonably assured that the employee will return to work after the agreed leave time is exhausted.
- F. The granting of leave without pay is completely discretionary. The reason(s) for the need for leave, and the employee's ability and performance will be taken into consideration before the request for leave without pay is granted.
- G. If during the authorized leave of absence, the Program Manager determines that the absence of the employee is causing a hardship to the Health District, the employee may be required to return to work. The Program Manager will send a written notice certified through the U. S. Mail, requiring the employee to return to work. An employee who fails to return to work will be considered on unauthorized leave and is subject to disciplinary actions.
- H. All leaves of absence without pay of fifteen (15) or more calendar days results in a suspension of accruals for seniority, general and extended leave, longevity, and other benefits except as provided herein during the time of leave.

9.13 FAMILY AND MEDICAL LEAVE

- 9.13.1 The Health District authorizes leaves of absence to eligible employees for family and medical reasons in compliance with the Family and Medical Leave Act (FMLA), other relevant statutes and regulations. For details regarding employee protections and obligations related to family and medical leave, as well as the procedures to be followed, see Appendix E, [Family and Medical Leave Policy](#).
- 9.13.2 Leave for Maternity-Related Disability and to Care for Newborn. Under Washington State regulations and the District's Family and Medical Leave Policy, female employees are entitled to additional unpaid leave for the period of time that they are physically disabled because of pregnancy and/or childbirth. The pregnancy disability period includes any medically necessary leave prior to the birth, plus a recovery period after the birth. Women are entitled to leave for the entire period of actual disability from pregnancy and childbirth, and then, if they are eligible, to an additional twelve (12) weeks of leave under the Washington Family Leave Act (WFLA) to care for the newborn child. Thus, a pregnant employee with no complications in the pregnancy and childbirth is likely entitled to

eighteen (18) total weeks of leave (i.e., six (6) weeks of maternity-related disability leave recovering from the birth under WAC 162-30-020, plus twelve (12) weeks of leave to care for the newborn). For details, see Appendix E, [Family and Medical Leave Policy](#).

CHAPTER 10 – GENERAL POLICIES AND CODE OF CONDUCT

10.1 EQUAL EMPLOYMENT OPPORTUNITY

The Health District is an equal opportunity employer. The Health District believes the participation of men and women of diverse ages, races, religions, cultures, abilities, and the like will add to personal development and organizational success. The Health District is committed to promoting and protecting the rights and opportunities for equal employment for all and to ensure that no unlawful discrimination is committed against any person on the basis of race, color, religion, sex, national origin, age, marital status, sexual orientation, the presence of any sensory, mental or physical disability, veteran's status, or any other bases prohibited by federal, state, or local laws. This policy extends to all areas of employment and to all relations with employees including recruitment, selection and placement, compensation, promotion and transfer, disciplinary matters, demotions, layoffs and terminations, testing and training, working conditions, awards and benefits, and all other terms and conditions of employment.

Furthermore, the Health District strives to enhance cultural competence in staff relations and client service delivery. Cultural competence is the development of skills to work with, educate and serve diverse individuals and communities.

If a Health District employee believes he or she is being discriminated against on the basis of sex, race, color, religion, national origin, pregnancy, age, marital status, sexual orientation, veteran status, disability, or any other basis prohibited by federal, state, or local laws, he or she may follow the complaint procedures set forth in Appendix A, [Harassment and Discrimination Policy](#).

10.2 HARASSMENT AND DISCRIMINATION

The Health District is committed to fostering and maintaining a work environment that is free from discrimination and harassment, including sexual harassment. In keeping with this commitment, the Health District maintains a strict policy prohibiting all forms of unlawful harassment or discrimination. Employees are expected to show respect for each other and the public at all times, despite individual differences. Any person who commits such a violation may be subject to personal liability, as well as discipline by the Health District. Furthermore, employees who report violations of this policy will not be subjected to any form of retaliation. Any employee who feels that he or she has been harassed or discriminated against should follow the complaint procedures outlined in Appendix A, [Harassment and Discrimination Policy](#).

10.2.1 Discrimination is defined as any act or failure to act (whether by itself or as a part of a practice), the effect of which is to adversely affect or adversely differentiate against individuals or group of individuals, by reasons of their protected status, such as age, sex, marital status, sexual orientation, race, creed, color, national origin, veteran status or disability or any other characteristic protected by state or federal law, unless based upon a bona fide occupational qualification. For details, see Appendix A.

10.2.2 Harassment is a form of discrimination and is defined as unwelcome verbal or physical conduct toward another employee or members of the public on the basis of their protected status. Harassment occurs when enduring the offensive conduct becomes a condition of continued employment, or the conduct is severe or pervasive enough to

create a work environment that a reasonable person would consider to be intimidating, hostile, or abusive. For details, see Appendix A.

10.3 REASONABLE ACCOMMODATION FOR DISABILITIES

It is the policy of the Health District that no qualified individual with a disability will be subjected to unlawful discrimination, to include job application procedures, hiring, firing, advancement, compensation, training, and other terms, conditions, and privileges of employment. A qualified individual with a disability is an individual who satisfies the requisite skills, experience, education and other job-related requirements and who, with or without reasonable accommodation, can perform the essential functions of the job in question. Pursuant to the Americans with Disabilities Act (ADA) and the Washington Law Against Discrimination, the Health District will make reasonable accommodations on a case-by-case basis to enable qualified individuals with disabilities to perform essential job functions, provided that the accommodation does not create an undue hardship for the Health District or its employees. Any employee who believes he or she needs a reasonable accommodation in order to perform the essential functions of his or her job must submit a written request for a reasonable accommodation as outlined in Appendix F, [Reasonable Accommodation for Disabilities Policy](#).

Any employee who feels that he or she has been discriminated against on the basis of a disability should follow the grievance procedures outlined in Appendix F.

10.4 DISCRIMINATION COMPLAINT PROCEDURE

All employees are responsible for creating an atmosphere free of discrimination and harassment, sexual, or otherwise. Further, employees are responsible for respecting the rights of their co-workers and others, including the citizens they serve. Appendix A, [Harassment and Discrimination Policy](#), outlines the steps to follow should an employee believe that he/she has experienced harassment or discrimination on the job.

10.5 HEALTH AND SAFETY

It is the policy of the Health District to provide safe and healthful work environments. This can be accomplished if every employee observes all Occupational Safety and Health Administration (OSHA) and Washington Industrial Safety and Health Act (WISHA) regulations and District policies and procedures for health and safety, which are protections for the individual employee and for co-workers and the public.

10.5.1 The Health District has safety and risk management policies and procedures to provide employees with written guidelines to be followed to reduce accidents. Included in these policies and procedures are such topics as: Work Safety, the role of the Safety Committee, Building Access and Security, Use of Pepper Spray, Safety Procedures for Field Staff, Cellular Telephone Use, Risk Management, Identification Badges, Hazard Communication Program, Personal Protective Equipment (PPE), Blood Borne Pathogens, and Incident Reporting. Safety policies are available to all staff on the Health District's Intranet.

10.5.2 In addition to the above safety and risk management policies, all new employees receive a required orientation by their supervisor/Program Manager on the appropriate topics included in this plan, along with program and job specific safety training. This training will

allow new employees to perform their work responsibilities safely and efficiently. It is the responsibility of every Health District employee to help maintain a safe and healthful work environment.

- 10.5.3 Reporting an Occupational Accident, Injury, or Illness, or Incident: All employee injuries or illnesses or other incidents which may create some risk for the employee or the Health District that occur during working hours must be reported immediately or as soon after the accident as is possible. Any employee who suffers a workplace injury requiring treatment beyond simple first aid or who is a witness to any such incident must immediately verbally report the incident to the employee's supervisor or Program Manager, Division Director, Human Resources Manager, Health Officer, or Administrator. The internal Incident Report Form (see the reporting requirements/form in the [Risk Management Policy](#), Appendix G) must be completed within twenty-four (24) hours. Blank report forms are available from the employee's supervisor, Program Manager, or Human Resources Manager, and on the Health District's Intranet.

Anytime a workplace incident causes illness or injury requiring treatment by a health care provider, the employee must inform his or her supervisor as soon as possible. The employee must inform his or her health care provider that 1) the injury or illness is work-related; 2) he/she is the employee of the Health District (not Kitsap County); and 3) the Washington State Department of Labor and Industries form must be completed (available from the treating health care provider).

For any workplace incident that causes in-patient hospitalization of one or more employees, the supervisor, Program Manager, Division Director or Human Resources Manager must be notified immediately. WAC 296-800-32005 requires the Health District to notify the Department of Labor and Industries within eight (8) hours of such an incident. This notification requirement does not cover emergency room treatment where the employee is treated and released or scheduled surgeries.

After completion, processing, and review of the workplace incident report, the Safety Committee reviews the completed incident reports to assure that appropriate follow-up and modifications are implemented as needed in accordance with the procedures outlined in the Risk Management Plan. For more information, refer to the Health District's [Risk Management Policy](#), Appendix G.

10.6 LIFE THREATENING/COMMUNICABLE DISEASE

Employees with life threatening illnesses or communicable diseases are treated the same as all other employees. They are permitted to continue working as long as they are able to maintain an acceptable level of performance and medical evidence shows they are not a threat to themselves or their co-workers. The Health District will work to preserve the safety of all of its employees and reserves the right to reassign employees or take other job actions, including discharge, when a substantial and unusual safety risk to fellow employees or the public exists.

10.7 REPORTING IMPROPER GOVERNMENTAL ACTION

In compliance with the Local Government Employee Whistleblower Protection Act, RCW 42.41.050, the Health District's [Whistleblower Protection Policy](#) (Appendix H) was created to encourage

employees to disclose any improper governmental action taken by Health District officials or employees without fear of retaliation. This policy also safeguards legitimate employer interests by encouraging complaints to be made first to the Health District, with a process provided for speedy dispute resolution.

10.8 CODE OF CONDUCT

10.8.1 Purpose: The Health District is committed to the highest standards of performance, integrity and ethical conduct in serving the citizens of Kitsap County, and has established this Code of Conduct to assist its employees in understanding and carrying out this commitment. The orderly and efficient operation of the Health District requires that employees accept certain responsibilities. Work rules covering personal standards of conduct as well as standard operating procedures are necessary to protect the health and safety of all employees, to maintain uninterrupted services, and to protect the Health District's property. Furthermore, public service is a public trust, and as an organization entrusted with public funds, it is critical that every Health District employee be committed to the highest standards of ethical behavior.

All employees are expected to be aware of, and comply with, this Code of Conduct and its related policies. Violation of these principles is a serious matter and will be dealt with as such by the Health District. Any employee who violates these requirements will be subject to appropriate disciplinary action, up to and including discharge.

10.8.2 Disclosure: This Code of Conduct applies to all Health District employees. Each employee is expected to be knowledgeable about the Code of Conduct, all related policies, laws, regulations, guidelines and internal controls applicable to their jobs. As such, each employee is required to address any situations of actual or potential non-compliance. For example, when an employee believes that they may be in breach of the Code of Conduct, then that employee must make prompt and full disclosure in writing to their Program Manager or delegated official. This disclosure should include a detailed description of the actual or potential breach. An actual or potential breach may arise without any intentional wrongdoing or improper conduct on the part of the employee. In those circumstances, employees will not be disciplined or treated adversely for making prompt and full disclosure. However, all employees are expected to make every effort to avoid such circumstances. An employee failing to disclose an actual or potential breach of the Code may be subject to discipline.

10.8.3 Reporting Allegations: In addition to the self-disclosure obligation, any suspected fraud, breach of trust or other wrongdoing by another employee must be reported to a Program Manager, Division Director, or the Human Resources Manager. All employees must cooperate fully during an investigation of suspected wrongdoing in relation to any activities outlined in this Code of Conduct. Retaliation against someone who is a witness or is involved in such investigations is prohibited. When in doubt about the interpretation or application of this Code of Conduct, clarification should be sought from a Program Manager or the Human Resources Manager.

10.8.4 General Standards: As an employer, the Health District strives for an environment in which all staff can reach their full potential as efficient and effective employees so that the Health District can provide efficient and effective public service. The Health District and its

employees must continuously examine, evaluate, challenge, and streamline their methods and processes, and identify new ways of providing the best possible public services. The Health District and its employees must also maintain certain standards of conduct, including the following:

- A. Conduct Health District business ethically, professionally, and competently.
- B. Provide quality services within available resources.
- C. Provide timely and accurate information.
- D. Respond promptly to requests.

10.8.5 Respect for Others: The Health District is committed to creating a workplace that is free from harassment and discrimination, where people are respected, and diversity is embraced. To achieve this goal employees are expected to:

- A. Treat the public and coworkers with dignity, respect, courtesy, honesty, fairness, and sensitivity.
- B. Respect different values, beliefs, cultures and religions.
- C. Value the contribution of coworkers, and work cooperatively.
- D. Not bully, intimidate, harass or discriminate against other people.

10.8.6 Work Rules: The following work rules are applicable to all Health District employees. These rules are not intended to be all-inclusive and Division Directors and Program Managers may establish additional work rules that are unique to their divisions and programs. It is the expectation that all employees will abide by these additional work rules and any other work rules or division or program policies and procedures. Failure to do so may result in disciplinary action up to and including discharge.

- A. Employees will consistently be at their designated work area on time and ready to work. Employees will remain at their work area, at work, except during lunch and rest periods, until the scheduled quitting time, unless permission to leave is granted by the Supervisor/Program Manager or the duties of the position require such absence from the work area.
- B. All employees are responsible for accurately reporting all hours worked on forms or systems supplied by the Health District. It is a violation of Health District policy for any employee to falsify work time records. It is also a serious violation of Health District policy for any employee or manager to instruct another employee to incorrectly or falsely report hours worked or alter another employee's work time record to under- or over-report hours worked. Any employee who fails to report or inaccurately reports hours worked will be subject to disciplinary action, up to and including discharge.

- C. All employees are expected to maintain regular, predictable, and punctual attendance. They must report any absence to their supervisor or other authority in accordance with this Manual. Employees unable to work or unable to report to work on time shall notify their supervisor as soon as possible before the workday begins or at least fifteen (15) minutes prior to the employee's usual starting time. Refer to Section 9.8.9 for further information on call-in procedures.
- D. Employees are required to follow all safety regulations to include the wearing of personal protective equipment (PPE) or other safety or protective articles. Employees are required to immediately report safety hazards, accidents, or injury to their supervisor, Program Manager, or a safety committee member.
- E. Employees are responsible for and must not misuse Health District property, records, or other materials in their care, custody, or control.
- F. Employees are required to interact with the public and other Health District employees in a courteous and professional manner.
- G. Employees are required to notify the Human Resources Office whenever there is a change in their personal data affecting their personnel or payroll records.
- H. Employees are not to restrict or interfere with the work of others.
- I. Employees are required to report for and remain at work only in a fit physical and mental condition, which will enable them to perform their regular duties.
- J. Employees will not engage in political activity while on duty.
- K. Employees will not use their positions for personal gain, to solicit or conduct personal business, for political purposes, or to coerce others.
- L. Employees will not deal with an application to the Health District for a permit, grant, award, or other benefit which involves themselves or immediate relatives.
- M. Employees will not make false or misleading statements in connection with their employment.

10.8.7 Fraud/Theft: In general, fraud is an act committed which, through deceit, falsehood or other such behavior, either deprives the Health District of its assets, property or other resources (this includes theft), or causes the Health District to act to its own detriment or prejudice. Fraud may include acts committed with the intent to deceive, involving either misappropriation of Health District assets, property or other resources and/or misrepresentations of financial and/or other information to conceal such misappropriation, by such means as:

- A. Manipulation, falsification or alteration of records or documents.
- B. Suppression of information, transactions or documents.

- C. Recording of transactions without substance.
- D. Misapplication of accounting principles.

All employees shall work in accordance with both the Health District controls established to prevent fraudulent misconduct and all applicable laws, regulations and government guidelines. All employees shall exercise honesty, integrity, objectivity and diligence and shall not knowingly be a party to any fraudulent activity, including theft. Each employee is encouraged to report, in writing, any knowledge or suspicion of fraud to their Program Manager or Division Director. All Health District managers are responsible for ensuring that adequate internal controls are in place to prevent and detect fraud. Management is accountable for monitoring employee activity and performance and ensuring all employees are aware of, and in compliance with, controls, policies and procedures. All confirmed incidents of fraud or theft committed against the Health District will be viewed as acts of criminal activity and will be treated accordingly.

- 10.8.8 Dress and Grooming: An important part of the image presented to the citizens of Kitsap County is the appearance of Health District employees. Since the Health District is a public agency, employees need to present a professional appearance when working with the Health District's clients/patients and their families, co-workers, other community agencies, and the community as a whole. It is the Health District's policy to require staff members to dress and groom in a manner that inspires confidence and conveys professionalism to our citizens. The manner of dress may vary according to the amount and nature of public contact. It is the employee's responsibility to maintain a neat and business-like appearance. For details on dress and grooming, see Appendix I, [Personal Appearance and Signage Policy](#).
- 10.8.9 Personal Signage: The Health District is a public agency and, as such, staff need to promote a positive image and attitude in the work environment by not displaying in the workplace personal signage that conveys a negative attitude or discriminates against, harasses, or offends co-workers or the public. This excludes signage used by the Health District to protect and promote public health as described in the Health District's Mission Statement. For details on personal signage, see Appendix I.
- 10.8.10 Conflict of Interest: Public confidence of the citizens of Kitsap County in the operation of the Health District is built on integrity. Accordingly, all employees are expected to maintain high standards of personal conduct in their relationships with the public and with working associates.
 - A. Confidential Information: Many of the operations of the Health District are considered public information, but many are not. The confidential business of the Health District should not be discussed outside the Health District facilities. Providing confidential information to unauthorized persons may be grounds for disciplinary action. If you are unsure, contact your supervisor or Program Manager. Employees shall not benefit from the use of information acquired during the course of official duties that is not generally available to the public. See the Health District's Confidentiality Procedures for further details or contact the Health District's Privacy Officer.

- B. Loans, Gifts, Gratuities, Etc.: Health District employees must not directly or indirectly give or accept any compensation, gift, award, reward, hospitality, entertainment, or gratuity in the course of their work responsibilities from any source other than the Health District. Some items of nominal value (i.e., food), which are given on special occasions, may be acceptable. Check with your Program Manager before accepting any gifts.
- C. Outside Employment: Health District employees who choose to have an additional job, contractual commitment or self-employment, may do so provided that before accepting the outside employment, they are required to notify their Program Manager about such employment. No employee may engage in any occupation which:
1. Is incompatible with the proper discharge of official Health District duties.
 2. May impair independence of judgment or action in the performance of such official duties.
 3. May subject the Health District to adverse criticism or adverse publicity.
 4. May encroach upon regular Health District work hours and duties, or necessitate long hours, which might adversely affect the employee's physical or mental abilities to perform Health District work.
 5. Utilizes Health District telephones, computers, supplies or any other resources, facilities or equipment.
 6. May reasonably be perceived by members of the public as a conflict of interest or otherwise discredit public service.
- D. Political Activities: Health District employees have the same right to campaign in support of, or in opposition to, a candidate or a ballot proposition as any other citizen. However, public employees are restricted in their political activities while at work. Public funds and facilities may not be used, nor may an employee campaign on Health District time or while representing the Health District in any way. Examples of prohibited activities include, but are not limited to:
1. Using Health District stationery, letterhead, postage, or copying equipment to prepare and mail campaign literature.
 2. Publishing a statement supporting a candidate or issue in the Health District newsletters or other communications.
 3. Campaigning by Health District employees on Health District time.
 4. Using Health District telephones to make calls in support of a candidate at any time.

5. Using Health District vehicles, or the employees' personal vehicle with Health District signs attached to it, to attend political rallies, drop off mailers at a printer, or distribute campaign materials.
 6. Holding campaign strategy meetings in any Health District building or office.
 7. Wearing Health District identification badges while campaigning or using the employee's title or position to campaign.
- E. Nepotism: Employees shall not give, in the performance of official duties, preferential treatment to relatives or friends or to organizations in which relatives or friends have an interest, financial or otherwise. Furthermore, relatives of current Health District employees and Board members will not be employed by the Health District where:
1. One of the parties would have authority (or practical power) to supervise, appoint, remove, or discipline the other;
 2. One party would handle confidential material that creates inappropriate access to that material by the other;
 3. One party would be responsible for auditing the work of the other; or
 4. Other circumstances that might lead to actual or reasonably foreseeable conflict among the parties or conflict between the interest of one or both parties and the best interests of the Health District.

(See Washington Administrative Code 162-16-250). For purposes of this section, relatives include: mother, father, son, daughter, brother, sister, husband, wife, aunt, uncle, niece, nephew, grandfather, grandmother, grandson, granddaughter, daughter-in-law, son-in-law, father-in-law, mother-in-law, sister-in-law, brother-in-law, step-brother, step-sister, stepmother, stepfather, and individuals residing with a Health District employee.

If two (2) employees marry, become related, or begin sharing living quarters with one another, and in the Health District's judgment, the potential problems noted above exist or reasonably could exist, only one of the employees will be permitted to stay with the Health District, unless reasonable accommodations, as determined by the Administrator can be made to eliminate the potential problem. The decision as to which employee will remain with the Health District must be made by the two (2) employees within thirty (30) calendar days of the date they marry, become related, or begin sharing living quarters with each other. If no decision is made during this time, the Health District reserves the right to terminate either employee.

- F. Affect on Employment: The existence of a conflict of interest precludes the hiring, or the continued employment, of one of the parties when such conflict is created. When it is necessary to exclude a person because of a conflict, the persons involved will be given the opportunity to determine who of the two remains employed.

Should the persons involved be unable to determine who will remain employed, the Administrator will make the determination.

10.8.11 Use of Health District Resources

- A. It is the policy of the Health District to restrict the use of Health District resources, including Health District time, to the authorized conduct of official business and to such services as are available to the public generally. Employees may not use Health District property, systems or work time for personal reasons. However, occasional and limited personal use of Health District resources is permissible, but only if specifically allowed by Health District policy and in accordance with WAC 292-110-010, as follows: such use must be brief, infrequent, at no cost to the Health District, and must not interfere with the performance of the employee's duties, disrupt other employees, disrupt or distract from the conduct of Health District business, or compromise the security or integrity of the Health District. Violations of this policy may result in disciplinary action up to and including discharge and/or prosecution as appropriate
- B. Such occasional and limited personal use is not allowed for items designated by the Internal Revenue Service as "listed property." Listed property includes items obtained by the Health District for business use but designated by the IRS as lending themselves easily to personal use. Refer to Internal Revenue Code Section 280F(d)(4), as amended.

10.8.12 Electronic Communications

The Health District provides telephones, cell phones, pagers, voice mail systems, e-mail, faxes, and access to the Internet for internal and external business communication purposes. The Health District's electronic communications are for official business and are not to be used for employee personal gain or to support or advocate for non-Health District related business. The Health District reserves the right to monitor the use and content of electronic communications. Electronic communications are not private or confidential. Employees are expected to comply with the Health District's procedures regarding electronic communications. For details about information technology resources and communications, see Appendix J, [Information Technology Resources Policy](#). For details about cell phones, see Appendix K, [Cellular Telephones Policy](#).

10.8.13 Personal Internet Communications

- A. The District recognizes that in today's environment, with the increasing prevalence of the Internet, employees will use the Internet at home to communicate with friends and associates. The Health District views Internet venues as an employee's right to self-expression and generally regards them in a positive light. However, employees should be mindful that the Health District's policies and procedures can apply to off-duty conduct as described herein, including online social networking and blogging activities.
- B. Social networking communications can appear in several forms, including, but not limited to, blogs, message boards, chat rooms, postings of comments, pictures, or

videos on websites, or such communications sent by email from a desktop computer, laptop, or other device such as a smart phone or mobile phone.

- C. Online social networking and blogging activities are subject to the Health District's policies and procedures, including, for example, the Health District's policies 1) protecting the confidentiality of information, 2) safeguarding District property, 3) prohibiting any type of employment discrimination or harassment, 4) governing use of the District's property, including electronic communication and computer systems, 5) prohibiting use of position to secure special privileges, 6) restricting outside employment as described in Section 10.8.10, 7) prohibiting solicitation of illegal actions, and 8) prohibiting defamation and slander. For example, the following activities are prohibited:
1. Disclosing or discussing confidential or proprietary information of the Health District or the District's clients, agency partners, or employees.
 2. Using the Health District's name, logos, or other identifying marks in any personal online social networking or blogging activities. Employees shall not use their Health District email address in their personal profiles on social networking sites.
 3. False and defamatory statements about the Health District, its activities and services, its employees, clients, and agency partners, and its vendors, contractors, and suppliers, and their products and services.
 4. Internet communications which harm the Health District's reputation, mission, or functions, renders the employee unable to perform his/her duties, results in other employees being unwilling or unable to work with the employee, or undermines the ability of the District to direct the workforce. As examples, material should not be posted about illegal drugs, or that is obscene, vulgar, defamatory, threatening, discriminatory, harassing, abusive, or hateful to another person or entity.
- D. Employees are personally responsible for the commentary they express and the material they post while engaging in online social networking and blogging activities. Employees must make it clear in any online social networking and blogging activities that the views and opinions they express about work-related matters are their own, have not been reviewed or approved by their employer, and do not necessarily represent the views and opinions of their employer.

10.8.14 Drug and Alcohol-Free Workplace

The Health District is obligated and committed to providing its employees and the citizens of Kitsap County with an alcohol and drug-free, healthful, safe, and efficient workplace. Therefore, in accordance with the federal Drug Free Workplace Act, the manufacturing, distribution, dispensation, possession, and use of unlawful drugs or alcohol on Health District premises or during work hours by Health District employees is strictly prohibited. Furthermore, the Health District expects its employees to report to work free from drug and/or alcohol impairment and to remain at work in a condition that enables them to

perform their job duties in a safe, efficient, legal and professional manner. For further details, see Appendix L, [Drug and Alcohol Free Workplace Policy](#).

10.8.15 Prevention of Workplace Violence

The Health District is committed to protecting the safety of its employees and will not tolerate acts or threats of violence which involve or affect its employees. Therefore, it is the Health District's policy to prohibit threatened or actual workplace violence, including the possession of any weapons by employees, volunteers, or the public on Health District property or while conducting Health District business. For details, see Appendix M, [Workplace Violence Policy](#).

10.8.16 No Smoking Policy

For health and safety considerations, the Health District prohibits smoking in or near (within 50 feet) of any Health District facilities including its buildings, vehicles, offices or other facilities rented or leased by the Health District.

10.8.17 Property

The Health District furnishes desks, closets, cabinets, etc. for security of employee personal belongings. The Health District does not, however, assume responsibility for any theft or damage to the personal possessions of employees. Property owned by the Health District, including but not limited to, property used by employees such as desks, cabinets, restrooms, break rooms and lockers, are not private. The Health District reserves the right to search Health District property at its convenience.

10.8.18 Drivers License, Personal Auto Insurance, and Driving Records

- A. Employees using their personal vehicle on Health District business shall be required to maintain auto liability insurance in an amount not less than the Washington State minimum standards pursuant to RCW 46.29 and 46.30.
- B. Employees using personal vehicles on Health District business shall conform to all applicable laws for vehicles and maintain current Washington State driver's licenses. Any employee whose job duties require driving on a regular basis must notify his or her immediate supervisor no later than the next business day if the employee's driver's license, including any work-related endorsements, is denied, expired, suspended, revoked or otherwise becomes invalid, or if he or she is ticketed by a law enforcement agency for any at fault accidents or moving violations while conducting District business. Depending on the duration of license suspension, revocation, or other inability to drive, an employee may be subject to disciplinary action, including termination. Employees are required to submit copies of their driver's licenses at each renewal to the Human Resources Office.
- C. Driving Records. Those employees who are required to operate motor vehicles on a regular basis while conducting District business shall have their motor vehicle driving record reviewed by the Health District upon hire and at least once every three (3) years thereafter. Such driving record will be checked, at the Health District's

expense and with the employee's knowledge, by having the employee sign a driving record request form from the Washington State Department of Licensing.

10.8.19 Seat Belt and Cell Phone Policy

Per Washington State law, any employee operating or riding in a Health District vehicle or a private vehicle while performing Health District work must wear seat belts at all times. An employee may not perform text messaging or hold a cellular to his or her ear while operating a Health District vehicle or a private vehicle while performing Health District work. See [Cellular Telephones Policy](#), Appendix K, for details regarding cell phone usage.

10.8.20 Solicitation

- A. Most forms of selling and solicitations are inappropriate in the workplace. They can be an intrusion on employees and citizens and may present a risk to employee safety or to the security of Health District property. The following limitations apply:
- B. Persons not employed by the Health District may not solicit, survey, petition, or distribute literature on Health District premises at any time. This includes persons soliciting for charities, salespersons, questionnaire surveyors, labor union organizers, or any other solicitor or distributor. Exceptions to this rule may be made in special circumstances where the Health District determines that an exception would serve the best interests of the agency and its employees. An example of an exception is the United Way campaign or a similar, community-based fund-raising effort.
- C. Employees may not solicit for any purpose during work time. Reasonable forms of solicitation are permitted only during non-work time, such as before or after work or during meal or break periods. Soliciting employees who are on non-work time may not solicit other employees who are on work time. Employees may not distribute literature for any purpose during work time or in work areas. The employee lunchrooms are considered a non-work area under this policy.

10.8.21 Recording of Employee Conversations

- A. Employees shall not record a private conversation between or among individuals without the consent of all the persons engaged in the conversation, in accordance with Chapter 9.73 RCW. The statute also sets forth various exceptions. For example, it is not unlawful to intercept and record emergency calls; extortion, blackmail, and bodily harm calls; or anonymous or repeated calls at extremely inconvenient hours.
- B. Employees should start any such audio recording by identifying everyone participating. When recording a meeting or event, employees should make a statement at the beginning, such as "This conversation is being recorded," and explain the purpose of the recording, so the participants are aware when the microphone has been switched on.
- C. Any conversation by a Health District employee in their official capacity shall **not** be considered a "private conversation" if that conversation is made at an open public meeting or at any other advertised meeting, workshop, study session or similar

gathering at which the public is invited to attend. As such, the employee's conversation may be recorded or recorded without their permission.

CHAPTER II - PERFORMANCE EVALUATIONS

11.1 POLICY

Employee performance evaluation is intended to promote productivity and strengthen employer/employee relations. The performance evaluation system provides employees and Program Managers with a tool for establishing communication regarding performance standards and expectations, identification of problems and concerns, identification of training needs, and the provision of positive reinforcements for areas of excellence. The evaluation is part of an employee's personnel record and may be a factor in determining the employee's conversion to regular status, whether the employee receives a step increase, or is to be promoted, transferred, demoted, laid off, or terminated.

11.2 PERFORMANCE EVALUATION SYSTEM

- 11.2.1 The Administrator may develop and maintain performance evaluation systems as appropriate.
- 11.2.2 The performance evaluation system should be based on standards related to an employee's individual work assignments.
- 11.2.3 The performance evaluation system provides the employee with an opportunity to submit a written response to the contents of his or her evaluation.

11.3 PERFORMANCE EVALUATION PROCESS

- 11.3.1 Probationary employees are to be evaluated by their Program Manager twice prior to completion of their probation period, one evaluation should be performed approximately three months after the date of appointment to clarify goals, provide feedback, and compare perceptions about performance. This initial evaluation may be informal and use of the formal evaluation is optional.
- 11.3.2 Regular employees are evaluated twelve (12) months after the completion of their probationary period and once every twelve (12) months thereafter. If an employee remains in the same position for five (5) years or more, the employee's performance evaluation should be conducted every two (2) years.
- 11.3.3 The Program Manager may deem additional performance evaluations appropriate in some circumstances. An employee may also request an additional evaluation if a work-related problem exists that may be resolved through the formal evaluation process.
- 11.3.4 The employee may file a rebuttal statement. The statement becomes a permanent part of the personnel file.
- 11.3.5 Employees are encouraged to be active participants in the evaluation process.
- 11.3.6 The performance evaluation, together with related correspondence, is placed in the employee's official personnel file. A copy may be provided to the employee.

11.4 ADJUSTMENTS TO EVALUATION DATES

Evaluation dates will be adjusted forward due to periods in which an employee is on unpaid leave for fifteen (15) calendar days or more. Step increase eligibility dates will also be adjusted based on unpaid leaves of fifteen (15) calendar days or more.

CHAPTER 12 – WORKING CONDITIONS

12.1 WORKING HOURS

The Health District's standard workweek is forty (40) hours beginning and ending at midnight on Friday. The Health District may redefine the workweek as prescribed by the Fair Labor Standards Act. Due to the nature of the Health District's operations, the workday may be adjusted, and longer hours may be necessary in some instances. Each employee's Program Manager will advise the employee regarding his/her specific working days and hours. Part-time and temporary employees will work hours as specified by their Program Manager. Flexible hours within a particular workweek may be made by mutual agreement between the Program Manager and the affected employee. Alternative work schedules on a regular basis, such as flextime schedules, compressed workweeks, teleworking, or other alternative work arrangements require written authorization as specified in Section 12.5 below.

12.2 ATTENDANCE AND ABSENTEEISM

Employees are responsible for complying with policies and procedures regarding hours of work, attendance, timeliness, leaves of absence, and the like. An essential function of most Health District positions is the ability to appear regularly for work and report to work on time. Absenteeism causes low morale and reduces productivity. Tardiness or absenteeism may result in discharge depending on the frequency and duration of the absence. Absences covered by the federal Family and Medical Leave Act (FMLA) will not be counted in evaluating absenteeism. Accrued extended leave is a protection against risk, it is like a disability insurance policy designed to give an employee financial protection due to an extended illness. Extended leave use may, in some circumstances, be considered in determining excessive absenteeism.

12.2.1 Absenteeism: Absenteeism is the voluntary or involuntary absence from work for failure to report to work, for failure to report to work on time, leaving work before the end of the shift, and absences from the work area during the day.

A. Degree of Absenteeism

1. Routine Absences - Occur infrequently and are of short duration.
2. Chronic Absenteeism - Absences that occur frequently for valid or invalid reasons. Use of leave due to illness or otherwise unscheduled leave in excess of one day per month and/or occurring in an established pattern such as the day before or after days off, holidays, scheduled general leave, or weekends. Such absences may be grounds for disciplinary action.

B. Controlling Absenteeism

1. Supervisors and Program Managers are encouraged to enforce consistent and fair attendance/absenteeism standards within their work groups. It is recognized that the nature of each position's requirements needs to be evaluated in determining these standards.

2. Records of absenteeism should be maintained and monitored for all employees in the work group.
- C. Authorized Absences - An authorized absence requires the employee to comply with all the reporting requirements specified in this Manual.
- D. Unauthorized Absences
1. If invalid reasons are given for an absence or an employee fails to personally notify the supervisor or Program Manager prior to or at the beginning of the work shift as established by the employing official, of the reason for not reporting to work, the employee will not be compensated for the absence. Such absences may be grounds for disciplinary action. An employing official may establish different notification standards for various work units.
 2. Three consecutive workdays of unauthorized, unjustified absence will result in dismissal.

12.3 REST PERIODS/BREAKS

Per WAC 296-126-092 rest periods of not less than ten (10) minutes shall be scheduled for each four (4) hours of working time. However, where the nature of the work allows employees to take intermittent rest periods equivalent to ten (10) minutes for each four (4) hours worked, scheduled rest periods are not required. As a matter of policy, however, the Health District allows a 15-minute rest period for each four (4) hours of working time. They will be arranged so that they do not interfere with Health District operations. Rest periods are to be scheduled as closely as possible to the midpoint of each four-hour work period. Rest periods may not be accumulated nor used to shorten the workday or to make up time for tardiness, to extend the lunch period, or to leave early, or as a replacement for general leave or leave without pay.

12.4 MEAL PERIODS

The Health District will allow each employee working five (5) or more consecutive hours per day an unpaid meal period of at least thirty (30) minutes midway in the workday.

12.5 ALTERNATIVE WORK SCHEDULES

The Health District recognizes that there are circumstances where non-traditional alternative working arrangements can be a benefit to both the Health District and the employee. Alternative arrangements, such as flextime schedules, compressed workweek schedules, and teleworking, may increase productivity, reduce commuter trips, eliminate workspace congestion in Health District offices, and more efficiently provide services throughout the county. In order to avoid overtime, some schedules may require different workweek designations other than the standard workweek.

An employee or the District may request consideration of an alternative work schedule and both parties will investigate the feasibility of the request. Alternative work arrangements will be mutually agreed upon in writing by the Program Manager and the employee in accordance with this Manual, subject to approval by the Division Director in consultation with the Human Resources Manager.

Approval will be contingent upon Health District policies, guidelines, and any applicable collective bargaining agreements. In addition, the following criteria must be met.

12.5.1 The alternative work schedule/arrangement does not adversely affect the Health District, program assignments or projects, customer relations, or other work units, and the quantity and quality of work is maintained or exceeded.

12.5.2 The employee has demonstrated sustained high performance. For example, there has been no excessive or unexcused absences, no observed problems with productivity, no observed need for close supervision including the employee's consistent need for guidance on technical matters, and no disciplinary action taken during the employee's employment with the Health District.

12.5.3 Types of Alternative Work Schedules/Arrangements: What follows is a non-exclusive list of alternative work schedules and work arrangements.

- A. Flextime Work Schedule: An alternative work schedule on a regular basis with different starting and quitting times for the employee other than the standard work day.
- B. Compressed Workweek Schedule: An alternative work schedule on a regular basis with agreed upon work hours that permit employees to increase the length of each day, to provide one day off every week or every other week.
- C. Teleworking: An arrangement in which employees are permitted to work at home, or to access work remotely, for at least part of the workweek on a regular basis in accordance with a Health District teleworking agreement. See Appendix N, [Teleworking Policy](#), for details.

12.6 JOB-SHARING

Upon agreement by the Program Manager and the employee with the approval of the Administrator, a job-sharing arrangement may be established. All rights, terms, and conditions of the job-sharing agreement will be in writing.

12.7 EMERGENCY HEALTH DISTRICT CLOSURE

During times of inclement weather, natural disasters or other emergencies, it is essential that the Health District continue to provide vital public services. Therefore, it is expected that employees will make every reasonable effort to report to work without endangering their personal safety.

An employee who is unable to get to work or leaves work early because of unusual weather conditions may charge the time missed to general leave, personal holiday, compensatory time, or leave without pay. The employee shall advise the supervisor by phone as in any other case of late arrival or absence.

In the event of an official Health District closure and/or late opening due to severe weather conditions or other extraordinary events (earthquake, power outage, and the like), the closure or late opening will be announced on the District's Weather Line (360-728-2200).

If the District offices are closed for one (1) or more full business day(s) due to weather conditions or for some other emergency as declared by the District Director, employees scheduled to work will be provided paid administrative leave for a maximum of two (2) full consecutive days per occurrence of such closure and/or assigned to work from home or another location as provided by the Health District's policy. For details, see Appendix C, [Inclement Weather and Emergency Closures Policy](#).

12.8 EMERGENCY DUTIES

All Health District employees may be required to stay at or return to work during public health incidents and/or emergencies to perform duties specific to their job classification or to perform other duties as requested in an assigned response position. This may require working a non-traditional work schedule or working outside normal assigned duties during the incident and/or emergency.

12.9 CALL-BACK

All employees are subject to call-back in emergencies or as needed by the Health District to provide necessary services to the public. A refusal to respond to a call back is grounds for immediate disciplinary action, including possible termination. When non-exempt employees are called back to work after completion of their regular workday, they will be compensated in either pay or compensatory time at the rate of one-and-one-half (1½) times the actual hours worked; a minimum callback will be two (2) hours, and the employee must physically report to a worksite.

12.10 REMOTE CALL-BACK

When it is necessary to call back employees without advance notice to perform unscheduled work outside of their regular shift hours to handle an emergency, system failure, or other urgent situation, and they are able to perform such duties without physically reporting to a worksite, they will be compensated for the actual hours worked for the particular incident, or a minimum of one-half hour of straight time, whichever is greater. If such remote call-back time results in overtime, normal overtime pay, or compensatory-time provisions will apply. Directors and Program Managers who authorize remote call-back must ensure that it is noted as such on the employee's time card.

Remote call-back does not apply to work performed remotely for non-urgent matters, regular telework or otherwise scheduled remote access. Refer to the Information Technology Resources Policy (Appendix J), the [Teleworking Policy \(Appendix N\)](#), and the Compensatory Time, Overtime and Flextime Policy (Appendix P).

12.11 PAYDAYS

Health District employees are paid monthly on the last working day of the month or on a more frequent schedule as determined by the Administrator. If a regularly scheduled payday falls on Saturday, Sunday, or holiday, paychecks will be distributed the last regular working day prior to such day.

CHAPTER 13 – DISCIPLINE AND DISCHARGE

13.1 DISCIPLINE

The goal of corrective action and discipline is to change or improve an employee's behavior by providing guidance and strengthening an employee's self-discipline. Rules and standards are needed to help everyone get the job done quickly, safely, and well. The Health District encourages those forms of disciplinary actions that teach rather than punish, when appropriate. Follow-up and observation of performance by the supervisor often helps to correct an unsatisfactory situation. However, in the case of more serious infractions, a progressive approach may not be suitable, and the Health District may proceed directly to the appropriate disciplinary action, including termination.

Note: Program Managers should consult with the Human Resources Manager in order to maintain consistency of discipline.

13.1.1 Causes for Disciplinary Action: The following is a non-inclusive list provided for illustration of cause for disciplinary action:

- A. Incompetence or inefficiency - Failure to meet minimum requirements set forth in the job classification or failure to meet reasonable work performance standards.
- B. Neglect of duty or dereliction of duty - Engaging in any activity or personal business which causes the employee to neglect or be inattentive to his/her job responsibilities.
- C. Conduct unbecoming a Health District employee.
 - 1. Discourteous treatment or wantonly offensive conduct toward clients, the public or fellow employees.
 - 2. The use of indecent, obscene, or otherwise coarse or offensive language, including but not limited to racist or sexist slurs, directed toward the public or fellow employees.
 - 3. Threat of physical harm directed toward the public or fellow employees.
 - 4. Misuse or abuse of power when dealing with members of the public for personal gain.
 - 5. Violations of the Health District's dress and grooming standards.
- D. Unauthorized use of Health District property or equipment.
- E. Deliberately or recklessly destroying, damaging, or defacing Health District property.
- F. Misappropriation or theft of Health District property, funds or services; or the property/funds of the public or co-workers in the workplace.
- G. Bribery - Making a bribe, accepting a bribe, or soliciting a bribe in the course of Health District business.

- H. False Statements - False or misleading statements, intentional misrepresentations, or fraudulent conduct by an employee or such actions by others with his/her collusion. Falsifying records or reports.
- I. Violation of the Health District Drug and Alcohol-Free Workplace Policy.
- J. Violation of the Information Technology Resources Policy.
- K. Violation of the Prevention of Workplace Violence Policy.
- L. Violation of the Health District's Code of Conduct or related policies.
- M. Violation of work rules - Violation of state, Health District, or program work rules, policies, safety rules or regulations.
- N. Solicitation of illegal actions - The attempt to induce an employee of the Health District to commit an illegal act or violate any lawful and reasonable Health District regulation.
- O. The commission of a crime.
 - 1. The commission of a felony, the offense of which is directly related to the responsibilities of the position held or so disruptive to the work relationship between the Health District and the employee or the employee and their coworkers that the Health District feels compelled to discharge the employee rather than tolerate the disruptions and inefficiencies that continued employment may cause. Such conduct may include child molestation, sex crimes, and others.
 - 2. The commission of a misdemeanor during the performance of Health District business.
 - 3. The commission of a misdemeanor, the offense of which is directly related to the responsibilities of the position held.
- P. Insubordination - Disobedience, unwilling to submit to established authority, the refusal to perform assigned work unless such performance would constitute a safety hazard or illegal act.
- Q. Absences without authorization - Failure to report for work, failure to give actual reasons for an absence, or failure to return to work upon the expiration of a vacation or authorized leave.
- R. Chronic tardiness or excessive absenteeism.
- S. Violation of the Harassment and Discrimination Policy.
- T. Smoking in any unauthorized areas.
- U. Creating fire hazards in any area.

13.2 DISCIPLINE PROCESS

The following is a list of corrective and disciplinary actions. It is not intended to be an all-inclusive list, nor is there any intent that discipline necessarily start at the lowest level and be sequential. The District will tailor discipline to respond to the nature and severity of the offense, and the employee's prior corrective/disciplinary record.

- 13.2.1 Oral Warning: Inappropriate conduct or performance may initially be brought to the attention of the employee by oral discussion or reprimand. The employing official is to take reasonable precaution not to embarrass the employee before other employees or the public. The Program Manager is encouraged to keep a record of the date and subject of oral warnings. An oral warning is not subject to the notice and hearing requirements set forth below nor the grievance procedure set forth in this Manual.
- 13.2.2 Written Reprimand: When inappropriate conduct or performance is continual, or when in the judgment of the Program Manager the severity of such conduct or performance warrants it, a written reprimand may be issued to an employee. A copy of the written reprimand will be kept in the employee's official personnel file. A written reprimand is not subject to the notice and hearing requirement set forth below nor the grievance procedure set forth in this Manual.
- 13.2.3 Work Improvement Plan: When unsatisfactory work performance or inappropriate work behavior is continual following disciplinary action or an unsatisfactory performance evaluation, the employee may be issued a document outlining areas of improvement required within a designated time frame. Work performance and/or work behavior will be closely monitored and may require frequent performance evaluations.
- 13.2.4 Setback in Range: The Program Manager may move an employee backward to a lower step in his/her salary range for disciplinary reasons. The employee must be provided with five days or more advance notice of such action. The notice must include the cause for action and a new evaluation date.
- 13.2.5 Delay of Step Increase: The Program Manager may delay an employee's step increase based on performance evaluation ratings. The employee must be given advance notice of such action five days in advance of the effective date, and the notice must include the cause for action and a new step increase date.
- 13.2.6 Suspension with Pay: The employing official may remove an employee from work with pay for a specific period of time when necessary to investigate a situation pending a pre-disciplinary hearing/pre-termination hearing, or for business necessity.
- 13.2.7 Suspension Without Pay: The Program Manager may remove an employee from work without pay for a specific period of time for continuing inappropriate conduct or performance of any one severe offense, or to investigate complaints of employee misconduct in accordance with the process set forth in Section 13.3 of these Rules.

Employees who are exempt from the overtime laws are not subject to unpaid disciplinary suspensions except in increments of full workweeks unless the infraction leading to the suspension is for a violation of a safety rule of major significance.

- 13.2.8 Demotion: The Program Manager may demote an employee to a classification that has a lower salary range. This type of action is usually only taken where an employee is unable or unwilling to perform the duties required for his/her current position but meets the qualifications for the position to which he/she is being demoted or in lieu of discharge. Demotion for any cause can only be made to a vacant position. An employee demoted for disciplinary reasons has no right to displace a subordinate or junior regular employee. The employee must be provided with a minimum of five days notice of such action.
- 13.2.9 Discharge: Discharge is the termination of the employment relationship. Discharge is the most severe form of disciplinary action and should only be used after previous attempts at corrective discipline have failed or when the offense is very serious. Instances which warrant discharge without prior written notice or suspension may include, but are not limited to, such conduct as insubordination, assault, theft, being under the influence of alcohol or drugs, and illegal or destructive acts on the job. Employees discharged will be paid all accrued general leave and compensatory time.

13.3 DISCIPLINARY PROCEDURE

- 13.3.1 Hearing Required: Prior to imposing discipline involving a reduction in pay, suspension, or discharge, a notice and a hearing are required. A Program Manager in consultation with the Human Resources Manager provides and arranges for a pre-disciplinary or pre-termination hearing prior to the imposition of a disciplinary action that may result in suspension without pay, demotion, or discharge.
- 13.3.2 Notice: The Program Manager in consultation with the Human Resources Manager will provide the employee with a written notice of the hearing described above. The notice informs the employee of:
- The reasons for the disciplinary action or possible discharge, including any specific policies and procedures, which have been violated.
 - A summary of any previous incidents or disciplinary actions, if applicable.
 - A date, time, location of the hearing
 - The opportunity to respond to the reasons discipline is being considered at the pre-disciplinary hearing.
- 13.3.3 Pre-Disciplinary or Pre-Termination Hearing: The hearing is conducted by the Administrator or designee and is informal. The purpose of the hearing is to allow the employee to present information that would assist the Administrator or designee in reaching a final determination.
- 13.3.4 Final Disciplinary Action: As a result of the pre-disciplinary or pre-termination hearing, the Administrator or designee will issue a determination within a reasonable period of time and include the following:
- The discipline imposed, if applicable.
 - The effective date and duration of the discipline imposed, if applicable.
 - The required corrective action by the employee, if applicable.

- 13.3.5 Discipline During Trial Service: An employee who is on trial service following a promotion has the same right of appeal as any other regular employee with the exception that during his/her trial service, he/she may be returned to the job class held prior to promotion without receiving notice of cause or have a right to appeal.
- 13.3.6 Discipline During the Probation Period: Employees undergoing their probation period may be subject to any of the aforementioned disciplinary actions without notice of cause or right of appeal. The minimum advance notice of such action need not be more than the normal time requirement for dismissal of a probationary employee.
- 13.3.7 Placement in Personnel File: It is recommended that the employee acknowledge the disciplinary action taken by signature on the final notice of the disciplinary action. The disciplinary action notice is forwarded to the Human Resources Office for placement in the employee's official personnel file. If the employee refuses to acknowledge the final disciplinary action notice, the employee may be subject to further disciplinary action. Further, the Program Manager may fulfill this obligation by securing the signature of a witness.

CHAPTER 14 – GRIEVANCE PROCEDURE

14.1 PURPOSE

The purpose of this process is to provide an orderly method for resolving grievances. The objective of this process is to provide an opportunity for employees to understand and resolve matters where the employees believe they have received inequitable treatment. A determined effort should be made to settle any such differences at the lowest possible level in the grievance procedure.

14.2 GRIEVANCE DEFINED

A grievance is a dispute or disagreement arising between the employee and the Health District in regard to the interpretation or application of the specific provisions of this Personnel Manual, or other Health District policies or procedures. Specifically excluded from further recourse to the grievance procedure are grievances that have been processed and decided and grievances not presented within the time limits established. Oral warnings and written reprimands are not grievable.

14.3 WHO MAY GRIEVE

Any employee who believes he/she has a grievable dispute as defined above and which directly affects the employee has the right to file a grievance. Probationary employees do not have the right to grieve dismissal or the extension of the probationary period.

14.4 TIME LIMITS

In order to maintain good employee relations and employee morale, it is important that grievances be handled promptly and fairly. If an employee fails to submit a grievance within the time schedule in the steps below, the employee waives his right to grieve. If the Program Manager or Division Director fails to respond within the time limits established in the steps below, the next step in the grievance process will apply. If mutually agreed upon, the time limits established in the steps below and any individual step in the grievance procedure may be waived. Where time limits are expressed in working days in these Rules, working days are defined as Monday through Friday, excluding holidays.

Note: It is recommended that the Program Manager and Division Director work with the Human Resources Manager as soon as any grievance is submitted.

14.5 PROCEDURE

Step 1 - Oral Discussion

Within ten (10) working days after the occurrence of the situation, condition, or action giving rise to an alleged employee grievance, the employee affected may personally present a grievance to his/her Program Manager. The Program Manager shall have ten working days after the date of this initial meeting to respond to the employee's grievance.

Step 2 - Written Grievance

If the employee believes that the matter has not been settled or cannot be adjusted to his/her satisfaction by the Program Manager, the employee may present his/her grievance in writing to his/her Division Director within ten (10) working days after the delivery of the response or expiration of the timeframe for response or if the employee elects to bypass step one. The written grievance is to include the following:

- The facts upon which the grievance is based.
- Reference to the policy or policies alleged to have been violated or misapplied.
- The date of the circumstances leading to the grievance or the date when the employee first became aware of those circumstances.
- The remedy sought.

Upon receipt of the written grievance, the Division Director will review the grievance along with all documents and evidence provided, and may if deemed appropriate meet with the employee and Program Manager. The Division Director will usually provide a written response within ten (10) working days of receipt of the employee's written grievance if possible.

Step 3 - Administrator

If a satisfactory settlement is not reached in the above steps, the grievance may be delivered in writing to the Administrator within ten (10) working days after the date of the response from the Program Manager. Within five (5) workdays after receipt of the written grievance, the Administrator may schedule a meeting to hear the grievance. This meeting may be held within ten working days. The Administrator may render a decision within fifteen (15) working days after such hearing.

Step 4 – Board

In the event the grievance is not satisfactorily settled in Step 3 above, the employee may deliver a written grievance to the Board within seven (7) working days of the written response from the Administrator. The Board will render a written decision within thirty (30) days. The Board, at its discretion, may appoint a hearings examiner to hear the grievance and render a decision on its behalf. The decision of the Board or its designee is binding.

Note: Employees represented by a bargaining unit should follow grievance procedures set forth in their respective labor contracts.

CHAPTER 15 – SEPARATION FROM EMPLOYMENT

15.1 RESIGNATION

Employees may voluntarily terminate their employment at any time. To resign in good standing, a regular employee will give the Health District at least two (2) weeks written notice of separation. Management and professional staff are requested to give thirty (30) days notice. Employees who terminate without two (2) weeks' notice forfeit up to ten (10) days of accrued general leave.

15.2 RETIREMENT – REGULAR

A written application must be filed with the Public Employees' Retirement System (PERS). The effective retirement date from which benefit payments accrue is always the first day of a calendar month. PERS will make the employee's effective date of retirement at least thirty (30) days after the application is filed with them. The retiree should take this into consideration in planning for retirement. Potential retirees are required to fill out medical conversion forms two (2) months prior to the effective date of retirement. Those retirees who are eligible for COBRA (continued health care coverage for former employees and their eligible dependents) will receive information and forms in the mail after the Health District receives the separation notice.

15.3 RETIREMENT – DISABILITY

Employees who may be eligible for disability retirement should contact PERS by telephone to obtain the appropriate forms to be filed. The Retirement System Medical Review Board will approve or disapprove the request for disability retirement.

15.4 REDUCTION IN FORCE – FURLOUGH AND LAYOFF PROCEDURES

The Health District may declare a mandatory furlough, reduction in hours and or layoff in the event that a reduction in force is necessary due to lack of work, lack of funds, or reorganization.

15.4.1 Furlough Procedure. Involuntary unpaid furlough days or reduction in hours may be imposed on a uniform basis agency-wide or by job classification.

15.4.2 Layoff Procedure

- A. No regular Health District employee will be laid off while another person in the same classification is employed in a probationary status.
- B. In determining who, in an affected classification, is to be laid off, consideration is to be given to ability, performance, special skills, and seniority. When ability, performance, and special skills are substantially equal, seniority will be the determining factor. Ability and performance will be determined by the use of the employee's performance evaluations within the last two years within the affected classification.
- C. Employees laid off will be given thirty (30) days' notice in writing, or at the option of the Administrator, thirty (30) days separation pay.

- D. Laid off employees are eligible for recall for a period of eighteen (18) months from their effective date of layoff. For re-employment beyond the eighteen (18) month recall period, refer to Section 4.1.4 of this Manual.
- E. In the event of a shutdown of state/federal government and associated elimination of District funding, the District may temporarily reduce the hours of, or furlough, employees whose positions are affected. Such temporary reductions/furloughs require a minimum of seven (7) calendar days' notice to the affected employees and will last no longer than fourteen (14) calendar days. Employees affected by a temporary reduction/furlough under this section will not have the option to displace another employee and will not be placed on a recall list. Such employees will continue to receive medical and other insurance benefits on the terms applicable immediately prior to the temporary reduction/furlough and will maintain the leave balances accrued at the time of the temporary reduction/layoff.

15.4.3 Recall From Layoff

- A. When the Health District rehires after a layoff has occurred, the Health District will first attempt to rehire those employees who were laid off from the affected classification in the reverse order of layoff. Laid off employees will also be considered, if available for work, for positions at the same salary classification or lower classifications. Laid off employees must meet the minimum qualifications for the position to be considered for recall.
- B. Recalled employees will return with credit for seniority at time of layoff.
- C. Notification of recall will be by registered mail and the employee response is required within seven (7) calendar days of notification.
- D. Laid off employees will be eligible for recall for eighteen (18) months following the effective date of layoff.

15.5 INVOLUNTARY SEPARATION

Employees may be involuntarily terminated. In addition to other grounds listed elsewhere in this Manual, employees may be terminated involuntarily if they no longer meet the minimum qualifications of their position. Accrued general leave will be paid at the end of the next pay period after the effective date of separation.

15.6 RETURN OF HEALTH DISTRICT PROPERTY

All employees terminating employment with the Health District whether by resignation, retirement, discharge, or layoff are required to turn in all Health District property to their Program Manager on their last day worked or on a day mutually agreed upon with the Program Manager. Failure to return Health District property may result in legal action.

15.7 FINAL PAYCHECK

The employee will receive pay for accrued general leave or compensatory time or work-related expenses if applicable. If an employee received an overpayment of wages and/or benefits in a previous paycheck in error or the employee otherwise owes monies to the Health District, the full amount will be deducted from the employee's final paycheck. If the final paycheck is not adequate to cover the monies owed the Health District, the employee is required to remit payment to the Health District within thirty (30) days of separation, or otherwise by mutual agreement with the Health District.

15.8 INQUIRIES REGARDING EMPLOYMENT REFERENCES

All requests whether formal (written) or informal (verbal) for employment references, or verifications of employment must be referred to the Human Resources Office. Programs are asked not to complete such forms prior to contacting the Human Resources Office. Without the written consent and release of an employee or a former employee, the Health District will only verify an employee's name, job title, salary, and employment dates, unless additional information is required by federal or state law or a court order. Upon receipt of a signed release, and after consultation with the Human Resources Office, employees may provide the following reference information, pursuant to RCW 4.24.730: the individual's ability to perform his or her job; the diligence, skill or reliability with which the employee carried out the duties of his or her job; and any illegal or wrongful act committed by the individual when related to the duties of his or her job. For details, see Appendix O, [Providing Personnel References Policy](#).

15.9 UNEMPLOYMENT CLAIMS

There are very restrictive time limitations for responding to claims from any State Employment Security office. In order to guarantee that information is processed quickly and accurately, programs must immediately submit to the Human Resources Office any requests for information. The Health District is a self-funded employer and a lack of response may cause unnecessary expenditures.

CHAPTER 16 – RECORDS AND REPORTS

16.1 PERSONNEL RECORDS AND FILES

The Human Resources Office will establish and maintain a personnel records system, which becomes the Health District's official records for each employee. Reporting procedures and forms are established by the Human Resources Manager. Information compiled and retained in the official personnel file consists of records and reports deemed pertinent which will include, but is not limited to:

Personal Data: Legal name, mailing address, home telephone number, date of birth; copies of Social Security Card, driver's licenses (if required), certifications (if required); emergency contact information.

Basic Employment Information: Job title, program assignment, employee's application, salary range and step, dates of employment, benefit selection forms, retirement information.

Personnel Actions: Reports of personnel actions will be reported to the Human Resources Office in writing in the manner, time, form, and method as determined by the Human Resources Manager. Examples of personnel actions are:

- Appointments
- Transfers
- Promotions
- Demotions
- Resignations
- Dismissals
- Disciplinary actions
- Performance evaluations and other reports of work performance
- Commendations and awards
- Leaves of absences
- Changes of salary ranges and/or steps
- Temporary or permanent changes in an employee's status
- Employment history and other such records and reports as deemed pertinent.

Other Information: Authorization to release information and verifications of employment.

16.2 CONFIDENTIALITY AND PUBLIC DISCLOSURE

Each employee's personnel records will be kept confidential to the maximum extent permitted by law and will not be open to inspection by any person other than the employee's supervisor, Program Manager, Division Director, and Human Resources staff in the conduct of their jobs prescribed by this Manual, unless such person has obtained the written consent of the employee.

Although personnel files are considered confidential, the Health District may be obligated to release certain personnel information to labor organizations or other entities or individuals who make a

valid request under state or federal law, (i.e., Washington State's Public Disclosure Act, Chapter 42.56 RCW; the Public Employee Collective Bargaining Act, Chapter 41.56 RCW; subpoenas). Information relating to employees will be maintained in a restricted-access file separate from the employee's personnel file in order to be consistent with the requirements of federal laws including the Americans With Disabilities Act (ADA) and the Family and Medical Leave Act (FMLA). The decision to release or not release information is made by the Human Resources Manager.

Any employee who fails to maintain the confidentiality of personnel records and files will be subject to disciplinary action.

16.3 EMPLOYEE ACCESS TO PERSONNEL FILES

Each employee may review the contents of his/her own official personnel file. Requests for inspection of personnel files are made to the Human Resources Office. An authorized staff member will set aside a time and place for the employee to review the file during the employee's rest or meal break, during normal and customary office hours for the Human Resources Office. Official personnel files are not to be removed from the Human Resources Office without prior specific approval from the Human Resources Manager.

16.4 CHALLENGES TO THE PROPRIETY OF DOCUMENTS IN PERSONNEL FILES

An employee may challenge the propriety of any document in his or her personnel file. If, after discussion, the Health District retains the material in the file, the employee will have the right to insert contrary documentation into the file. If the affected employee believes that a deficiency has been corrected by later action, he/she may request in writing to have a review of this action included in the file.

APPENDICES

<u>Appendix</u>	<u>Title</u>
A	<u>Harassment and Discrimination Policy</u>
B	<u>General Leave Donation Policy</u>
C	<u>Inclement Weather and Emergency Closures Policy</u>
D	<u>Domestic Violence Policy</u>
E	<u>Family and Medical Leave Policy</u>
F	<u>Reasonable Accommodation for Disabilities Policy</u>
G	<u>Risk Management Policy</u>
H	<u>Whistleblower Protection Policy</u>
I	<u>Personal Appearance and Signage Policy</u>
J	<u>Information Technology Resources Policy</u>
K	<u>Cellular Telephones Policy</u>
L	<u>Drug and Alcohol-Free Workplace Policy</u>
M	<u>Workplace Violence Policy</u>
N	<u>Teleworking Policy</u>
O	<u>Providing Personnel References Policy</u>
P	<u>Compensatory Time, Overtime and Flextime Policy</u>

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KITSAP PUBLIC HEALTH DISTRICT

ACKNOWLEDGMENT RECEIPT

Receipt for the Kitsap Public Health District Personnel Manual

I hereby acknowledge that I have reviewed a copy of the *Kitsap Public Health District Personnel Manual*, revised effective April 3, 2018. I understand that the *Personnel Manual* is not a contract of employment and may be modified by the Health District at any time.

I further acknowledge my responsibility for adhering to the contents of the *Personnel Manual* and understand that any questions regarding the contents should be directed to the Human Resources Manager for explanation or clarification. I understand that this *Personnel Manual* supersedes all other prior versions.

My signature below further signifies that I have reviewed this *Personnel Manual* and that I accept and will abide by the provisions therein.

Printed Name _____

Date _____

Signature _____

Employee: Submit original to Human Resources for placement in personnel file.

Approving Revisions to the Health District Personnel Manual

WHEREAS, Washington State Initiative Measure No. 1433, approved November 8, 2017, and as codified in Revised Code of Washington (RCW) Chapter 49.46, included a provision which requires employers to provide paid sick leave to most employees beginning January 1, 2018; and

WHEREAS, as allowed in RCW 49.46, the Kitsap Public Health District's current accrual and carryover of paid time off is equal to or exceeds what is required by statute; and

WHEREAS, as required in RCW 49.46, employees are entitled to use accrued paid time off beginning on the 90th calendar day after the start of their employment for sick leave usage to care for themselves or their family members, or for sick leave usage when the employee's workplace or their child's school or place of care has been closed by a public official for any health-related reason, or for employee absences that qualify for leave under the state's Domestic Violence Leave Act; and

WHEREAS, the Kitsap Public Health District has implemented the required changes to comply with the new statute, including employer notice requirements, as outlined in RCW 49.46 effective January 1, 2018; and

WHEREAS, this change in state law necessitates the updating of the Kitsap Public Health District's rules concerning the use of paid time off as outlined in the Health District's Personnel Manual.

NOW, THEREFORE, BE IT RESOLVED, that the Kitsap Public Health Board finds that the revisions included in the attached Personnel Manual meet with their approval and are effective immediately.

APPROVED: April 3, 2018

Mayor Becky Erickson, Chair
Kitsap Public Health Board

MEMO

To: Kitsap Public Health Board
From: Eric Evans, Drinking Water & Onsite Sewage Program Manager
Date: April 3, 2018
Re: Overview of the Drinking Water & Onsite Sewage Program

During today's meeting, I will give a brief overview of the Drinking Water & Onsite Sewage Program (OSS). Specifically, I will review program services offered, identify key stakeholders and highlight recent innovative changes that have resulted in process efficiencies. This presentation (see attached) will focus on the following key topic areas:

1. The Drinking Water & Onsite Sewage Program Services:
 - a. Land-Use processes;
 - b. Building Site & Building Clearance Applications (site development);
 - c. Well and septic system construction (permitting);
 - d. Monitoring and maintenance of septic systems and wells; and
 - e. Selling property served by septic systems.
2. Who are the key program Stakeholders, and how they participate with the program.
3. Identifying process changes that have helped the real estate and building permit processes.

Recommended Action

None – informational only.

For any questions or concerns regarding drinking water and onsite sewage issues, I can be reached at (360) 728-2225 or eric.evans@kitsappublichealth.org

Drinking Water & Onsite Sewage Program

Presented by:
Eric Evans
Program Manager



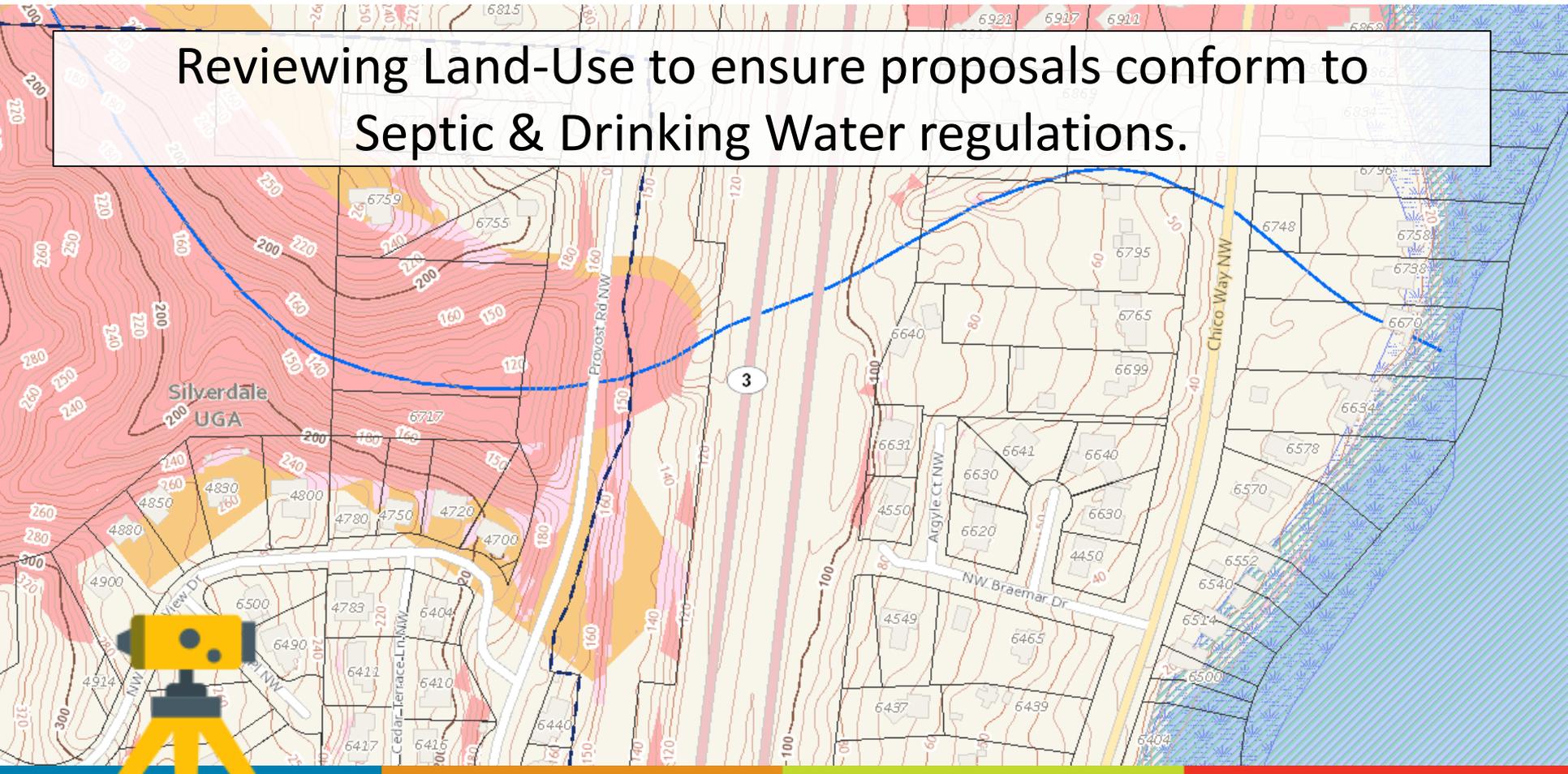
KITSAP PUBLIC HEALTH DISTRICT

The Objective of the Drinking Water & Onsite Sewage Program?



The Drinking Water & Onsite Sewage Program Assures Safety & Health by

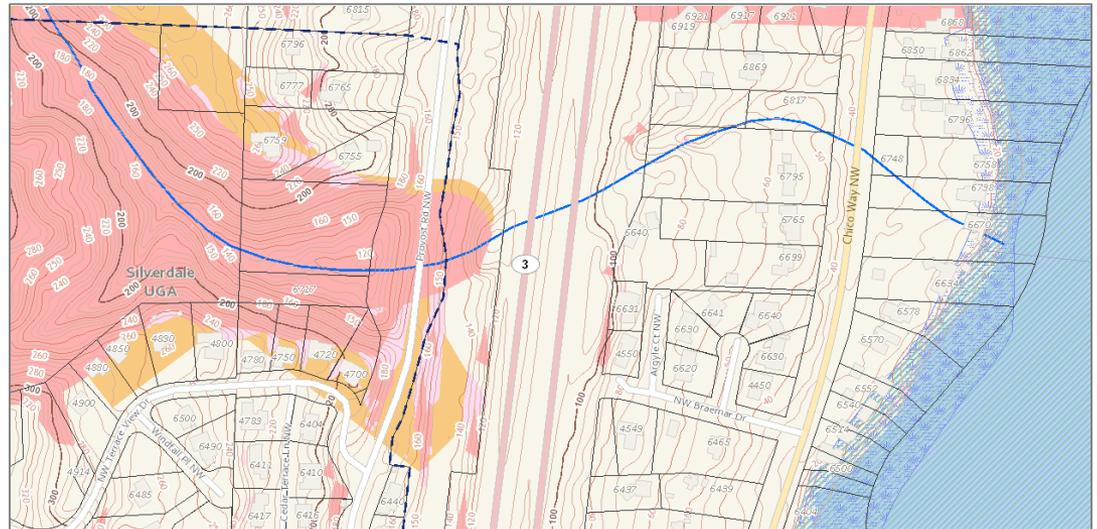
Reviewing Land-Use to ensure proposals conform to
Septic & Drinking Water regulations.



The Drinking Water & Onsite Sewage Program Assures Safety & Health by

Land-Use

- Existing conditions
- Water supply
- Wastewater disposal
- Lot size matters
- Stormwater



The Drinking Water & Onsite Sewage Program Assures Safety & Health by

Evaluating and approving locations of septic systems
and wells in accordance with State and Local Ordinances.



The Drinking Water & Onsite Sewage Program Assures Safety & Health by

Building Site and Building Clearance Applications

- Review
 - Site conditions
 - Setbacks
 - Soils
 - Water supply



The Drinking Water & Onsite Sewage Program Assures Safety & Health by

Ensuring the construction of septic systems and wells in accordance with State and Local Ordinances.



The Drinking Water & Onsite Sewage Program Assures Safety & Health by

Monitoring & Maintaining Septic Systems –
M&M Program, Pumping, PIC, Property Sales, Building Permits



The Drinking Water & Onsite Sewage Program Assures Safety & Health by

Monitoring & Maintenance

- Review all submitted reports.
- Help with correction.
- Oversee contractor certification.
- Education.



The Drinking Water & Onsite Sewage Program Assures Safety & Health by

Inspecting water systems, both
public and private for operational compliance.



The Drinking Water & Onsite Sewage Program Assures Safety & Health by

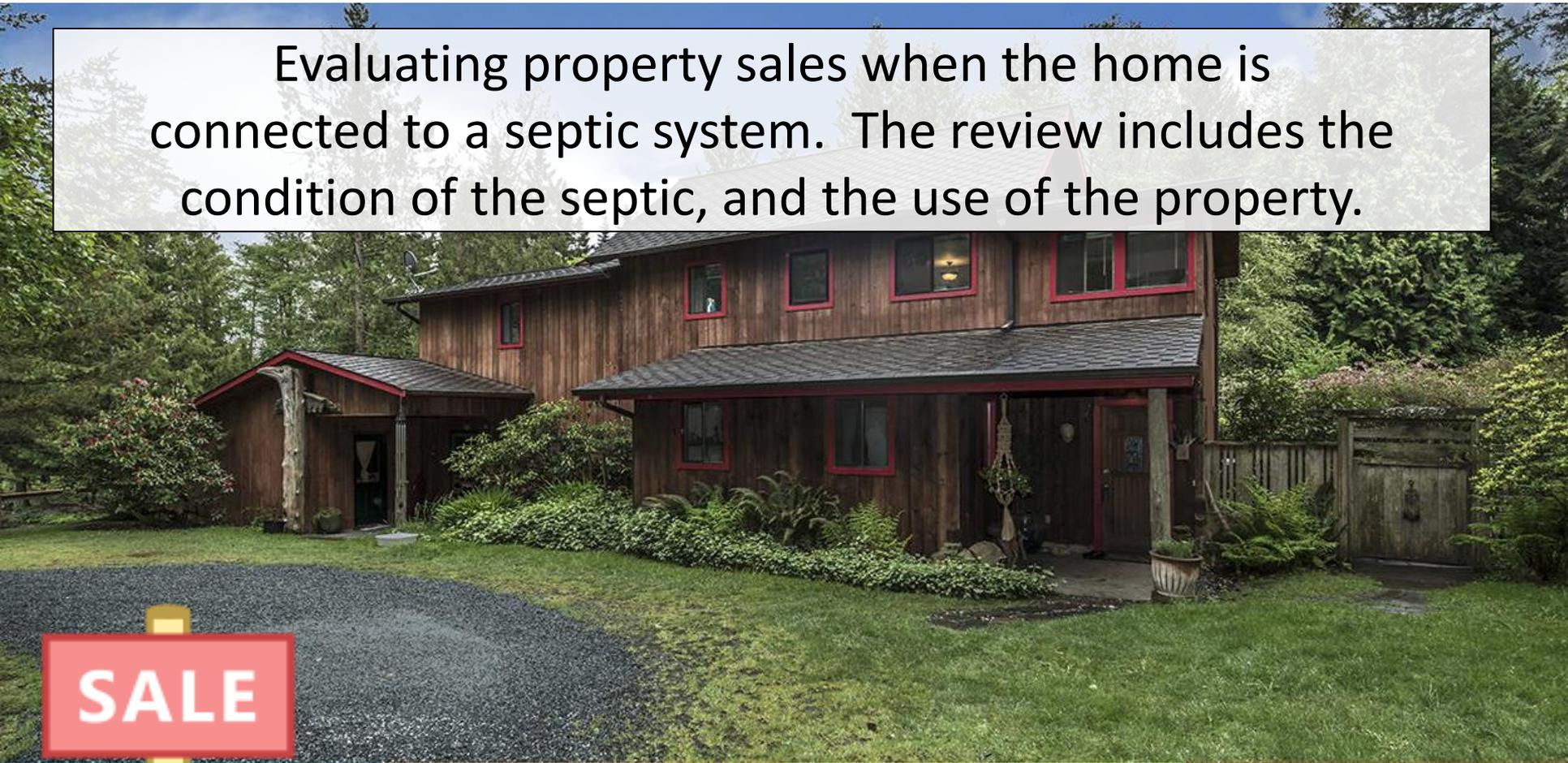
Water Supplies

- Private water
- Group A
- Group B



The Drinking Water & Onsite Sewage Program Assures Safety & Health by

Evaluating property sales when the home is connected to a septic system. The review includes the condition of the septic, and the use of the property.



SALE



The Drinking Water & Onsite Sewage Program Assures Safety & Health by

Property Conveyance

- Septic report review
- Records review
- Use of property
and structures



The Drinking Water & Onsite Sewage Program Assures Safety & Health by

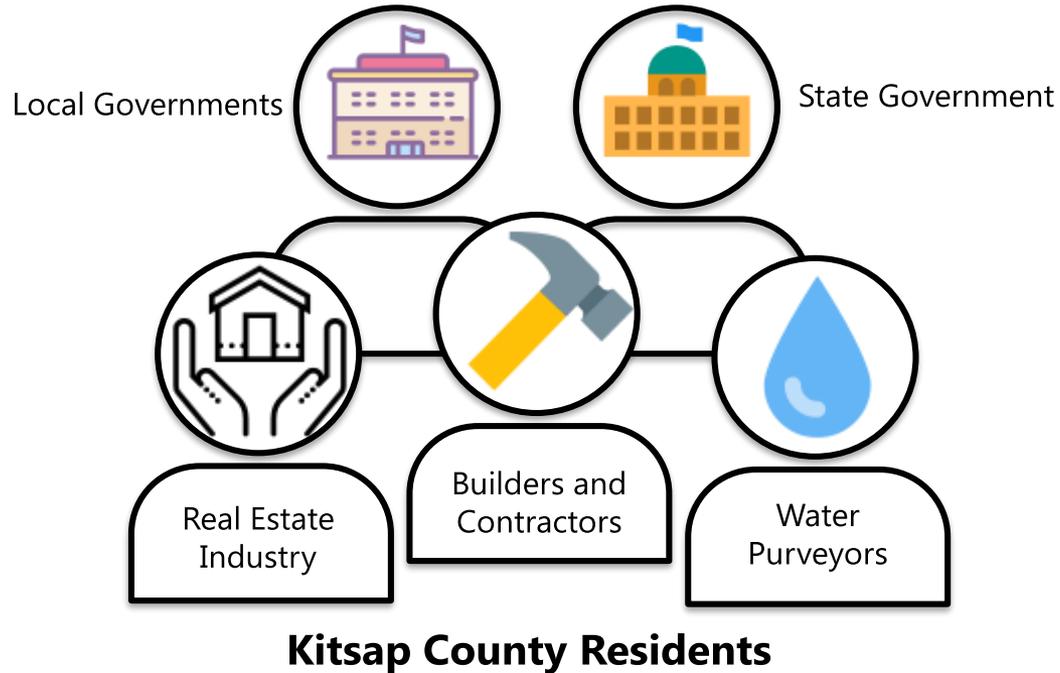
Correcting a failing septic system that has been identified through pollution identification and correction (PIC).



The Drinking Water & Onsite Sewage Program Relationships



KITSAP PUBLIC
HEALTH DISTRICT



The Drinking Water & Onsite Sewage Program Innovation & Changes

Constant communication with stakeholders allows us to look for innovative change.



Online Property Conveyance Applications



Real Estate Only Web Page



Real Estate Email Blast



The Drinking Water & Onsite Sewage Program Innovation & Changes

Constant communication with stakeholders allows us to look for innovative change.

Kitsap County



Cities

Other Local Governments



SmartGov Interaction



Automatic Concurrent Review



Revision Process Modification



Liaison Change



**Questions?
Thank you!**



KITSAP PUBLIC HEALTH DISTRICT