

CORPORATE POLICY

SUBJECT: Alternate Work Arrangements

CATEGORY: Human Resources

ORIGINAL DATE: November 10, 1992

REVIEWED DATE: May 13, 2020

REVISION DATE: May 27, 2020

I. POLICY:

This policy provides a framework within which programs can consider how to enable full-time staff to achieve an effective balance between their professional and personal lives via alternate work arrangements (AWA). Work-life balance is important, however, variations to an employee's hours of work shall not affect Lake County Health Department and Community Health Center's (LCHD/CHC) or the public's ability to conduct business efficiently. The program may adjust AWA based on the needs of the program.

LCHD/CHC has identified six potentially beneficial AWA: Informal Flexible Hours, Formal Flexible Hours, Compressed Schedule, Self-Scheduling, Shift Trading, and Remote Work.

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

An AWA may not be permitted if an employee is experiencing performance-related deficiencies, corrective actions or has previously been subject to corrective actions or disciplinary consequences. Performance-related considerations may include general quality, quantity and timeliness of work, and the employee's most recent annual performance appraisal score. New employees may be hired into an AWA if the arrangement meets business needs at the time of hire, with the understanding that such arrangement may be changed as business needs dictate. New employees may initiate a request for an AWA after completion of their 6-month new hire evaluation period.

An AWA may not be used in lieu of a leave of absence or an Americans with Disabilities Act accommodation request.

II. SCOPE:

All LCHD/CHC employees

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III. PROCEDURE:

- A. The following is a brief description of each LCHD/CHC AWA. A more detailed description for each arrangement is given in Appendix B of the AWA 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 their schedule will be approved by their supervisor. It is within a supervisor's discretion to determine which options will be approved for staff in their programs.

<i>Informal Flexible Hours</i>	A work schedule with occasional variable start and end times, within limits set by one's supervisor/manager.
<i>Formal Flexible Hours</i>	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.
<i>Compressed Schedule</i>	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 appropriate Director.
<i>Shift-Trading</i>	A work schedule in which team members in the same role are allowed to trade shifts within a specific timeframe.
<i>Self-Scheduling</i>	An arrangement in which team members collaborate to select their own shift schedule.
<i>Remote Work</i>	An arrangement in which employees have the option to work at home or another alternate worksite during part or all of a work schedule, or in the event of an emergency such as a weather disaster or pandemic. This arrangement requires an approved proposal to accomplish business needs or special projects, as necessary. The frequency must be approved by the supervisor and appropriate Director.

- B. Managers must take the following factors into account when considering requests for AWA:
1. The potential benefits of the proposal, which may include improved productivity, morale and/or commitment, retention of key staff and/or salary or other cost savings.
 2. How productivity and performance will be monitored, quantified, and documented to ensure work is performed at the same or higher levels.
 3. The proposal must be feasible and have no adverse impact on the work of co-workers, the program, vendors, customers or clients.

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4. Identification of 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 must benefit the business operations.
 6. Assurance that related expenditures should be 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 proposed arrangement 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 make a request, however, realize the frequency may be limited depending on job type, staff size, and service impact.
 12. An AWA should not be utilized as a means to increase accruals.
- C. Application and Approval Process
1. All arrangement requests require the employee to complete an AWA Interest Form and submit it to their supervisor. This form alerts the supervisor that the employee is interested in one or more AWA option, and aids in the review, assignment, and accommodation process. The employee should follow the supervisor's designated procedures for submitting the interest form and requesting an AWA.
 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 the requested implementation date. The employee's supervisor will make an initial assessment of any request for an AWA. All proposals for formal, remote, and compressed arrangement options will also require appropriate Director approval. Both the 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 AWA request form and proposal should be forwarded to the Human Resource (HR) Generalist for placement in the employee's personnel file. The HR Director serves as the final source review and approval for those instances of discrepancy and must approve any exceptions to this policy.
 5. In the case of an emergency, such as a severe weather event or pandemic crisis, LCHD/CHC may have to implement mandatory remote work for a large number of employees. Those employees will be advised of such requirements by their supervisor and be required to complete a Crisis/Emergency AWA form.

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Preparations will be made to allow remote work to be feasible during these emergency circumstances, including appropriate equipment needs, such as hardware, software, phone and data lines. HR or the Public Health Emergency Operations Center (PHEOC) Logistics section will work with the Technology section to review these equipment needs and to provide support to employees in advance of emergency telework situations.

6. Employees will comply with the process outlined in the AWA Guidelines and all standards set in the AWA Agreement.

IV. REFERENCES:

Alternate Work Arrangement Interest Form
Alternate Work Arrangement Formal Request Form
Alternate Work Arrangement Guidelines
Crisis/Emergency Alternate Work Arrangement Form
Alternate Work Arrangement Agreement

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

SUBJECT: Americans with Disabilities

CATEGORY: Human Resources

ORIGINAL DATE: June 15, 1992

REVIEWED DATE: May 5, 2020

REVISION DATE: May 27, 2020

I. POLICY:

Lake County Health Department and Community Health Center (LCHD/CHC) does not discriminate on the basis of disability in the admission or access to its programs or activities, employment or working conditions. The Human Resources Director or their designee will coordinate LCHD/CHC efforts to comply with and carry out its responsibilities under the Department of Justice regulations implementing Subpart A of Title II of the Americans with Disabilities Act. Information concerning the provisions of the Americans with Disabilities Act, and the rights provided, there under, are available from Human Resources.

It is our policy not to discriminate against qualified individuals with disabilities in regard to application procedures, hiring, advancement, discharge, compensation, training or other terms, conditions and privileges of employment. LCHD/CHC will reasonably accommodate qualified individuals with a disability so that they can perform the essential functions of a job. All employees are required to comply with safety standards. An individual or applicant who can be reasonably accommodated for a job without undue hardship and safety risks will be given equal consideration.

II. SCOPE:

All LCHD/CHC employees.

III. PROCEDURE:

A. In order to provide for the prompt and equitable resolution of complaints alleging any action prohibited by the United States Department of Justice regulations implementing Subpart A of Title II of the Americans with Disabilities Act, LCHD/CHC has adopted the following procedures.

1. A complaint should be filed in writing or verbally, contain the name and address of the person filing it, and briefly describe the allegations of non-compliance or actions by LCHD/CHC that would be prohibited by the United States Department of Justice regulations implementing Subtitle A of Title II of the Americans with Disabilities Act.
2. A complaint should be filed with the Human Resources Director within 10 calendar days after the complainant becomes aware of the alleged violation. Processing of allegations of discrimination, which occur before this grievance procedure was in place, will be considered on a case-by-case basis.
3. An investigation, as may be appropriate, shall follow a filing of complaint. The investigation shall be conducted by the Human Resources Director or their designee. Such investigations will be informal and thorough, affording all interested persons and their representatives, if any, an

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opportunity to submit evidence relevant to a complaint.

4. A written determination as to the validity of the complaint and a description of the resolution, if any, shall be issued by the Human Resources Director or their designee and a copy forwarded to the complainant no later than 15 calendar days after its filing.
5. Human Resources shall maintain the files and records of LCHD/CHC relating to the complaints filed.
6. The complainant can request a reconsideration of the case in instances where they are dissatisfied with the resolution. The request for reconsideration should be made to the Human Resources Director within 5 calendar days.
7. The right of a person to a prompt and equitable resolution of the complaint filed, hereunder, shall not be impaired by the person's pursuit of other remedies such as the filing of an ADA complaint with the responsible federal department or agency. Use of this grievance procedure is not a prerequisite to the pursuit of other remedies.
8. These rules shall be construed to protect the substantive rights of interested parties to meet appropriate due process standards and to assure that LCHD/CHC complies with the ADA and implementing regulations.

IV. REFERENCES:

None

V. AUTHORS/REVIEWERS:

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

VI. APPROVALS:

Lake County Board of Health President

Signature: _____ Date: _____

CORPORATE POLICY

SUBJECT: Change of Name, Address, Marital or Family Status	CATEGORY: Human Resources ORIGINAL DATE: May 1, 1996 REVIEWED DATE: May 8, 2020 REVISION DATE: May 27, 2020
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I. **POLICY:**

- A. All Lake County Health Department and Community Health Center (LCHD/CHC) employees shall self-report changes in name, address, phone number, marital or family status in the BOSS Employee SSHR system within 30 days of the event.
- B. Changes affecting Federal or State income taxes:
 1. Federal income tax withholding: An employee can update their own record through BOSS Employee Self Service Human Resources (SSHR).
 2. State income tax withholding: An employee must complete a new form for the state in which they reside, [IL-W-4](#) or [WI-W-4](#), and email the completed form to [PAF](#). If the employee is a Wisconsin resident, they must also complete a [IL-W-5-NR Employee's Statement of Nonresidence in Illinois](#).
- C. All employees who have a name change need to contact their assigned Human Resources Generalist to set up an appointment to complete a new I-9 form. The employee must present a Social Security card and a second form of identification, both with the new name. Employees can locate a list of acceptable forms of identification for completing the I-9 form [here](#).
- D. Once an employee's name has been updated with Human Resources, the new name will be sent to the applicable benefits vendors (BlueCross BlueShield, OptumRx, Delta Dental, Superior Vision) with the next regularly schedule file transmission. Employee email addresses will be updated by County IT.
- E. To update information related to Illinois Municipal Retirement Fund (IMRF), the employee must contact IMRF directly at www.imrf.org or 800-275-4673.
- F. To update information related to an ICMARC account, the employee must contact ICMARC directly at www.icmarc.org or 800-669-7400.
- G. Denied changes may be resubmitted by the employee during the next benefits open enrollment period.

II. **SCOPE:**

All LCHD/CHC employees.

III. **PROCEDURE:**

None

IV. **REFERENCES:**

None

V. **AUTHORS/REVIEWERS:**

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

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VI. APPROVALS:
Lake County Board of Health President

Signature: _____ Date: _____

CORPORATE POLICY

SUBJECT: Jury Duty or Required Attendance in Court

CATEGORY: Human Resources

ORIGINAL DATE: May 1, 1996

REVIEWED DATE: May 5, 2020

REVISION DATE: May 27, 2020

I. POLICY:

Upon notice to their immediate supervisor, all Lake County Health Department and Community Health Center (LCHD/CHC) regular full-time or part-time employees shall be permitted authorized absence from duty for appearance in court because of jury service, in obedience to subpoena or by direction of proper authority.

Said absence from duty will be with full pay for each day the employee serves on jury duty or testifies as a witness, other than as a defendant, including necessary travel time. As a condition of receiving such full pay, the employee must remit to the LCHD/CHC Finance Office, within 15 days after receipt and through Health Payroll, all fees received except those specifically for mileage and expenses.

Attendance in court in connection with an employee's usual official duties or in connection with a case in which LCHD/CHC is a party, together with necessary travel time, shall not be considered absent from duty within the meaning of this policy.

When an employee appears in private litigation to which LCHD/CHC is not a party, available benefit leave time may be used, with the exception of sick leave, or the absence will be without pay.

II. SCOPE:

All LCHD/CHC employees.

III. PROCEDURE:

A full accounting of the money received from the employee by the Finance Office will be made.

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

SUBJECT: Multiple Assignments

CATEGORY: Human Resources

ORIGINAL DATE: December 1, 2011

REVIEWED DATE: May 8, 2020

REVISION DATE: May 27, 2020

I. POLICY:

An accurate position inventory that includes employees occupying more than one position will be maintained by Human Resources.

II. SCOPE:

All Lake County Health Department and Community Health Center (LCHD/CHC) employees.

III. PROCEDURE:

- A. An employee may be allowed to simultaneously occupy multiple assignments.
- B. Documentation of the multiple assignments must be submitted to Human Resources on a Job/Status Change Personnel Action Form (PAF).
- C. When an employee is hired into a second assignment, the budget for that second assignment will be responsible for payment of overtime.
- D. The overtime rule for both assignments must be the same therefore the primary assignment's overtime rule will set the rule for both.
- E. Timecard entries for hours worked in both assignments will be processed through LCHD/CHC's timekeeping system.
- F. When an employee occupies multiple assignments, the employee may receive a separate paycheck for each assignment.
- G. When an employee occupies two assignments and both assignments are benefit leave accruing positions, accruals will be earned and maintained separately. Benefit leave time accrued in one assignment cannot be used for time off in the other assignment.

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

SUBJECT: Position Classification Plan	CATEGORY: Human Resources ORIGINAL DATE: May 24, 2017 REVIEWED DATE: May 11, 2020 REVISION DATE: May 27, 2020
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I. **POLICY**

- A. The Position Classification Plan supplies an orderly and descriptive inventory of all positions in the Lake County Health Department and Community Health Center (LCHD/CHC) budget, in order to achieve the following objectives:
 1. Improved recruiting through precise description of a position, accurate statements of the abilities and knowledge required, and a reasonable standard of fitness for employment.
 2. Equity 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.
 3. Orderly control of in-house adjustments such as transfers, promotions, demotions, dismissals, reinstatements and other changes in employee status.
- B. It shall be the responsibility of the Human Resources Director to administer and maintain the Position Classification Plan.
- C. Program Coordinators must maintain a description of duties of individual positions within their unit.
- D. Job descriptions are important not only for maintenance of the pay system, but for use in recruitment, selection, training, establishing promotional ladders, and safety evaluation.
- E. Human Resources staff shall be responsible for the interpretation of the Position Classification Plan.
- F. Employees will be advised in writing at the time of hire of their job title, salary and salary grade.
- G. An employee may at any time submit through their appropriate 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 appropriate Director will be submitted to the Human Resources Director for consideration. Such a request may require 60 days for a complete review.
- H. 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 LCHD/CHC positions and/or major changes in job responsibilities.

II. **SCOPE:**

All LCHD/CHC employees.

III. **PROCEDURE**

The Position Classification Plan shall be maintained as follows:

- A. Human Resources, with the assistance of the position's immediate supervisor, shall ensure an accurate job description is available to employees. Employees are given

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- and must initial a copy of their job description on the first day of new hire orientation. Employees must be aware of their duties and how job descriptions are utilized for evaluation purposes. Employees shall be required to annually review and sign their job description to ensure its accuracy. The supervisor should ensure this task is completed during the annual performance appraisal period. All signed and dated job descriptions are to be submitted to the appropriate Human Resources Generalist, upon completion.
- B. When an Executive Team 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, that Executive Team Director shall submit a written justification to the Human Resources Director. The Human Resources Director will research the request and recommend the appropriate action.
 - C. When an Executive Team Director initiates a reorganization that affects position duties, that Executive Team Director shall review and approve the revisions to the job description(s) made by the program supervisor and submit the job description(s) to the Human Resources Manager, who will obtain final approval from the Human Resources Director to ensure appropriate grade assignment.
 - D. When the Human Resources Director or their designee determines a grade change is recommended that would result in a change to the approved budget for the position, the Executive Team Director or their designee shall complete a Position Change Memo and submit it to Finance for approval. Once approved by Finance, Human Resources will implement the approved changes to the position and affected employee(s).
 - E. In instances of reorganization that do not result in a vacant position, the Human Resources Director will not require a position to be posted.
 - F. The Human Resources Director or their designee, as part of the compensation administration program, may periodically conduct a review of targeted groups of job classes, or of all job classes to ensure consistency and appropriateness of grade assignment across the organization. In such cases, employees in job classes under review may be required to complete a job analysis questionnaire to assist with gathering the necessary information. It is the responsibility of the program supervisor, prior to posting a position or if changes occur, to review current position descriptions on all established positions within their jurisdiction and to note any changes that may need to be made.
 - G. Human Resources will maintain a listing of all current job classifications and their corresponding salary grade.

IV. REFERENCES:

Position Change Memo

V. AUTHORS/REVIEWERS:

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

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VI. APPROVALS:
Lake County Board of Health President

Signature: _____ Date: _____

CORPORATE POLICY

SUBJECT: Rest/M meal Periods as Hours of Work	CATEGORY: Human Resources
	ORIGINAL DATE: November 10, 1992
	REVIEWED DATE: May 5, 2020
	REVISION DATE: May 27, 2020

I. **POLICY**

To provide employees with essential time for rest and relief, customary meal periods shall be as follows:

<u>Hours of Work</u>	<u>Rest/M meal Period</u>
8:30am - 5:00pm	1 Hour
9:00am - 5:00pm	30 Minutes
8:00am - 4:00pm	30 Minutes

40 hour/week employees (8.5-hour shift): 30 Minutes

Employees may not forgo rest/meal periods for the purpose of reducing their assigned work schedule. For example, an employee may not work through their one (1) hour meal period for the purpose of leaving work one (1) hour early.

II. **SCOPE:**

All Lake County Health Department and Community Health Center employees.

III. **PROCEDURE:**

None

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

SUBJECT: Restriction of Political Activities

CATEGORY: Human Resources

ORIGINAL DATE: May 1, 1996

REVIEWED DATE: May 8, 2020

REVISION DATE: May 27, 2020

I. POLICY:

- A. No Lake County Health Department and Community Health Center (LCHD/CHC) employee shall participate or intervene in any political campaign in support of or in opposition to any candidate for elected public office while performing the duties and responsibilities of their LCHD/CHC position.
- B. No LCHD/CHC employee shall use LCHD/CHC's name, facilities, or resources, including computers, laptops, printers, photocopiers, fax machines, email, and office or work cell phones in connection with political campaign activities during compensated work time or personal time.
- C. No LCHD/CHC employee shall intimidate others into supporting or contributing to partisan political activities.
- D. LCHD/CHC employees are prohibited from requiring other employees to engage in political activities:
 - 1. as part of that employee's duties;
 - 2. as a condition of LCHD/CHC employment;
 - 3. during any time off that is compensated by LCHD/CHC; or
 - 4. at any time in order to receive additional compensation, salary adjustment, bonus, or continued employment.
- E. Political contributions may not be intentionally solicited, accepted, offered or made on LCHD/CHC property by health department employees, public officials, candidates, lobbyists, or any other employees, officers, or agents of any political organization. Contributions include, but are not limited to, gifts, donations, loans of money, fundraising tickets, or anything of value. Any violation of this rule is cause for suspension or dismissal.
- F. Outside of working hours there shall be no restriction on political activities except for employees under Federal grants covered by the Hatch Act. LCHD/CHC employees considering candidacy for an elected office should notify their appropriate Director and the Human Resources Director by completing the *Outside Employment* form.
- G. Lobbying is generally defined as a communication (written or oral) that is an attempt to influence (for or against) specific legislation including appropriations. Any lobbying activities proposed to be undertaken by any employees on behalf of LCHD/CHC shall require prior approval from the Executive Director or their designee.

II. SCOPE:

All LCHD/CHC employees

III. PROCEDURE:

None

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IV. REFERENCES:

Outside Employment Form

V. AUTHORS/REVIEWERS:

Designated Reviewed 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

SUBJECT: Vehicle Operation	CATEGORY: Human Resources ORIGINAL DATE: May 14, 1985 REVIEWED DATE: May 11, 2020 REVISION DATE: May 27, 2020
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I. POLICY:

Certain Lake County Health Department and Community Health Center (LCHD/CHC) positions require or allow employees to operate a vehicle to conduct LCHD/CHC business. The LCHD/CHC expects those employees to operate County vehicles or their personal vehicle on behalf of the County in a safe, attentive, responsible manner and in compliance with County regulations and all state and local traffic laws, and that employees meet the driver standards outlined in the Lake County Driving Agreement.

II. SCOPE:

All LCHD/CHC employees who drive within the scope of their job, including the use of County and personal vehicles.

III. PROCEDURE:

To define employee responsibilities regarding maintenance and care of County vehicles, insurance requirements, safe operations of County vehicles and personal vehicles operated in service to the County, and licensure requirements.

- A. **Employee Responsibilities:** Employees are required to possess and carry an appropriate and valid driver's license with full privileges and of a suitable class while operating a County vehicle or their personal vehicle on behalf of the County. All employees shall review and sign the Driving Agreement. Employees are required to complete the Driver Safety Training provided by Risk Management. Driving a County vehicle or a personal vehicle on behalf of the County without an active, valid, appropriate driver's license shall constitute a violation of this policy and may be the basis for discipline under the applicable standard of conduct. An employee shall immediately inform their supervisor of the loss of a driver's license that affects their ability to perform assigned duties. Failure to report a loss of a driver's license may constitute a violation of this policy. Supervisors shall consult with Human Resources (HR) if an employee is not permitted to drive for work purposes and driving is an essential function of their position. Employees without a valid driver's license are not entitled to mileage reimbursement for the use of their personal vehicle on behalf of the County.
- B. **Driver's License Verification and Review of Motor Vehicle Record (MVR):** The motor vehicle record (MVR) of employees operating a County vehicle or their personal vehicle on behalf of the County may be obtained by Risk Management to ascertain that an employee has an active, valid, and appropriate driver's license and to review their driving record. If Risk Management has a concern in regard to an employee's MVR, they shall contact HR to provide the relevant information.
- C. **All employees driving a County vehicle shall adhere to the following:**
 1. **Safety Checks and Inspections:** Inspect the vehicle they are about to drive in accordance with established work rules and vehicle type. Specialized or heavy machinery owned by the County may have additional pre-use checks required prior to operation.

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- a. If there is evidence of accident damage, the employee shall report it to their supervisor before leaving.
 - b. If the vehicle is found to be unsafe, the employee shall report it to their supervisor and request another vehicle.
 - c. Vehicles having steering, braking, or any other serious defects shall not be driven. They shall be towed to Lake County Department of Transportation (DOT) Fleet Maintenance and repaired before being returned to service.
 - d. Employees shall report in writing to their supervisor all defects noted during a trip.
 - e. Employees shall ensure that personal vehicles used on behalf of the County are in safe working condition.
2. Driving Agreement: Employees driving a County vehicle or a personal vehicle on behalf of the County shall adhere to the terms set forth in the Driving Agreement. No employee shall be allowed to drive a County vehicle or a personal vehicle on behalf of the County without a valid driver's license and without signing the Driving Agreement.
3. Safety and Courtesy: Employees shall operate a County vehicle or a personal vehicle on behalf of the County in a safe and courteous manner that reflects favorably on the County. They shall obey all state and local traffic laws, abide by all operating procedures stated in this policy, and use a vehicle only for its intended purposes within the operating limitations established by the manufacturer. Employees operating a County vehicle or a personal vehicle on behalf of the County shall follow these rules:
 - a. Equipment Removal: Removal of any equipment from a County vehicle without the written permission of the appropriate Director or their designee and the Risk Manager is prohibited.
 - b. Equipment Modification: Modification of any County vehicle or the equipment in it without the written permission of DOT, the appropriate Director or their designee and the Risk Manager is prohibited.
 - c. Controlled Substances: Operating a vehicle while under the influence of alcoholic beverages, non-prescription narcotics as identified by state statute, or prescribed medication that adversely affects the employee's ability to operate a vehicle safely is prohibited.
 - d. Transporting Controlled Substances, Firearms, etc.: No alcoholic beverage (opened or unopened), narcotics, firearm or explosive material may be transported in a County vehicle unless designated as part of the employee's job responsibility.
 - e. Stopping at Businesses: County vehicles shall not be parked in front of or in parking areas associated with taverns or liquor stores unless the employee is there on official County business. Restaurants serving liquor are not included in this prohibition. Parking a County vehicle at convenience stores, food establishments, and restrooms must be in concert with official duties, and along the normal route of travel for work-related activities or in close proximity to the work site when away from a primary work location.
 - f. Seatbelts: Employees shall wear a seat belt at all times while driving or riding in a County vehicle or in a personal vehicle operated on behalf of the County. Passengers shall not be allowed to ride in any area of a vehicle that is not equipped with seat belts (i.e., cargo bed, trailer, etc.).

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- g. Personal Use: Employees shall restrict their use of a County vehicle to official County business only. Personal use other than that authorized in accordance with paragraph III.D is strictly prohibited.
- h. Smoking: Smoking in Lake County vehicles is strictly prohibited.
- i. Security and Theft: Employees are responsible for the security of any County vehicle they operate and its contents. Employees shall ensure all windows are closed, all doors are locked, and the keys are in their possession whenever the vehicle is out of their site during the conduct of their duties. When possible, employees shall secure all County equipment and property in the vehicle's trunk/hatch or in locked tool chests. Any theft of a vehicle or its contents shall immediately be reported by the employee to their supervisor and to the local police or Sheriff's Department. The supervisor is responsible for completing and submitting the *Property Loss Report*, along with the police report, to Risk Management, and for completing and submitting the *Security/Physical Environment* form in the Healthcare SafetyZone portal. Theft or loss of vehicle keys or license plates shall be reported to DOT Fleet Maintenance.
- j. Traffic Citations: Employees are personally responsible for all traffic citations issued to them by a law enforcement agency. Lake County will not reimburse the employee for the payment of traffic citations nor provide legal representation. Employees shall immediately report to their supervisor all traffic citations received as a result of their operation of a County vehicle.
- k. Safe Cell Phone Use: Employees are required to comply with all state and local laws regarding the use of cellular phones while driving. Only the hands-free use of cell phones is allowed while operating a motor vehicle in the state of Illinois. No texting, instant messaging, emailing, or internet browsing is allowed while operating a motor vehicle. Use of cell phones or texting while operating heavy machinery is strictly prohibited. Employees using hands-free telephones should keep business conversations brief while driving and must stop and park the vehicle in a proper parking area if the conversation becomes involved, traffic is heavy, or road conditions are poor.
- l. Distracted Driving: Safety should be the first priority while driving a County vehicle or a personal vehicle on behalf of the County. In addition to *Safe Cell Phone Use*, employees should follow all posted signs and speed limits, not eat while driving and take sufficient breaks when driving for extended periods.
- m. Authorized Passengers: Employees shall transport only other County employees, those persons on official County business, or those receiving transportation as a prescribed LCHD/CHC service.
- n. Preventive Maintenance Program: Employees are responsible for getting County vehicles to DOT Fleet Maintenance for preventive maintenance services on the scheduled date and time. Employees may contact DOT for further details, hdparts@lakecountyil.gov.
- o. Cleanliness: Employees shall keep vehicles clean inside and out by removing all papers and trash after each use. Floor mats are to be removed and shaken, as needed. For LCHD/CHC contracted car washes/spas, employees are to contact Materials Management, 847-377-8589.

D. Assigned Vehicles

CORPORATE POLICY

1. An assigned County vehicle is a privilege that may be revoked at any time. Revocation of the privilege is not considered an adverse employment action grievable under Lake County Policies and Procedures.
 2. The decision regarding the assignment of a County vehicle to an employee shall be at the discretion of the appropriate Director and is subject to review by the Executive Director.
 3. Employees subject to 24-hour call or who have job responsibilities requiring highly irregular work hours, may be assigned a vehicle to take home.
 4. Duty vehicles designed or equipped for high priority response where response time will be enhanced by allowing the vehicle to remain in the custody of individual employees may be assigned. Employees assigned a duty vehicle to take home must be available to respond upon request on a 24-hour basis whenever the employee has custody of the vehicle.
 5. LCHD/CHC vehicles taken home overnight shall be locked and secured in the responsible employee's driveway or other designated parking space in close proximity to the employee's residence. All County equipment and property shall be secured in the vehicle's trunk.
- E. Personally Owned Vehicles Used on Behalf of the County
1. Personal vehicles operated on behalf of the County may only be operated by the owner of said vehicle to allow the County to verify, if needed, that proper insurance has been secured.
 2. An employee's personal automobile liability insurance policy may be primary to any County coverage. Employees who use personal vehicles in the conduct of County business should confirm that their personal automobile insurance policy provides coverage for this use.
 3. The County's Self-Insurance program may provide for excess liability coverage but does not cover any physical damage to an employee's personal vehicle used for County business. For excess liability coverage to apply, the accident must be determined by Risk Management to have occurred during the course and scope of the employee's work duties.
 4. Each driver who operates their personal vehicle on behalf of the County must have proof of insurance meeting Illinois state law requirements. Copies of insurance certificates must be supplied to Risk Management upon request.
- F. Accident Reporting Procedures: Any accident involving a County owned, rented or leased vehicle, or personally owned vehicle used on behalf of the County shall be reported and documented as follows:
1. The employee shall summon medical care for any and all injured parties.
 2. The employee shall notify the appropriate law enforcement authorities.
 3. The employee shall notify their supervisor.
 4. The supervisor shall notify LCHD/CHC HR and complete the proper paperwork as defined on [HealthNet/HR/Safety](#). The supervisor is responsible for completing and submitting the *Employee Form* in the Healthcare SafetyZone portal.
 5. The supervisor shall be responsible for initiating the departmental investigation of the accident and completing all required County reports.
 6. Completed reports shall be submitted to LCHD/CHC HR within 24 hours of the accident and HR staff will enter the incident information into the IPMG claims management system, as required.

CORPORATE POLICY

IV. REFERENCES:

Lake County Driving Agreement
Driver Safety Training
Property Loss Report
Security/Physical Environment Form
HealthNet/HR/Safety
Employee Form

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: _____