

## CORPORATE POLICY

<b>SUBJECT: Alternate Work Arrangements</b>	<b>CATEGORY:</b> HR <b>ORIGINAL DATE:</b> November 10, 1992 <b>REVIEWED DATE:</b> May 24, 2017 <b>REVISION DATE:</b> May 24, 2017
---	--

**I. POLICY:**

This policy provides a framework within which departments can consider how best to enable staff to achieve an effective balance between their professional and personal lives. Work-life balance is important; however, variations to an employee’s hours of work shall not affect LCHD/CHC or the public’s ability to conduct business efficiently. The program may adjust the hours based on the need of the program.

The LCHD/CHC has identified six alternate work arrangements as potentially beneficial to meeting the customer, organizational, and employee needs: Informal Flexible Hours, Formal Flexible Hours, Compressed Schedule, Self-Scheduling, Shift Trading, and Remote Work.

**Eligibility**

Eligibility for participation in alternate work arrangements (AWAs) will depend on position, job performance, and an assessment by the supervisor and Director. The employee’s proposed work schedule shall not deter the employee from meeting job responsibilities, performance expectations, and measurable performance goals established by the supervisor. AWAs are an employee privilege, not a right, for full-time employees. Not all job circumstances lend themselves to AWA options. Supervisors should evaluate opportunities within the same job series and make every effort to accommodate informal flexible requests that may work for a particular series.

AWA may not be permitted if an employee is experiencing performance-related deficiencies or is currently on or has been on a work improvement plan. Performance considerations may include written warnings, suspensions, and employee’s most recent annual performance appraisal score. New employees may be hired into a flexible work arrangement, if the arrangement meets business needs at the time of hire, with the understanding that such arrangement may be changed, if business needs dictate. New employees may initiate a request for AWA after completion of the 6-month new hire evaluation.

**II. SCOPE:**

All Lake County Health Department and Community Health Center employees

### III. PROCEDURE:

<p>The following is a brief description of each LCHD/CHC alternate work arrangement. A more detailed description for each arrangement is given in Appendix B of the Alternate Work Arrangement Guidelines. For each option, employees must still work the same number of scheduled hours as they would under a traditional arrangement and all changes to schedule will be approved by their supervisor.</p>	
<b><i>Informal Flexible Hours</i></b>	A work schedule with occasional, variable start and end times, within limits set by one's supervisor/manager.
<b><i>Formal Flexible Hours</i></b>	A work schedule with consistent, start and end times that differ from the established standard, though employees may still need to be available during core hours. This arrangement requires an approved proposal.
<b><i>Compressed Schedule</i></b>	A work schedule that condenses one or more standard workweeks into fewer, longer workdays. This arrangement requires an approved proposal. The frequency must be approved by the supervisor and Director.
<b><i>Shift-Trading</i></b>	A work schedule in which team members in the same role are allowed to trade shifts within a specific timeframe.
<b><i>Self-Scheduling</i></b>	An arrangement in which team members collaborate to select their own shift schedule.
<b><i>Remote Work</i></b>	An arrangement in which employees have the option to work at home or another alternate worksite during part or all of a work schedule. This arrangement requires an approved proposal to accomplish business needs or special projects, as necessary. The frequency must be approved by the supervisor and Director.

**Managers must take the following into account in considering requests for alternative working arrangements:**

1. The potential benefits of the proposal, which may include improved productivity, morale and commitment, retention of key staff and/or salary or other cost savings.
2. How productivity and performance should be monitored, quantified, and documented to ensure work is performed at the same or higher levels.
3. The change must be feasible and have no adverse impact on the work of co-workers, the program, vendors, customers or clients.

4. Identify who will serve as backup in case of programmatic emergencies to fulfill a specialty role.
5. The proposal must not hinder the achievement of individual, team, or programmatic objectives, and benefit the business operations.
6. Related expenditures are the same or less than a standard working arrangement.
7. Whether the requested arrangement would conflict with previous AWA requests, and therefore would negatively impact programmatic operations.
8. A trial period may be established to provide an opportunity for employee and supervisor to work together in good faith to implement the proposal and to work out minor problems.
9. When the arrangement proposed cannot be accepted for operational reasons, possible alternatives should be considered and discussed with the individual before a final decision is reached.
10. An employee's AWA may be voluntary based on an employee's request or involuntary based on programmatic needs.
11. Supervisors should identify AWA options that would be considered for each job series in their program. Every effort should be made to identify at least one option for which an employee may request, however realize the frequency may be limited depending on job type, staff size, and service impact.
12. AWA should not be utilized as a means to increase accruals.

## **APPLICATION and APPROVAL PROCESS**

1. All arrangement requests require the employee to complete an AWA Interest Form and submit to their supervisor. This form alerts the supervisor that the employee is interested in one or more of the AWAs, and aides in the review, assignment, and accommodation process. The employee should follow the supervisor's designated procedures for submitting the interest form and requesting an alternate work schedule.
2. All formal, remote, or compressed arrangement requests require the employee to complete the AWA Request Form along with a formal proposal and submit to their supervisor for review and approval.
3. Request forms and proposals should be submitted at least 30 days in advance of requested implementation. The employee's immediate supervisor will make an initial assessment of any request for AWAs. All proposals for formal, remote, and compressed arrangement options will also require Director's approval. Both supervisor and Director will determine if the request is appropriate and in compliance with the policy.

4. A copy of the formal, remote and compressed work arrangement request form and proposal should be forwarded to the Human Resource Generalist for placement in the personnel file. The Human Resources Director serves as the final source review and approval for those instances of discrepancies and must approve any changes or exceptions to this policy.
5. Employee will comply with process outlined in the Alternate Work Arrangements Guidelines and all standards set in Alternate Work Arrangement Agreement.

**IV. REFERENCES: NONE**

**V. AUTHORS/REVIEWERS:**

Designated Review Team, Corporate Policy and Procedure Committee, Executive Team, and Lake County Board of Health Personnel Committee.

**VI. APPROVALS:**

Lake County Board of Health President

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## CORPORATE POLICY

<b>SUBJECT: Communication for Persons with Limited English Proficiency, Hearing or Vision</b>	<b>CATEGORY: HR</b>	
	<b>ORIGINAL DATE: July 11, 2013</b>	
	<b>REVIEWED DATE: May 24, 2017</b>	
	<b>REVISION DATE: May 24, 2017</b>	

### I. **POLICY:**

Individuals or persons who are unable to communicate effectively in English because their primary language is not English and have difficulty reading, speaking, writing, or understanding English are considered to have Limited English Proficiency (LEP). The Lake County Health Department and Community Health Center (LCHD/CHC) shall provide communication assistance services for limited-English-proficient, deaf, hard of hearing, late deafened persons and persons with visual impairments (including legal blindness status). These services are available to current and prospective clients, family and interested persons, to ensure that they have equal opportunity to benefit from LCHD/CHC's services, and to meet client treatment needs. There are no charges to current and prospective clients, family, and interested persons for communication assistance services.

### II. **SCOPE:**

All Lake County Health Department and Community Health Center employees

### III. **PROCEDURE:**

- A. Public Notice: Notices (Interpreter Service Form) are placed in conspicuous locations such as in the admitting area, main entrances, and outpatient areas that advise clients and their families of interpretive services. The notices, which are written in both English and Spanish:
1. Describe how to obtain an interpreter
  2. Provide a telephone number where complaints may be filed concerning interpreter service problems.
  3. Provide information on contacting the Statewide Coordinator of Deaf and Hard of Hearing Services for questions and concerns in working with consumers. TTY phone numbers are included in notices (and other publications).
- B. Upon check in at every visit, the clerical staff must identify the client's primary language and inform the client about the availability of interpreter, hearing, and visual impairment services. Any identified needs for communication assistance services are to be documented in the electronic health record, along with how identified needs were met.
- C. When interpreter service is offered, it should be documented in the Electronic Health Record. Documentation in the patient record will include the following items:
1. The primary language spoken and need for interpreter services
  2. How this need was met (interpreter or Language Line Services)
  3. That interpreter services were offered and accepted (or refused)
  4. If interpreter services were accepted, the name of the qualified interpreter

5. If patient was spoken to directly by provider or nurse, the name and position of this person

D. Interpreter services are to be considered in the following situations:

1. Answering initial client calls and obtaining informed consent or permission to treat
2. Explaining legal rights and financial obligations
3. Obtaining health history from the patient
4. Giving information to a patient about procedures or diagnosis of disease
5. Giving instructions about care, medication use or side effects
6. When referrals are made to another physician for further diagnostic services
7. During health education programs
8. Performing clinical assessments and other evaluations.
9. Ongoing counseling, therapy, or case management, and/or medication monitoring.

E. It is acceptable to use the patient's family member or friend to interpret for the following reasons:

1. Interpretive services have been offered and refused by the patient.
  - a. There will be no payment for interpretive services made by the agency to patients or volunteers who have accompanied the client.
2. The patient requests that an adult family member (age 18 years or older) or friend accompanying them interpret at the visit.
  - a. Other clients may not be used as interpreters. These restrictions are to ensure confidentiality of information and accurate communication.
3. Use of a family member or friend to interpret will be documented in the patient's record.
  - a. It would prevent delay in emergency treatment.

F. The Lake County Health Department and Community Health Center reserves the right to exercise discretion in the use of interpreters for routine visits that may not require extensive communication.

To ensure the adequacy of the interpreter services, community involvement through liaison groups is encouraged.

G. LEP Assistance

1. Interpretation may be provided by several means, an on-site interpreter, a language line or a web based interpreter program
2. All employees of LCHD/CHC will be provided the Confidentiality of Patient Medical Information and Protected Health Information policy as a new hire and on an annual basis to read. A signed acknowledgement statement is required from each employee, consultant, or temporary worker to ensure the confidentiality of the interpreted information and client status with LCHD/CHC.
3. All current standardized written forms, legal forms, consents, documents and informational materials are to be reviewed and all new forms evaluated to

determine which should be translated into languages other than English by the program's coordinator and Director. Once translated, the forms should be reviewed for clinical, cultural, and linguistic accuracy. The forms will be made available to applicable clients during the client's visit.

- a. Vital documents shall be translated into Spanish. Such documents include application forms, enrollment forms, letters or notices about a change in benefits, consents, or anything that requires a response from the patient. Every attempt will be made to provide Spanish language versions of all patient medical education materials.
- b. For languages other than Spanish, where the population speaking that language is minimal, translation of written materials will be provided through Language Line Services. Written medications instructions will be given in the patient's primary language. For medical records, related forms and any other legal/financial related forms, LCHD/CHC will utilize a professional translation service. For other simple projects such as posters, notices, etc., LCHD/CHC employees can utilize web-based translation services such as Google translate (<https://translate.google.com/>).
- c. When an information need is identified and patients are found to be low literacy in their native language, consideration should be given to preparing visual or audio information on that topic to meet the need.

#### H. Hearing Assistance

1. Special communication, assistive devices and interpreter needs will be identified for all deaf, hearing impaired, or late deafened clients.
2. An Internet-based sign language video interpreter service vendor (for sign language speaking clients), in-person sign language interpreter, or the Illinois Relay Service (Telecommunications Device for the Deaf, aka TTY) will be utilized.
3. The Interpreter for the Deaf Licensure Act of 2007 requires interpreters for the deaf and hard of hearing to have a license to provide interpreting services which has proficiency levels allowing them to interpret only in certain situations. Prior to placing a service request, staff will need to know what the sign language interpreter will be requested to do before signing for an order for the agency to provide the appropriate licensed individual.
4. For in-person sign language interpreter services, arrangements must be made at least one week prior to the appointment.
5. The following agencies offer in-person sign language interpreter services
  - a. Chicago Hearing Society – 773-248-9121 (Interpreter Request Form at [www.chicagohearingsociety.org](http://www.chicagohearingsociety.org)) Assignments are billed at a minimum of 2 hours. Requests and cancellations must be made within 48 business hours of the service date/time
  - b. Chicago Area Interpreter Referral Service-CAIRS– 312-895-4300 or [www.CAIRS.net](http://www.CAIRS.net)

#### I. Vision Assistance

Low vision and blind clients will be physically assisted during their visit. All instructions and education will be verbal. Written information will also be offered.

- J. LCHC/CHC will follow Client Complaints and Concerns Policies and/or Patient Complaint/Grievance Policies, in the event that the patient desires to file a complaint regarding LEP status services.

**IV. REFERENCES**

HHS.gov Civil Rights – Section 1557 of the Patient Protection and Affordable Care Act – Ensuring Meaningful Access for Individuals with Limited English Proficiency

**V. AUTHORS/REVIEWERS:**

Designated Review Team, Corporate Policy and Procedure Committee, Executive Team, and Lake County Board of Health Personnel Committee

**VI. APPROVALS:**

Lake County Board of Health President

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CORPORATE POLICY

<b>SUBJECT: Position Classification Plan</b>	<b>CATEGORY:</b>	<b>HR</b>
	<b>ORIGINAL DATE:</b>	<b>Original</b>
	<b>REVIEWED DATE:</b>	<b>May 24, 2017</b>
	<b>REVISION DATE:</b>	<b>May 24, 2017</b>

**I. POLICY**

1. The Position Classification Plan supplies an orderly and descriptive inventory of all positions in the Health Department budget, in order to achieve the following objectives:
  - a. Improved recruiting through precise description of the position, accurate statements of the abilities and knowledge required, and a reasonable standard of fitness for employment.
  - b. Equality of pay for positions with substantially similar duties, responsibilities or work difficulty and fair salary differentials between positions of substantially different duties, responsibilities or work difficulty.
  - c. Orderly control of in-house adjustments such as transfers, promotions, demotions, dismissals, reinstatements and other changes in employee status.
2. Administrative Responsibility—It shall be the responsibility of the Director of Human Resources to administer and maintain the Classification Plan.
3. Maintenance of the Classification Plan—The Position Classification Plan shall be maintained as follows:
  - a. Whenever a Director desires that a new position be established or the duties of an existing position be changed, so that, in effect, a new position is created, the Director shall submit a written justification to the Director of Human Resources. The Director of Human Resources will research the request and recommend appropriate action.
  - b. Whenever a Director initiates a reorganization which affects position duties, the Director shall review and revise the job description and submit to the Director of Human Resources for final review to ensure appropriate grade assignment.
  - c. The Director of Human Resources may periodically review any or all positions. To facilitate review, the Director of Human Resources may require employees to submit descriptions on a periodic basis or at any time he/she has reason to believe that there has been a change in the duties and responsibilities of one or more positions. It is the responsibility of the program supervisors, on an annual basis or if changes occur, to review current position descriptions on all established positions within their jurisdiction and to note any changes that may occur.
4. Responsibility for Plan Interpretation—Human Resources shall be responsible for the interpretation of the Position Classification Plan.

5. Employees will be advised in writing at the time of hire of their job title, salary and salary grade.
6. An employee may at any time submit through his/her Director a written request for a position review. The request shall set forth specific reasons justifying a review. The results of the review and recommendations from the Director will be submitted to the Human Resources Director for consideration. (Such a request may normally require 60 days for a complete review.)
7. Impact on budget, revenues and program activities is considered when reviewing a position. A reclassification request is also contingent upon labor market conditions, realignment of the position with other Health Department positions and major changes in job responsibilities.

**II. SCOPE:**

All Lake County Health Department and Community Health Center employees.

**III. PROCEDURE**

1. Programs must maintain a description of duties of individual positions within their units.
2. Job descriptions are important not only for a maintenance of the pay system, but for the use in recruitment, selection, training, establishing promotional ladders, and safety evaluation.
3. Directors should make the job description available to their employees for the employee's position. Employees must be aware of their duties and how the descriptions are utilized for and evaluation purposes. The employees should be required to review the descriptions to point out errors or duties no longer performed.

**IV. REFERENCES: None**

**V. AUTHORS/REVIEWERS:**

Designated Review Team, Corporate Policy and Procedure Committee, Executive Team, and Lake County Board of Health Personnel Committee.

**VI. APPROVALS:**

Lake County Board of Health President

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CORPORATE POLICY

<b>SUBJECT: Transfers and Promotions</b>	<b>CATEGORY:</b>	<b>HR</b>
	<b>ORIGINAL DATE:</b>	<b>November 10, 1992</b>
	<b>REVIEWED DATE:</b>	<b>May 24, 2017</b>
	<b>REVISION DATE:</b>	<b>May 24, 2017</b>

**I. POLICY:**

It is the policy of Lake Health County Department and Community Health Center to transfer and promote from within the Health Department whenever possible. Employees are urged to obtain the necessary skills, training, education, professional registration or licenses necessary in order to be eligible candidates for transfer or promotion.

**Capability Promotion** (formerly Career Path) - a change of an employee within a market recognized, approved multi-level job series from a position of one class to a position of another class with more responsible duties and a higher salary range. A Capability Promotion does not require a vacancy to occur. Movement to the higher pay grade will be based upon the employee acquiring increased qualifications or credentials that enables the employee to perform more responsible tasks. The Capability Promotion will be proposed and budgeted in advance by the Director and supported by a documented development plan. Such a promoted employee shall receive a salary increase not to exceed 5% or to the new grade minimum whichever is greater.

**Competitive Selection Promotion** - a promotion in which an employee is selected for a position in a higher grade via the job posting and application process. An employee awarded a position in a higher grade through the competitive selection process shall receive a salary increase of at least 5% or up to 10% depending on the qualifications of the applicant or to the new grade minimum, whichever is greater. However, if such an increase results in base pay that exceeds 5% above the new grade mid-point, the increase will be limited so as to result in a base pay amount that is equal to 5% above the new grade mid-point.

**Transfer** - is a change by an employee from one position to another position of the same class or to another class in the same salary range, usually involving the performance of similar duties and requiring essentially the same basic qualifications. An employee who transfers from one position to another within the same salary grade will maintain their same salary.

Employees who request a transfer within a department or to another department will be given preference over applicants from outside if they are equally or better qualified. However, it is the responsibility of Human Resources and Directors to fill job openings with the most suitable individuals available.

To encourage promotion of employees, Human Resources may restrict outside recruitment activities for a short period of time to ensure that employees are given an opportunity to apply. All positions will be posted through Human Resources and the applicant tracking system. Outside applications may be accepted after the waiting period for internal applicants, but employees will still be given priority consideration. Such priority consideration does not imply a guarantee of appointment into the position.

The Health Department may, at its discretion, initiate the transfer or promotion of an employee. Such action will be taken only with the approval of the employee.

**II. SCOPE:**

All Lake County Health Department and Community Health Center employees

**III. PROCEDURE:**

A. The employee desiring a change in position must complete and submit an application to Human Resources for the open vacancy.

B. An interview will be arranged between the hiring authority with the job opening and each qualified employee applying for the job within the allotted time frame. If the employee is selected for the new job, two (2) week notice should be given to the supervisor. This applies for both transfers and promotions. Factors to consider include:

1. Attitude, skills, ability and past performance
2. Efficiency
3. Job related credentials
4. Disciplinary record
5. Attendance record
6. Length of continuous employment with Lake County Health Department

Any change to a higher classification is considered a promotion. It should be indicated as a promotion on the Personnel Action Form.

C. To process a transfer or promotion, a Personnel Action Form must be completed by the supervisor for approval from the Director.

D. All accrued benefits remain with the employee when he/she transfers or is promoted to a different position in the Health Department. The Director of Human Resources may establish agreements with other departments in Lake County for transferring some benefit provisions from or to those departments. Such transfer of benefits must be approved by the new employing department on an individual basis.

E. All transferred and promoted employees are required to serve an introductory period of six months during which time his/her performance will be evaluated by the supervisor. An employee not satisfactorily completing this introductory period may be issued a Formal Coaching Session by the immediate supervisor or disciplinary action up to and including termination may be recommended.

F. If a transfer or promotion within the same program/business unit occurred, and the previous position is still available, consideration may be given to return to previous position and salary with the Director's approval.

G. In case of temporary or acting promotions, the employee will be notified in writing by Human Resources of the conditions of the promotion as it relates to performance appraisals, salary, and potential tenure in the job.

H. All internal transferred or promoted employees are required to give a minimum of a two-week notice to their current supervisor.

I. All employees will be paid in accordance with the provisions of the Pay Plan, Section 5.

**IV. REFERENCES: NONE**

**V. AUTHORS/REVIEWERS:**

Designated Review Team, Corporate Policy and Procedure Committee, Executive Team, and Lake County Board of Health Personnel Committee,

**VI. APPROVALS:**

Lake County Board of Health President

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CORPORATE POLICY

<b>SUBJECT:</b> Equal Employment Opportunity	<b>CATEGORY:</b> HR
	<b>ORIGINAL DATE:</b> June 15, 1992
	<b>REVIEWED DATE:</b> May 24, 2017
	<b>REVISION DATE:</b> May 24, 2017

**I. POLICY:**

The Lake County Health Department and Community Health Center is an equal employment opportunity employer and requires employment actions to be based solely on individual merit and personal capabilities without regard to race, color, religion, national origin, gender, genetic information, marital status, age, disability, sexual orientation, or sex; (except where sex is a bona fide occupational qualification), status as a covered veteran, and any other state, federal, and local legally protected characteristics. These actions apply to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfers, leave of absence, compensation, and training.

**II. SCOPE:**

All Lake County Health Department and Community Health Center employees

**III. PROCEDURES:**

A. Recruitment: Qualified applicants are considered for vacancies in all job classifications in conjunction with established policy of advancement and promotion from within and based on individual qualifications, potential and job performance.

1. Public employment offices used by the Health Department will be advised of our equal employment policy and will be urged to refer qualified applicants to us as the need arises.
2. When advertising on job boards or other social media sites, we will use the term "Equal Opportunity Employer" in all such employment advertisements.

B. Job Placement and Promotions: Promotional and upgrading opportunities will be provided to all qualified employees by the following action:

1. Briefing supervisors at all levels of management that the Health Department intends to insure utilization of all candidates for promotions from within.
2. Objectively reviewing qualifications of all candidates for promotions from within.

C. Training and Development: All training and educational programs conducted on the job will be reviewed periodically to be certain that all employees are given equal employment opportunity to participate in these programs.

D. Compensation and Employee Benefits: Employees will be paid fairly according to their job classification. Health Department supported benefit programs for employees will be made equally available to all employees without discrimination.

- E. Reduction in Force and Terminations: Whenever workforce reduction is necessary, a recall to work will be made without discrimination. When it becomes necessary to terminate any employee, such termination will be for cause without discrimination.
- F. Communication of EEO Policies: The Health Department will take appropriate steps to ensure that all employees know the organization's sincere desire to support and take action toward providing equal employment opportunity such as the following:
1. Bulletin board showing official EEOC Poster and EEOC policy
  2. Policy and Procedures Manual
  3. Employee Newsletter
  4. Supervisory employee meetings
  5. Supervisory staff meetings
- G. Equal Employment Opportunity Policy Coordinator: The Director of Human Resources or designated representative will act as the Health Department's Equal Employment Opportunity Policy Coordinator(s). He or she will be given appropriate authority and responsibility to ensure that compliance is maintained. This official will coordinate the efforts of all managerial and supervisory employees. Any violation of this policy should be forwarded to the Director of Human Resources.

**IV. PURPOSE:**

To inform employees of the mandate under Title VII of the Civil Rights Act of 1964, the U.S. Equal Employment Opportunity Commission who enforces federal laws prohibiting employment discrimination for applicants and employees.

**V. REFERENCES: NONE**

**VI. AUTHORS/REVIEWERS:**

Designated Review Team, Corporate Policy and Procedure Committee, Executive Team and Lake County Board of Health Personnel Committee

**VII. APPROVALS:**

Lake County Board of Health President

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CORPORATE POLICY

<b>SUBJECT:</b> Discipline Policy	<b>CATEGORY:</b> HR
	<b>ORIGINAL DATE:</b> May 1, 1996
	<b>REVISION DATE:</b> May 24, 2017
	<b>REVIEWED DATE:</b> May 24, 2017

**I. POLICY:**

The purpose of this policy is to establish the Lake County Health Department and Community Health Center’s procedures for administering corrective actions and disciplinary consequences for unsatisfactory performance or inappropriate conduct in the workplace. Employees of the Health Department must perform their duties in compliance with established policies and procedures to ensure a productive, safe and respectful work environment. Corrective actions are administered in an effort to encourage a change in behavior and/or improve performance. Disciplinary consequences may be applied when corrective actions do not result in improvement or in cases of serious misconduct. All decisions to initiate corrective actions or disciplinary consequences shall be made in consultation with Human Resources.

Immediate supervisors, Associate/Deputy Directors and Directors are responsible for communicating and enforcing accountability to agency policies, procedures, and work rules to employees. Human Resources is responsible for communicating agency policies, procedures, and work rules to management and employees, and for assuring that agency policies, procedures, and work rules to employees are applied accordingly.

**II. SCOPE:**

All Lake County Health Department and Community Health Center employees.

**III. PROCEDURE:**

The following procedures shall be followed when an employee is not meeting the agency’s standards of conduct, or is not performing his or her job duties at a satisfactory level. Corrective actions are intended to assist and guide the employee toward improvement and are dependent upon the manager and employee being actively engaged and working toward improvement. If an employee does not make the required improvements in conduct or performance during or after corrective actions, disciplinary consequences may be applied. In cases of serious misconduct, however, immediate application of disciplinary consequences may occur.

**A. Corrective Actions (to Improve Conduct or Performance)**

1. **Verbal Counseling** - To clarify policies and expectations when initial poor performance or unacceptable behavior occurs.
  - a. Supervisor should meet with employee and discuss the performance or behavior issue privately after an occurrence.
  - b. Explain performance or behavior expectations and suggest ways to improve.
  - c. Discuss consequences, if undesirable behavior or performance continues.

- d. The supervisor should document in employee record that the conversation occurred, including the use of the “log event” feature in the performance management system.
  - e. The verbal counseling should be confirmed with employee via email, memo or supervisory discussion form.
2. **Coaching Plan** - A coaching plan is designed to provide guidance, support, and enhance performance in the current role. This is an opportunity to communicate goals and expectations for performance and develop an action plan for successfully accomplishing those goals. A coaching is not used for misconduct and other unacceptable behavior. During the coaching sessions, the manager and employee shall discuss the possible disciplinary consequences that may occur if the undesirable conduct or substandard performance continues.

## B. Disciplinary Consequences

1. **Written Warning** – When the determination is made that a written warning is the appropriate disciplinary consequence, the employee shall be informed in writing of the inappropriate behavior or poor performance and of the measures that are needed to be taken by the employee to correct the concerns. The procedure for developing the written warning is as follows:
  - a. Before issuing a written warning, the supervisor must conduct a pre-disciplinary meeting.
  - b. The immediate supervisor shall draft a written warning letter and send it via email to their Associate/Deputy Director or Director.
  - c. The supervisor will include the following points in the draft written warning:
    - i. A heading/label that clearly indicates that the document is a written warning;
    - ii. A complete description of the specific conduct or performance level in question;
    - iii. The policy, procedure or other expectation being violated;
    - iv. A suggested action plan for improvement including a detailed set of future employee expectations;
    - v. The required time frame for expected improvement;
    - vi. A description of the possible disciplinary consequences for lack of improvement or repeated offense; and
    - vii. An attached copy of the documentation associated with any verbal counseling or coaching plan that has taken place, where applicable.
  - d. After the written warning draft is approved by the Associate/Deputy Director or Director, the supervisor shall forward the written warning and all supporting documentation to the Human Resources Director and/or Human Resources Manager for review to assure that the appropriate procedures have been followed. See the Performance Management Toolkit for Managers on the employee intranet site (HealthNet/HR Publications) for templates.

- e. After Human Resources has reviewed the written warning and determined that it has been drafted in accordance with agency policy, the supervisor shall meet with the employee and discuss the terms of the warning. The supervisor and employee shall sign and date the written warning. The purpose of the employee's signature is to indicate receipt of the document. The signed written warning shall be sent to Human Resources for inclusion in the employee's personnel file.
2. **Disciplinary Suspension** - When an employee fails to correct serious deficiencies in conduct or performance, engages in unacceptable behavior that presents a safety or operational threat or risk, or otherwise warrants a higher level of discipline, he or she may receive a disciplinary suspension (forced time off without pay). The procedure for instituting a disciplinary suspension is as follows:
- a. The employee shall be offered a pre-disciplinary meeting for an opportunity to respond to conduct or performance concerns that are prompting the possibility of a disciplinary suspension.
  - b. If, after meeting with the employee, the immediate supervisor determines that a disciplinary suspension is warranted, the supervisor will draft a suspension letter and send it via email to their Associate/Deputy Director or Director for review. The email shall include a copy of any previous disciplinary documentation regarding the issue. The supervisor shall include the following points in the draft suspension letter:
    - i. A heading/label that clearly indicates that the document is a disciplinary suspension letter;
    - ii. A complete description of the specific conduct or performance level in question;
    - iii. The policy, procedure or other expectation that was violated;
    - iv. A suggested action plan for the improvement including a detailed set of future employee expectations;
    - v. A description of the possible consequences for lack of improvement or repeated offense statement; and
    - vi. The start and end dates of the suspension period.
  - c. If the draft letter is approved by the Associate/Deputy Director or Director, the supervisor shall forward all supporting documentation to the Human Resources Director and/or Human Resources Manager for review to assure that the appropriate agency procedures have been followed and that all legal requirements are met. Additional consultation with the Human Resources Director may be required to address questions or concerns of Human Resources.
  - d. The employee shall be required to sign the letter as proof of receipt, and shall be provided a copy of letter. A copy will also be placed in the employee's file.
  - e. The supervisor shall explain to the employee that future disciplinary problems will be addressed with disciplinary consequences, up to and including termination.

- f. An employee may file a grievance regarding a suspension in accordance with agency policy (Grievance Procedure 12-1).
3. **Demotion** - A demotion is a transfer to a position in a lower capacity and/or level due to inability of an employee to perform duties in his or her current capacity. A request for demotion must be submitted on a Personnel Action Form with a request for demotion from the Director. The request shall also include evidence and documentation of the performance deficiencies for which the demotion is requested and upon which the action is being taken. Employee demotions require the approval of the Executive Director or Director of Business Operations, as well as advance consultation with the Human Resources Director. An employee may file a grievance regarding a demotion accordance with agency policy (Grievance Procedure 12-1).
4. **Termination of Employment** - Termination is the most severe consequence of the agency's discipline process and is used when earlier steps have not produced the needed results or in cases of serious misconduct, with the exception that an employee serving his or her twelve-month introductory period may be dismissed at any time at the discretion of the Director. The procedure for developing a recommendation for termination is as follows:
  - a. The immediate supervisor shall submit a written justification memo to his or her Director stating the reason(s) for requesting the termination, the policy violation that is prompting the request, and dates and description of previous coaching and/or warnings if applicable.
  - b. The request to terminate employment justification memo must be sent from the Director to the Human Resources Director, along with the supporting documentation. The Human Resources Director shall review the request for conformance with the agency's policies and with employment law.
  - c. The final request for employee termination requires the approval of the Director.
  - d. If a request to terminate is advanced to a pre-termination meeting (for those employees employed at least 12 months), the Human Resources and Director or Associate/Deputy Director shall meet with employee to inform him or her of the request to terminate and advise the employee that a pre-termination meeting will be held. They shall provide the employee with an "intent to terminate" letter that includes a description of reason(s) for termination and details (date, time, location) of the pre-termination meeting. The employee shall be placed on paid administrative leave until the day of the pre-termination meeting.
  - e. The employee, supervisor, Director and Human Resources Director are present in the pre-termination meeting. This meeting is an opportunity for the employee to respond to reason(s) for termination provided in the pre-termination letter.
  - f. Employee termination requires the approval of the Executive Director or Director of Business Operations, if employee was employed for longer than 12 months.

- g. Employees may file a grievance regarding a termination in accordance with agency policy. (See Grievance Procedure 12-1).

**IV. REFERENCES: Performance Management Toolkit for Managers**

**V. AUTHORS/REVIEWERS:**

Designated Review Team, Corporate Policy and Procedure Committee, Executive Team, and Lake County Board of Health Personnel Committee

**VI. APPROVALS:**

Lake County Board of Health President

Signature: \_\_\_\_\_ Date: \_\_\_\_\_