

Legal First Name (as shown on your social security card)	
Last Last Name (as shown on your social security card)	
Middle Initial	
Other Name Used (if any)	
Social Security Number	
Date of Birth (mm/dd/yyyy)	
Mailing Address- Street	
Apartment Number	
City	
Zip	
Email Address	
Home Phone (xxx) xxx-xxxx	
Cell Phone (xxx) xxx-xxxx	
Today's Date (mm/dd/yyyy)	
<input type="checkbox"/> Single	
<input type="checkbox"/> Married	
<input type="checkbox"/> Domestic Partner	
Department Position	
Driver's License Number Expiration Date (mm/dd/yyyy)	
<input type="checkbox"/> Male	
<input type="checkbox"/> Female	



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address			Telephone Number		

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

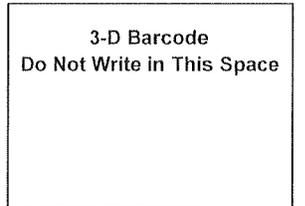
2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)



Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: _____

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2016
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5		
6	Additional amount, if any, you want withheld from each paycheck	6	\$	
7	I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶
8	Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2016 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2016 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note: If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name _____ Employee ID# _____

Employer Name _____ Employer ID# _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____ Date _____

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/online/ssa-1945.pdf. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.



**CITY OF MILPITAS
EMPLOYEE EMERGENCY INFORMATION**

Effective Date: _____ Department: _____ Employee Number: _____

Name: _____ Birth date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Social Security Number: _____ Driver's License #: _____

EMERGENCY NOTIFICATION: The following people **will** be contacted in the event of emergency:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____



Self-Identification Form

It is important that the City of Milpitas report accurate information regarding our workforce composition to federal, state and local agencies. This self-identification form is voluntary. The information you provide will be kept confidential and will be used only in accordance with applicable law, executive orders, and regulations. Under Title VII of the Civil Rights Act, as amended, the City is required to summarize and report the information it collects to the Equal Employment Opportunity Commission.

Please return this completed form to Human Resources. Thank you for your assistance.

Name:
Employee #
Position Title:

Gender:

Female Male

Ethnicity:

- Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American:** a person having origins in any of the black racial groups of Africa.
- Asian/Pacific Islander:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Other



City of Milpitas
Human Resources Department
455 E. Calaveras Blvd., Milpitas 95035
408-586-3090 • FAX 586-3092

**AUTHORIZATION TO RELEASE WARRANTS OR CHECKS IN
THE EVENT OF DEATH**

Section 53245 of the State of California Government Code states: Any person now or hereafter employed by a county, city, municipal corporation, district, or other public agency may file with his appointing power a designation of a person who, notwithstanding any other provision of law, shall, on the death of the employee, be entitled to received all warrants or checks that would have been payable to the decedent had he survived. The employee may change the designation from time to time. A person so designated shall claim such warrants or checks from the appointing power. On sufficient proof of identity, the appointment power shall deliver the warrants or checks to the claimant. A person who receives a warrant or check pursuant to this action is entitled to negotiate it as if he were the payee.

Pursuant to Section 53245 of the State of California Government Code, I hereby authorize any warrants or checks, payable to me, be delivered to the following person in the event of my death. I understand the City will demand proof of identity from the below named person.

Beneficiary's Information	
Name of Person Appointed to Received Warrants or Checks (Print)	
Address of Person Appointed to Receive Warrants or Checks (Print)	
Phone Number	Relationship to Employee

Employee's Information	
Employee's Name (Print)	Employee's Signature
Employee's Social Security Number	Date



City of Milpitas
Human Resources Department
455 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3090, FAX: (408) 586-3092 TDD # (408) 586-3013

DMV PULL NOTICE ENROLLMENT FORM

ABAG (Association of Bay Area Governments) Plan Corporation provides excess general liability insurance for the City. Liability insurance coverage is provided to City employees whenever a City vehicle is used. In order to maintain adequate coverage, the City must make sure all drivers meet certain requirements.

Employees who drive City vehicles or use their own vehicle on City business must maintain a valid, current California driver's license. Any change in the status of an employee's driver's license could result in a significant penalty to the City if the employee is in an accident. Any change in the status of an employee's driver's license which results in driving privilege being revoked, restricted, or suspended must be reported to the employee's supervisor immediately.

NOTE: If an employee uses his/her private vehicle for City business, the employee's own auto insurance provides the primary coverage in the event of an accident. State law required all licensed drivers to maintain minimum liability coverage.

Please complete this form if you will be driving a City vehicle or your own vehicle to conduct City business.

Name and address as they appear on your driver's license:

Driver's license number: _____

Driver's license expiration date: _____

Birth date: _____

I attest that the above information is correct and that, according to state law, I maintain auto insurance for any private vehicle I drive on City business. *

Signature

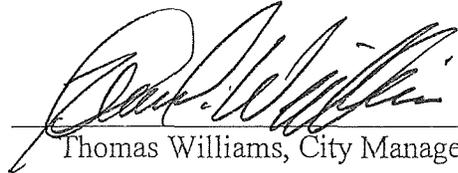
Date

* Attach verification of auto insurance to this form.

CERTIFICATE OF APPOINTMENT AND OATH OF OFFICE

I, the undersigned, City Manager of the City of Milpitas, State of California, do hereby certify that on the _____ day of _____, 201____, _____ was appointed by me to the position of _____ of said City.

Dated: _____



Thomas Williams, City Manager

I, _____, solemnly swear that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am to enter. I declare under penalty of perjury that the foregoing is true and correct.

This automatically makes me an Emergency Worker; in case of an emergency I must report to the City or nearest agency.

Executed at Milpitas, California on this _____ day of _____, 201____.

City Employee



NOTICE OF EXCLUSION FROM CalPERS MEMBERSHIP

1. SOCIAL SECURITY NUMBER		Your employer has contracted with the California Public Employees' Retirement System (CalPERS) to provide an employee benefit package which includes service retirement, death, and disability benefits.	
2. CURRENT NAME (LAST)		(FIRST)	(MIDDLE)
3. NAME OF PUBLIC AGENCY City of Milpitas		4. DEPARTMENT OR SCHOOL DISTRICT	5. JOB OR POSITION TITLE
6. TERM OF APPOINTMENT <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY		7. IF TEMPORARY, ENTER NEAREST NUMBER OF WHOLE MONTHS THE APPOINTMENT IS EXPECTED TO LAST. MONTHS	8. APPOINTMENT DATE MM DD YYYY
9. TIME BASE <input type="checkbox"/> FULL-TIME <input type="checkbox"/> INDETERMINATE <input type="checkbox"/> PART-TIME IF PART TIME, ENTER THE FRACTION OF FULL TIME:			

In your present position with this agency, you are excluded from CalPERS membership because:

- 1. Your full-time seasonal or limited term appointment is limited to 6 months or less.
- 2. Your part-time appointment is limited to less than an average of 20 hours per week for less than one year.
- 3. Your appointment is an on-call, intermittent, emergency, substitute, or other irregular basis which excludes you from membership until you have worked 1,000 hours (or 125 days if paid on per diem basis) this fiscal year.
- 4. Your position is excluded by law or by contract agreement which excludes:
_____ Enter contract exclusion (for Public Agencies only).
- 5. You are an independent contractor.
- 6. You are employed to render professional legal service to a city.
Exceptions: Persons holding the office of city attorney, deputy city attorney, or assistant city attorney.
- 7. You are employed as a student aide by a school district in a position established for students only and you are attending school in the same district (for County Schools only).

NOTE: If you are a member of CalPERS by previous employment (either you have funds on deposit or service credit), exclusions 1, 2, and 3 do not apply to you and you should be a member in your present position. Be sure to notify your employer to complete a (PERS-1) Member Action Request Form or appoint via ACES to report your employment to CalPERS.

If you believe that your employment does qualify you for CalPERS membership, ask your employer for an explanation. If you still have doubts, you may appeal directly to CalPERS by sending a letter to the Actuarial & Employer Services Branch, Membership Analysis & Design Unit, P.O. Box 942709, Sacramento, CA 94229-2709, stating the reasons why you feel you should be a member.

SIGNATURE OF CERTIFYING OFFICER	TITLE	DATE
SIGNATURE OF EMPLOYEE		DATE

NOTE: Benefits provided by CalPERS are described in the "CalPERS Benefits" information booklet available from your employer.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 1-31-2017)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name		4. Employer Identification Number (EIN)	
5. Employer address		6. Employer phone number	
7. City	8. State	9. ZIP code	
10. Who can we contact about employee health coverage at this job?			
11. Phone number (if different from above)		12. Email address	

Here is some basic information about health coverage offered by this employer:

•As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

•With respect to dependents:

We do offer coverage. Eligible dependents are:

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

Yes (Go to question 15) No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)



Temporary/Part Time Appointments

You have accepted a temporary/part-time appointment as _____ with the City of Milpitas in the _____ Department/Division. The effective date of your temporary/part-time appointment is _____. Please read the following carefully. If you have any questions, please discuss them before you sign this form.

The following conditions apply to all temporary/part-time appointments:

- The City Manager must authorize the hiring of all temporary/part-time appointments.
- No temporary/part-time appointment may be made unless funds for such are currently available in the hiring department's budget.
- Temporary/part-time appointments are NOT permanent positions. Unless otherwise approved by the City Manager, no temporary/part-time appointment may continue for more than twelve months or after 999 hours in a fiscal year, whichever occurs first. This means your temporary/part-time appointment will automatically expire after twelve months or after 999 hours in a fiscal year.
- Employees working in temporary/part-time appointments are not in a collective bargaining unit and are not covered by the Personnel Rules and Regulations that apply to regular employees of the City of Milpitas.
- Temporary/part-time appointments may be terminated or otherwise modified at will, solely within the discretion of the management of the hiring department and/or the City.

I have read and understand this notice.

PRINT NAME

SIGNATURE

DATE

City of Milpitas

General Information for Part-time, Seasonal and Temporary Employees

INTRODUCTION

A **federal law**, the Omnibus Budget Reconciliation Act of 1990 (OBRA 90), requires that governmental employees who are not members of their employer's existing retirement system be covered by Social Security or an alternate plan.

You are enrolled in an alternate plan called the Public Agency Retirement Services Alternate Retirement System (PARS-ARS). **PARS-ARS** satisfies federal requirements and provides cost savings compared to Social Security to you and your employer. Social Security requires that 12.4% of your salary be contributed each pay period; however, your PARS-ARS plan requires only a 7.5% contribution to your retirement account.

This information is a **general description** of what you can expect as a participant in PARS-ARS. The Plan Document provides a detailed description and contains all of the specific legal requirements of the plan. If this description states something that is different from the Plan Document, then the Plan Document will be followed, not this description. A copy of the Plan Document and Adoption Agreement is available for your inspection with your Employer.

*A PARS-ARS
account balance statement
is available at any time
upon request from:*
PARS Trust Administrator
PO Box 12919
Newport Beach, CA 92658
800.540.6369
949.823.9900 fax

YOUR PARS-ARS ACCOUNT

Effective July 4, 1999 and thereafter:

1. Each pay period, 6% will be deducted from your salary and deposited into your PARS-ARS account.
2. Each pay period, your employer will also contribute 1.5% of your salary to your PARS-ARS account.
3. Investment activity minus plan administrative expenses will be credited to your PARS-ARS account based upon your monthly account activity and will accumulate **tax-free** until your termination from the plan and the distribution of your account balance.

ENROLLMENT IN PARS-ARS

is automatic

for eligible employees.



DESIGNATING A BENEFICIARY

- 1) **If you die** while you are employed, **your account balance will be distributed to your beneficiary.**
- 2) **If you are married** at the time of your death, your **spouse/ registered domestic partner** is automatically your beneficiary. If you wish to designate someone other than your spouse/ registered domestic partner as your beneficiary, you must do so in writing and your spouse/ registered domestic partner must sign a spousal consent.
- 3) **If you are unmarried** at the time of your death, your account balance will be paid to your **estate** unless you have designated another beneficiary.
- 4) You may obtain a **Beneficiary Designation Form** from your employer or the PARS Trust Administrator.

BECOMING ELIGIBLE FOR BENEFITS

- 1) You or your beneficiary will receive your PARS-ARS account balance **after your employment ends** for any of the following reasons:
 - a. Termination of Employment
 - b. Retirement
 - c. Death
 - d. Permanent and Total Disability
- 2) If you become eligible for another qualified retirement plan such as STRS or PERS, your account balance must remain in PARS-ARS for twenty-four (24) months, after which you will be able to request distribution of your account balance.

RECEIVING YOUR ACCOUNT BALANCE

- 1) **When your employer notifies PARS** that your employment has ended, appropriate distribution **forms will be sent to you.** Within 90 days of PARS' receipt of all necessary distribution forms, you will receive your account balance in a lump-sum distribution.
- 2) You do not pay income taxes on your account as it accumulates. **When you begin to receive benefits, the funds received become taxable income.** If you choose to receive retirement benefits before age 59 1/2, those funds may be subject to additional federal and state excise taxes. If your account balance exceeds \$200, you may avoid excise taxes by directing PARS to transfer the balance of your PARS-ARS account to an IRA or another retirement plan (that accepts rollovers).

For Further Information

A Plan Summary describing PARS-ARS in more detail is available upon request.

Please feel free to contact your employer or the PARS Trust Administrator, at the numbers below:

PARS Trust Administrator

P.O. Box 12919

Newport Beach, CA 92658

800.540.6369

949.823.9900 fax

The PARS Trust Administrator is not licensed to and does not provide tax, accounting or legal advice.

You are urged to consult with appropriate professionals regarding the tax, accounting and legal implications of participating in PARS-ARS.

**Designation of Beneficiary Form
Public Agency Retirement Services (PARS)**

Instructions:

1. Read carefully the rules for designating a beneficiary below, and sign in the spaces provided.
2. Complete the appropriate sections (Section 1 must be completed, see rules below regarding section 2) of this form and return it to:

**City of Milpitas
Human Resources Department
455 E. Calaveras Blvd.
Milpitas, CA 95035**

Rules for Designation of Beneficiary:

1. It is your responsibility to keep your Designation of Beneficiary current.
2. You reserve the right to revoke or change your Designation of Beneficiary, subject to the other provisions of these Rules.
3. If, upon your death, there is no valid Designation of Beneficiary on file with the Trust Administrator, any death benefits which become due will be paid in accordance with the Plan Document.
4. The plan requires that if you are married, your surviving spouse/registered domestic partner will be your sole primary beneficiary, unless your spouse/registered domestic partner waives this right.
5. If you wish to designate a person or persons other than your spouse/registered domestic partner or in addition to your spouse/registered domestic partner, you must obtain the notarized consent of your spouse/registered domestic partner in writing on this form by completing Section 2. Failure to obtain your spouse/registered domestic partner's consent in these instances will render the designation invalid. Any consent by a spouse/registered domestic partner applies only to that spouse/registered domestic partner and not any future spouse/registered domestic partner. Therefore, if a new marriage completed and the new spouse/registered domestic partner's consent must be obtained.
6. If the location of your spouse/registered domestic partner is unknown, you must attach to this form a notarized statement stating that your spouse/registered domestic partner cannot be located.
7. You are considered married if you are under decree of separate maintenance or decree of legal separation.
8. If you wish to have your PARS account distributed under the terms of a Living Trust, your PARS account must be mentioned by name in the Trust Document. If your current Living Trust does not contain specific reference to your PARS account, you may designate the Living Trust as a beneficiary using this form. All rules pertaining to the designation of a beneficiary apply to the designation of a Living Trust.

I have read and understand these rules.

Participant's Signature

Date

Section 1: Designating a Beneficiary

Participant Name: _____ Social Security # _____ - _____ - _____
Participant Address: _____
City : _____ State: _____ Zip: _____ Phone #: _____
Name of Beneficiary: _____ Relationship: _____
Beneficiary Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

Participant's Signature

Date

Section 2: Spousal/Registered Domestic Partner Consent

I hereby consent to the above beneficiary designation of my spouse/registered domestic partner, a participant in this plan. I understand that in consenting to the designation of anyone except myself, I am waiving rights to a survivor benefit that I would be legally entitled to at a later date.

Spouse/Registered Domestic Partner Signature

Date

Signature of Notary

Date

MEMORANDUM

Department of Human Resources



To: Human Resources Department

From: Name *(Please Print)*: _____

Subject: Acknowledgement of Receipt of Administrative Policies

Administrative Policies:

1. Anti-Discrimination Policy and Internal Complaint Procedure
2. Discrimination is Against the Law Brochure
3. Sexual Harassment Brochure
4. Violence in the Workplace and Internal Complaint Procedure
5. Workplace Violence Prevention Policy
6. Telephone System, Cellular Phone and Pager Use Policy (SOP 4.2)
7. Computer, e-mail and Internet Use Policy (SOP 9.2)
8. Use of City Vehicles & Privately Owned Vehicles on City Business (SOP 6.2)
9. Professional Appearance Policy

My signature indicates that I have received the above policies. If I have questions or concerns regarding the policies or require assistance in understanding the content, I will contact my immediate supervisor or the Human Resources Department at (408) 586-3090.

Signature: _____ Date: _____

CITY OF MILPITAS, CALIFORNIA
STANDARD OPERATING PROCEDURE

SUBJECT: ANTI-DISCRIMINATION POLICY AND INTERNAL COMPLAINT PROCEDURE

1.0 Purpose:

The purpose of this policy is:

- (1) to reaffirm the City's commitment to prohibit and prevent unlawful discrimination (including harassment) in all workplaces of the City of Milpitas;
- (2) to define discrimination and harassment prohibited under this policy;
- (3) to set forth a procedure for investigating and resolving complaints of prohibited discrimination and harassment; and
- (4) to set forth a procedure for considering requests for reasonable accommodation made by qualified individuals with disabilities.

This policy shall not be construed to create a private or independent right of action. This policy is intended to prohibit discrimination consistently with Title VII of the Civil Rights Act of 1964, as amended, the Americans with Disabilities Act, the California Fair Employment and Housing Act and California Labor Code section 1102.1.

2.0 Policy:

Discrimination against or harassment of an applicant or employee by a supervisor, management employee, co-worker, or contractor on the basis of race, religion, sex, national origin, ancestry, disability, medical condition, marital status, age, or sexual orientation is strictly prohibited and will not be tolerated.

Disciplinary action up to and including dismissal may be instituted for behavior described in the definition of prohibited discrimination and harassment set forth below.

Retaliation against a person for filing or otherwise making a discrimination or harassment complaint in good faith, or other good faith involvement in a discrimination or harassment investigation, is prohibited. Employees found to be retaliating against another employee shall be subject to disciplinary action up to and including dismissal.

3.0 Definition:

Prohibited discrimination and harassment for purposes of this policy, includes but is not limited to:

Speech, such as epithets, derogatory comments or slurs, and lewd propositioning on the basis of race, sex, religion, national origin, ancestry, disability, medical condition, marital status, age, or

sexual orientation. This includes, without limitation, inappropriate sex-oriented comments on appearance, including dress or physical features, and race-oriented stories and jokes.

Physical acts, such as assault, impeding or blocking movement, offensive touching, or any physical interference with normal work or movement when directed at an individual on the basis of race, sex, religion, national origin, ancestry, disability, medical condition, marital status, age or sexual orientation. This includes pinching, grabbing, patting, propositioning, leering, or making explicit or implied threats or promises in return for submission to physical acts.

Visual insults, such as derogatory posters, cartoons, or drawings related to race, sex, religion, national origin, ancestry, disability, medical condition, marital status, age, or sexual orientation.

Unwanted sexual advances, requests for sexual favors and other acts of a sexual nature, where submission is made a term or condition of employment, where submission to or rejection of the conduct is used as the basis for employment decisions, or where the conduct is intended to or actually does unreasonably interfere with an individual's work performance or create an intimidating, hostile, or offensive work environment.

Adverse employment actions carried out on account of race, sex, religion, national origin, ancestry, disability, medical condition, marital status, age, or sexual orientation.

Adverse employment actions carried out in retaliation for good faith submission of discrimination or harassment charges, or good faith participation in an investigation made pursuant to this policy.

4.0 Reporting and Complaint Procedure:

- (A) An employee or job applicant who believes he or she has been subjected to discrimination or harassment in violation of this policy by another employee, a client, or a contractor is encouraged to make a complaint orally or in writing to any of the following:
- (1) Immediate supervisor.
 - (2) Any supervisor or manager within or outside of the department.
 - (3) Department head.
 - (4) Human Resources Director.
- (B) Any supervisor, manager or department head who (1) receives a discrimination or harassment complaint or (2) observes or otherwise learns of harassing behavior against an employee or job applicant shall notify the Human Resources Director immediately.

5.0 Investigative Procedure:

- (A) Employees and applicants who believe they have been subject to discrimination or harassment covered by this policy may submit a complaint on the form designated by the Human Resources Director.

Employees are encouraged to submit a complaint as soon as reasonably possible after first being subject to discrimination or harassment.

(B) After receiving a complaint, the Human Resources Director shall take steps to investigate the matter. The Human Resources Director may attempt an informal resolution. The Human Resources Director may reject a discrimination or harassment complaint that is incomplete or which fails to contain sufficient information to state a claim of discrimination or harassment covered under the policy.

(C) All City employees must cooperate fully, and be truthful and forthright, when providing information in response to a City investigation under this policy.

(D) The Human Resources Director shall notify the complainant(s) and respondent(s), department head, and other appropriate persons, regarding the disposition of complaints made pursuant to this policy.

(E) The City may take lawful measures to assure appropriate confidentiality during the investigation and related time periods.

6.0 Remedial Action:

(A) If discrimination or harassment is found to have occurred in violation of this policy, the City shall take action to ensure or confirm that the discrimination or harassment at issue is stopped. The City may take whatever measures are appropriate to ensure its workplaces remain free of unlawful discrimination or harassment.

(B) Employees found to have engaged in discrimination or harassment covered by this policy may be subject to disciplinary action up to and including termination of employment.

(C) Employees found to have been dishonest or uncooperative during an investigation made pursuant to this policy may be subject to disciplinary action up to and including termination of employment.

7.0 Appeal

No later than ten working days after being notified regarding the outcome of a complaint made pursuant to this policy, a complainant may appeal to the City Manager. The appeal shall be in writing, verified under penalty of perjury, and contain an explanation why the complainant believes the pending disposition is incorrect. The appeal must be received by the City Manager no later than ten working days after the date of the outcome from which the appeal is taken. Failure to appeal within the ten day period means that the earlier disposition is final. The City Manager (or his/her designees) shall respond in writing after considering the appeal.

8.0 Disabilities

Qualified individuals with disabilities may submit requests for reasonable accommodation on forms designated by the Human Resources Director. The City shall consult with the affected employee or applicant and determine whether a reasonable accommodation is necessary or appropriate.

9.0 Miscellaneous

No. 001
Effective 8/4/98
Revised: 8/4/98
Replaces SOP 16.7 and SOP 16.8

The City may allow alternative procedures for complaints, investigations and remedial efforts made pursuant to this policy.

This policy may be periodically amended to ensure its consistency with state or federal legal requirements.

The City will provide training to its employees regarding this policy, the laws prohibiting discrimination and harassment in the workplace, and the reporting and complaint procedure outlined in this policy.

10.0 Dissemination of Policy:

This policy shall be disseminated to all City employees. The City may require employees to sign an acknowledgment of the policy's receipt, which may be maintained in the employee's personnel files.

Related Administrative Policies:	Violence in the Workplace and Internal Complaint Procedure
Related SOP:	Disciplinary Actions



Harassment and discrimination in employment, housing, public accommodations, and services are against the law.



Department of Fair Employment and Housing

Hate Violence

Under the Ralph Civil Rights Act, it is against the law for any person to threaten or commit acts of violence against a person or property based on race, color, religion, ancestry, national origin, age, disability, gender, sexual orientation, political affiliation, or position in a labor dispute.

Filing a Complaint

If you believe you are a victim of illegal discrimination or hate violence, you can file a complaint with DFEH by following these steps:

- Contact us at (800) 884-1684 (employment, public accommodation, and hate violence) and (800) 233-3212 (housing)
- Be prepared to present specific facts about the alleged harassment, discrimination, or denial of leave
- Provide copies of documents that support the charges in the complaint
- Keep records and documents about the complaint, such as paycheck stubs, rent receipts, membership applications, and other materials

DFEH will conduct an impartial investigation. We are not an advocate for either the person complaining or the person complained against. We represent the State of California. DFEH will, if possible, try to assist both parties to resolve the complaint.

If a voluntary settlement cannot be reached, and there is sufficient evidence that establishes a violation of the law, DFEH may issue an accusation and litigate the case before the Fair Employment

and Housing Commission or in civil court. If the Commission or a court decides in favor of the complaining party, the following remedies can be ordered:

- Award of the job or the housing denied to the complainant, or similar relief
- Back pay or promotion for the complainant, or compensation for moving and relocation
- Compensatory damages for the complainant, including emotional distress damages
- Fines, penalties, or punitive damages

For more information, contact DFEH toll free at (800) 884-1684

(employment, public accommodation, and hate violence)
(800) 233-3212 (housing)

TTY number at (800) 700-2320
or visit our web site at www.dfeh.ca.gov

In accordance with the California Government Code and ADA requirements, this publication can be made available in Braille, large print, computer disk, or tape cassette as a disability-related reasonable accommodation for an individual with a disability. To discuss how to receive a copy of this publication in an alternative format, please contact DFEH at the numbers above.



State of California
Department of Fair Employment & Housing

Discrimination is Against the Law

Civil Rights in California

The Department of Fair Employment and Housing (DFEH) enforces California state laws that prohibit harassment and discrimination in employment, housing, and public accommodations and that provide for pregnancy leave and family and personal medical leave. It also accepts and investigates complaints alleging hate violence or threats of hate violence.

What DFEH Does

DFEH enforces these laws by

- Investigating harassment, discrimination, and denial of leave complaints
- Assisting parties to voluntarily resolve complaints involving alleged violations of the laws enforced by DFEH
- Prosecuting violations of the law
- Educating Californians about the laws prohibiting harassment and discrimination by providing written materials and participating in seminars and conferences

Discrimination in Employment

The California Fair Employment and Housing Act (FEHA) prohibits harassment and discrimination in employment based on the following:

- Race
- Color



The mission of the Department of Fair Employment and Housing is to protect the people of California from unlawful discrimination in employment, housing and public accommodations, and from the perpetration of acts of hate violence.

- Religion
- Sex (gender)
- Sexual orientation
- Marital status
- National origin (including language use restrictions)
- Ancestry
- Disability (mental and physical, including HIV and AIDS)
- Medical condition (cancer/genetic characteristics)
- Age (40 and above)
- Request for family care leave
- Request for leave for an employee's own serious health condition
- Request for Pregnancy Disability Leave
- Retaliation for reporting patient abuse in tax-supported institutions

Discrimination is prohibited in all employment practices, including the following:

- Advertisements
- Applications, screening, and interviews
- Hiring, transferring, promoting, terminating, or separating employees
- Working conditions
- Participation in a training or apprenticeship program, employee organization, or union

California workers are

- Guaranteed leaves if disabled because of pregnancy
- Guaranteed reasonable accommodation for pregnancy

- Guaranteed leaves for the birth or adoption of a child; for the employee's own serious health condition; or to care for a parent, spouse, or child with a serious health condition
- Protected from harassment because of their sex, race, or any other category covered under the law
- Protected from retaliation for filing a complaint with DFEH, for participating in the investigation of a complaint, or for protesting possible violations of the law

California workers with disabilities are also entitled to reasonable accommodation when necessary in order to perform the job.

Discrimination in Housing

FEHA also prohibits discrimination in the rental and sale of housing based on the following:

- Race
- Color
- Religion
- Sex (gender)
- Sexual orientation
- Marital status
- National origin (including language use restrictions)
- Ancestry
- Familial status (households with children under age 18)
- Source of income*
- Disability (mental and physical, including HIV and AIDS)
- Medical condition (cancer/genetic characteristics)
- Age

*Until 12/31/04 unless extended by statute.

Discrimination is prohibited in all aspects of the housing business, including, but not limited to:

- Advertisements
- Mortgage lending and insurance
- Application and selection processes
- Terms, conditions, and privileges of occupancy, including freedom from harassment
- Public and private land-use practices, including the existence of restrictive covenants

Persons with disabilities are entitled to reasonable accommodation in rules, policies, practices, and services and are also permitted, at their own expense, to reasonably modify their dwelling to ensure full enjoyment of the premises.

As in employment discrimination law, persons are protected from retaliation for filing complaints.

Discrimination in Public Accommodations and Services

Discrimination in public services and accommodations is prohibited under the Unruh Civil Rights Act. The law requires "full and equal accommodations, advantages, facilities, privileges, or services in all business establishments." Business establishments covered by the law include, but are not limited to:

- Hotels and motels
- Nonprofit organizations
- Restaurants
- Theaters
- Hospitals
- Barber shops and beauty salons
- Housing accommodations
- Local government and public agencies
- Retail establishments

CITY OF MILPITAS
STANDARD OPERATING PROCEDURE

ADMINISTRATIVE POLICY

**SUBJECT: VIOLENCE IN THE WORKPLACE AND INTERNAL COMPLAINT
PROCEDURE**

1.0 Purpose:

The purpose of this policy is:

- (1) to establish a strong commitment to provide a safe work environment, free of violence and threats of violence, in all the workplaces of the City of Milpitas; and
- (2) to set forth a procedure for reporting, investigating and resolving incidents and complaints of violence in the workplace.

2.0 Policy:

Violence or threats of violence by or against any City employee, contractor or any other person on City property or while engaged in City business is strictly prohibited and will not be tolerated.

Disciplinary action up to and including dismissal and/or criminal prosecution may be instituted against City employees or contractors who engage in violence or threats of violence in the workplace.

Non-employees on City property who engage in violence or threats of violence may be subject to criminal prosecution.

The City is committed to providing opportunities for employees to be trained in the risk factors associated with workplace violence, methods of preventing situations that could lead to violence, and the proper handling of emergency situations in order to minimize the occurrences of violent incidents in the workplace.

3.0 Definitions:

Acts of violence or threats of violence include, but are not limited to, the following:

- 1) Unnecessary shouting, using profanity, yelling or verbally challenging another person to physical combat or fight;
- 2) Physical combat or fighting, including striking, punching, slapping, kicking, pushing or in any other way physically assaulting another person;
- 3) Grabbing, pinching or touching another person in an unwanted way whether sexually or otherwise;

- 4) Engaging in dangerous and/or threatening horseplay;
- 5) Possession, use, or threat of use of a gun, knife or other weapon of any kind on City property, including parking lots, other exterior premises, in City vehicles, or while engaged in activities for the City in other locations. This provision does not apply to public safety or Public Works personnel whose possession of such items is a requirement of the job;
- 6) Threatening harm or harming another person, or any other action or conduct that implies the threat of bodily harm.

4.0 Reporting and Complaint Procedure:

(A) In the event of an incident of violence or threat of imminent violence in the workplace, employees shall call the Police Department at 9-911 immediately. The primary consideration shall be for employees' safety. No employee shall put him or herself in a situation which will increase the risk of harm. Employees experiencing or observing possible violence in the workplace shall also inform their supervisor or department head as soon as possible.

(B) An employee who believes he or she has been subjected to violence or a threat of violence in violation of this policy by another employee, a contractor, or non-employee on City property or while engaged in City business is also strongly encouraged to make a complaint orally or in writing to any of the following:

- 1) Immediate supervisor;
- 2) Any supervisor or manager within or outside the department;
- 3) Department head; or
- 4) Human Resources Director.

(C) Any supervisor, manager or department head who receives a complaint of violence or threat of violence by or against any employee, or who observes, or otherwise learns of violence or threats of violence by or against an employee shall notify the Human Resources Division immediately. The department head (or his/her designee) shall also respond promptly to workplace safety issues and attempt to ensure the safety of those employees and non-employees in his/her area.

5.0 Investigative Procedure:

(A) After receiving a complaint of violence or threat of violence, the department head, or his/her designee, shall take steps to investigate the matter. The department head, or his/her designee, may attempt an informal resolution. He or she may reject a complaint that is incomplete or which fails to contain sufficient information to state a claim of violence or threat of violence covered under this policy.

(B) All City employees must cooperate fully, and be truthful and forthright, when providing information in response to an investigation under this policy. Employees found to have been dishonest or uncooperative during an investigation made pursuant to this policy may be subject to disciplinary action up to and including termination of employment.

(C) The department head, or his/her designee, shall notify the complainant(s) and respondent(s), Human Resources Division, and other appropriate persons, regarding the disposition of complaints made pursuant to this policy.

6.0 Miscellaneous:

Departments are strongly encouraged to conduct an initial assessment of any potential hazards or risks in their specific work areas and to develop plans for addressing those hazards/risks. Any problems areas shall be brought to the attention of the department head along with a recommendation for correcting the problem(s).

The Human Resources Division shall, where necessary and appropriate, arrange for counselors to work with victims and observers of incidents of violence on City property.

The City may allow alternative procedures for complaints, investigations and remedial efforts made pursuant to this policy.

This policy may be amended periodically.

7.0 Dissemination of Policy:

This policy shall be disseminated to all City employees and departments. A copy of this policy may also be maintained in the department's copy of the City of Milpitas Standard Operating Procedures (SOP) Manual. The City may require employees to sign an acknowledgment of the policy's receipt, which may be maintained in the employee's personnel files.

Related Administrative Policies
Related SOP:

Anti-Discrimination Policy and Internal Complaint Procedure
Disciplinary Actions

CITY OF MILPITAS

Workplace Violence Prevention Policy

I. PURPOSE

The City of Milpitas recognizes the importance of providing a safe work environment and place to conduct City business for our residents and visitors. For these reasons this policy has been adopted to establish guidelines for the education and training of employees as well as procedures to be followed in the event of a workplace violence incident. The guidelines in this policy are in conformance with CAL-OSHA Guidelines, accepted law enforcement practice and the City's disciplinary policies.

II. SCOPE

This policy applies to all City of Milpitas employees. Workplace safety and security is every employee's responsibility and it is essential that all employees understand and abide by this policy. Employees should be aware of, and know how to react in the event of any of the three types of workplace violence defined by The California Occupational Safety and Health Administration (CAL-OSHA).

- Type 1 – A violent act by an assailant with no legitimate relationship to the workplace who enters the workplace to commit a robbery or other criminal activity.
- Type 2 – A violent act or threat of violence by a recipient of a service provided by the City of Milpitas, such as a customer.
- Type 3 – A violent act or threat of violence by a current or former worker, supervisor or manager, or another person who has a personal relationship with a City of Milpitas employee or contract employee, such as an abused spouse, domestic partner, etc.

III. DEFINITIONS for the purpose of this policy are:

A. A violent act is an aggressive physical behavior or force exerted for the apparent purpose of violating, damaging or abusing another or damaging property. Violent acts may include, but are not limited to the following:

- Striking, punching, slapping or assaulting another person;
- Fighting or challenging another person to fight;
- Grabbing, pinching or touching another person in an unwanted way whether sexually or otherwise; (see City of Milpitas Anti-Discrimination Policy for additional information)
- Engaging in dangerous, threatening or unwanted horseplay;
- Threatening harm or harming another person, or any action or conduct that implies bodily harm;
- Encouraging or inciting an employee to engage in prohibited activities;
- Possession use or threat of use of a gun, knife or weapon of any kind on City property, including but not limited to buildings, parking lots, parks and other exterior premises, City vehicles, or while engaged in activities for the City at locations outside the City, unless such possession or use is a requirement of the job;
- Stalking or any other type of harassment;
- Causing damage to property.

B. A threat of a violent act is a verbal expression or physical action that conveys intent to commit a violent act.

IV. VIOLENCE - FREE WORKPLACE POLICY

The City of Milpitas is committed to maintaining a safe and secure workplace free from acts of violence or threats of violence. To keep this commitment the City forbids actual or threatened violence against co-workers, visitors, customers or other persons who are either on City premises or have contact with employees in the course of their duties.

Violence or the threat of violence against or by any employee of the City or any other person is not acceptable and will not be tolerated. Should a non-employee demonstrate or threaten violent behavior, he/she will be removed from the site and may be subject to criminal prosecution. Should an employee, during working hours, on City property or during City functions demonstrate or threaten violent behavior he/she may be subject to criminal prosecution and disciplinary action up to and including termination.

V. HAZARD IDENTIFICATION and RESPONSE

Threats of or actual violent acts may happen or be witnessed by employees, residents, or visitors in and around City facilities at any time. The City of Milpitas relies on the following activities to identify potential threats and exposures. These include:

- A. Reliance on employees to advise supervisors of concerns regarding safety and security. This can be accomplished using procedures contained in the City's Injury, Illness and Prevention Program (IIPP).
- B. Periodic physical inspections of City buildings and facilities to identify conditions which may contribute to criminal activity such as low lighting, functional alarms, cash handling procedures, evidence of vandalism such as graffiti, functional locks, etc.
- C. Review and trending of incident reports of hostile or threatening behaviors witnessed in and around City facilities by department managers and/or Human Resources.
- D. Official complaints to law enforcement of threats which may directly impact the safety of employees or others.
- E. An initial employee survey to assess employee perception of job duties, environmental, or activities which they feel could increase the risk of violence in the workplace. The survey may be used or updated at anytime to revise targeted prevention activity.
- F. Prior to staffing of new facilities or change in use of existing facilities, a safety assessment will be conducted by Facilities to identify safety or security issues for correction and employee awareness training consistent with the IIPP.

VI. HAZARD MITIGATION AND MANAGEMENT

A. Unauthorized Weapons

No person unless a sworn law enforcement officer or other authorized person shall possess weapons as defined and cited in California Penal Code § 171b at a City workplace or on City property and private vehicles, including public parking lots.

These may include but are not limited to the following:

- Firearms
- Explosives/ammunition
- Knives with blades over four inches long
- Stun guns
- BB guns

B. Access Control

Access control to “employee only” areas of each facility is limited to authorized personnel only. Facilities which limit building access to designated entrances or maintain “employee only” areas must adhere to City policy for maintaining security of alternate entries and access points. This includes the activation of locks, surveillance, intrusion alarms, or other security hardware and procedures. The identity of all visitors to “employee only” areas, including contractors and vendors doing business with the City, should be verified by City staff to assure authorization for access.

C. Employee Training

All employees shall receive periodic training in workplace security and violence prevention awareness.

Training shall include the following:

- Review and explanation of the Workplace Violence Prevention Policy;
- Recognition of workplace security hazards including indicators of violent behavior;
- Procedures for reporting workplace hazards and/or violent behavior;
- Methods to prevent or diffuse workplace violence;
- Procedures and use of alarms to summon emergency assistance;
- Evacuation procedures, should evacuation become necessary;
- Procedures to request escort to vehicles or other sites if employee considers it unsafe to proceed alone.

D. Threat and Hazard Identification and Notification

- All employees are instructed to be aware of and evaluate potential safety and security concerns or hazards in their work environment. Employees should report concerns along with any recommendations for mitigation to their supervisor or Human Resources immediately. Potential for exposure to violent situations should be evaluated by supervisors for any unusual work assignment in a location not typical to daily operations. This could include any off site events, temporary accommodation, business travel, etc.
- Any recommendation for the improved safety and security in and around City facilities will be evaluated by Police, Human Resources, and/or the Safety and Risk Management Committee.

- Information regarding potential threats will be shared balancing safety and privacy issues. Human Resources, the City Attorney, and Risk Manager, with final authorization by the City Manager, will authorize the scope and method of information dissemination.
- Results of site inspections which contain security items will be shared, as needed, by postings in employee areas or email notification.

E. Responding to Actual or Potential Violence

1. All threats of violence must be taken seriously. It is the responsibility of each employee to notify a supervisor of any violent act or a threat of a violent act against themselves or any other persons or property. Employees shall inform a supervisor of these acts immediately or as soon as practical.
2. If a person recognized to have been a prior security concern enters a City facility, employees who observe, based on previous events or training, behavior which could result in a threat or criminal action should immediately convey this information to their immediate or acting supervisor. The supervisor shall evaluate the situation and take appropriate action including alerting the Milpitas Police Department at 9-911 or 263-1212. In the absence or inability of a supervisor to respond, any employee may alert the Milpitas Police Department.
3. In cases where there is an **immediate threat** to employee safety or the safety of the public, employees should call 9-911 from a desk phone for immediate emergency assistance and remove themselves and others, if possible, from the area. Employees may be advised that they can pre-program 263-1212 into personal or City cell phones to provide quick access to emergency response.
4. If phones cannot be used safely, activation of an available silent alarm may be necessary. If possible, when the police arrive, a knowledgeable employee from the building should meet the officer outside the building and explain the current situation.
5. Once the immediate danger has passed and freedom of movement is restored, those evacuating the building must convene at their designated assembly location as cited in the individual City of Milpitas Evacuation Plan so that their safety may be confirmed and Police can gather information about the incident. Police will obtain the contact information of non-employee witnesses.
6. For incidents of threats of acts of physical violence initiated by a City employee that may result in disciplinary action, the Department Director or on-duty supervisor shall report the incident to the Milpitas Police Department. The Department Director or on-duty supervisor shall complete an Incident Report Form [see Appendix A] and forward the document to Human Resources. The Human Resources Department will ensure that appropriate investigation procedures are followed [see Appendix B].
7. If an employee has an active restraining order which prohibits contact from another individual, the employee should provide a copy of the order to the Milpitas Police Department and is encouraged to advise his/her immediate supervisor. Human Resources will maintain a copy of the order on file. Any reported violation of the restraining order will be investigated as a criminal matter.

Appendix A: Incident Report Form

**CITY OF MILPITAS
INCIDENT REPORT FORM**

Please complete this form (using blue or black ink) within 24 hours of an incident, and submit to Risk Manager in the Finance Department. Please state the facts to the best of your ability and not your opinions.

Date of incident: _____

Exact Location of Incident: _____

Time of incident: _____ A.M. P.M.

Name of Person Injured/ Involved: _____ Gender: Male Female

If Minor, Name of Parent/ Guardian: _____

Address: _____

Phone Number(s): _____

Was the person Injured: Yes No Describe Injury/ Illness: _____

Describe and provide details of incident: *(Please attach separate sheet as needed)*

What were the Condition / Environment of the area of the Incident: (i.e. Lighting, Surface/Floor)

Actions Needed/Taken by Whom? _____

If person was injured, were they treated, and if so, where? _____

Was local emergency contact alerted? Yes No Police Fire Paramedic

Other Individuals Involved: *(ex: other Employees, Witnesses)*

Name	Address	Phone Number

Name of Person Completing Report: _____

Title: _____ Local Phone: _____

Signature: _____ Date Report Completed: _____

Supervisor/Manager Signature: _____ Date: _____

Appendix B: Investigation Procedures

1. Supervisors and employees shall fully cooperate in any administrative or criminal investigation into a violent act or a threat of a violent act occurring in the workplace.
2. Department Managers and Supervisors are responsible for investigation of internal incidents involving City employees. The investigation report must include detailed and concrete facts about the incident including a proposed action plan to prevent re-occurrence. The investigation should be documented using the City's injury/incident investigation reports as required by the City's Injury and Illness Prevention Program. Due to the potential for criminal investigation, the Milpitas Police will complete an investigation report in addition or in lieu of supervisor's report.
3. Retaliation or the threat of retaliation against a person who reports violence or the threat of violence will not be tolerated. If an employee feels there has been retaliation or the threat of retaliation for reporting violence, the employee is directed to report this retaliation to the Milpitas Human Resources Department. This shall also be reported to the Milpitas Police Department within 24 hours for a possible criminal investigation if deemed appropriate by the Police Department.
4. The Milpitas Risk Management and Safety Committee shall review incident reports and determine if changes to policy, training, communication and security procedures are needed to prevent reoccurrence or improve the current procedures.



The definition of sexual harassment includes many forms of offensive behavior.



Department of Fair Employment and Housing

- such as a lead, supervisor, manager or agent;
- the employer had no knowledge of the harassment;
- there was a program to prevent harassment; and
- once aware of any harassment, the employer took immediate and appropriate corrective action to stop the harassment.

Filing a Complaint

Employees or job applicants who believe that they have been sexually harassed may file a complaint of discrimination with DFEH within **one year** of the harassment.

DFEH serves as a neutral fact-finder and attempts to help the parties voluntarily resolve disputes.

If DFEH finds sufficient evidence to establish that discrimination occurred and settlement efforts fail, the Department may file a formal accusation. The accusation will lead to either a public hearing before the Fair Employment and Housing Commission or a lawsuit filed by DFEH on behalf of the complaining party.

If the Commission finds that discrimination has occurred, it can order remedies including:

- Fines or damages for emotional distress from each employer or person found to have violated the law
- Hiring or reinstatement
- Back pay or promotion
- Changes in the policies or practices of the involved employer

Employees can also pursue the matter through a private lawsuit in civil court after a complaint has been filed with DFEH and a Right-to-Sue Notice has been issued.

For more information, see publication DFEH-159 “Guide for Complainants and Respondents.”

For more information, contact DFEH toll free at
(800) 884-1684
Sacramento area & out-of-state at **(916) 478-7200**
TTY number at **(800) 700-2320**
or visit our Web site at **www.dfeh.ca.gov**

In accordance with the California Government Code and ADA requirements, this publication can be made available in Braille, large print, computer disk, or tape cassette as a disability-related reasonable accommodation for an individual with a disability. To discuss how to receive a copy of this publication in an alternative format, please contact DFEH at the numbers above.



State of California
Department of Fair Employment & Housing

Sexual Harassment

The Facts About Sexual Harassment

The *Fair Employment and Housing Act* (FEHA) defines sexual harassment as harassment based on sex or of a sexual nature; gender harassment; and harassment based on pregnancy, childbirth, or related medical conditions. The definition of sexual harassment includes many forms of offensive behavior, including harassment of a person of the same gender as the harasser. The following is a partial list of types of sexual harassment:

- Unwanted sexual advances
- Offering employment benefits in exchange for sexual favors
- Actual or threatened retaliation
- Leering; making sexual gestures; or displaying sexually suggestive objects, pictures, cartoons, or posters
- Making or using derogatory comments, epithets, slurs, or jokes
- Sexual comments including graphic comments about an individual's body; sexually degrading words used to describe an individual; or suggestive or obscene letters, notes, or invitations
- Physical touching or assault, as well as impeding or blocking movements



The mission of the Department of Fair Employment and Housing is to protect the people of California from unlawful discrimination in employment, housing and public accommodations, and from the perpetration of acts of hate violence.

Employers' Obligations

All employers must take the following actions against harassment:

- Take all reasonable steps to prevent discrimination and harassment from occurring. If harassment does occur, take effective action to stop any further harassment and to correct any effects of the harassment.
- Develop and implement a sexual harassment prevention policy with a procedure for employees to make complaints and for the employer to investigate complaints. Policies should include provisions to:
 - Fully inform the complainant of his/her rights and any obligations to secure those rights.
 - Fully and effectively investigate. The investigation must be thorough, objective, and complete. Anyone with information regarding the matter should be interviewed. A determination must be made and the results communicated to the complainant, to the alleged harasser and, as appropriate, to all others directly concerned.
- Take prompt and effective corrective action if the harassment allegations are proven. The employer must take appropriate action to stop the harassment and ensure it will not continue. The employer must also communicate to the com-

plainant that action has been taken to stop the harassment from recurring. Finally, appropriate steps must be taken to remedy the complainant's damages, if any.

- Post the Department of Fair Employment and Housing (DFEH) employment poster (DFEH - 162) in the workplace (available through the DFEH publications line [916] 478-7201 or Web site).
- Distribute an information sheet on sexual harassment to all employees. An employer may either distribute this pamphlet (DFEH 185) or develop an equivalent document that meets the requirements of Government Code section 12950(b). This pamphlet may be duplicated in any quantity. **However, this pamphlet is not to be used in place of a sexual harassment prevention policy, which all employers are required to have.**
- All employees should be made aware of the seriousness of violations of the sexual harassment policy and must be cautioned against using peer pressure to discourage harassment victims from complaining.
- Employers who do business in California and employ 50 or more part-time or full-time employees *must* provide at least two hours of sexual harassment training every two years to each supervisory employee and to all new supervisory employees within six months of their assumption of a supervisory position.

- A program to eliminate sexual harassment from the workplace is not only required by law, but is the most practical way for an employer to avoid or limit liability if harassment should occur despite preventive efforts.

Employer Liability

All employers, regardless of the number of employees, are covered by the harassment section of the FEHA. Employers are generally liable for harassment by their supervisors or agents. Harassers, including both supervisory and non-supervisory personnel, may be held personally liable for harassing an employee or coworker or for aiding and abetting harassment.

Additionally, the law requires employers to take "all reasonable steps to prevent harassment from occurring." If an employer has failed to take such preventive measures, that employer can be held liable for the harassment. A victim may be entitled to damages, even though no employment opportunity has been denied and there is no actual loss of pay or benefits.

In addition, if an employer knows or should have known that a **non-employee** (e.g. client or customer) has sexually harassed an employee, applicant, or person providing services for the employer and fails to take immediate and appropriate corrective action, the employer may be held liable for the actions of the non-employee.

An employer might avoid liability if

- the harasser is not in a position of authority,

**CITY OF MILPITAS, CALIFORNIA
STANDARD OPERATING PROCEDURE**

SUBJECT: COMPUTER, E-MAIL AND INTERNET USE POLICY

1. PURPOSE

The City's computer systems (including all hardware and software) exist solely for the purpose of conducting City business and are the exclusive property of the City. The City treats all computer files, including electronic mail (e-mail) sent or received, as business information. The purpose of this policy is to: (1) ensure that the computer systems are used for appropriate City business; (2) notify employees that they have no right to privacy in use of the computer systems, including e-mail or internet, (3) advise employees that there are a number of circumstances under which e-mail may be publicly disclosed under the Public Records Act or litigation; and (4) notify employees that the City reserves the right, with or without notice, to access, monitor, review, copy and/or delete any computer files, including e-mail sent or received, and all website communications and/or transactions.

2. E-mail Use

- A. All e-mail business communications to non-City employees should use an appropriate professional tone, correct spelling and proper grammar. E-mail is very effective for sharing information, but less effective in resolving conflicts or differences of opinion. Don't argue using e-mail.
- B. The City reserves the right to access, monitor, copy and/or delete any e-mail communications made on City computer systems.
- C. There should be no expectation of privacy in the use of e-mail. Employees should not use e-mail to create or transmit information they wish to keep private. Do not put into an e-mail anything you would not put into a hard-copy memorandum or letter.
- D. When transmitting messages via e-mail, employees should be aware that e-mail messages can be read by persons other than the addressee and that the messages may be later disclosed to outside parties. E-mail messages including (but not limited to) information relative to public projects or policy-making decisions may be subject to disclosure under the California Public Records Act (Government Code section 6250 et seq.) E-mail messages may also be subject to disclosure in litigation or administrative proceedings in the same manner as other City records.
- E. E-mail to and received from attorneys representing the City are privileged communications. Such e-mail communications shall not be distributed or copied to unauthorized individuals.

3. E-Mail Retention

- A. E-mail generates correspondence and other documentation, which may be recognized as official City records requiring protection/retention in accordance with the California Public Records Act and the City's Record Retention Program. It is the responsibility of individual employees and their department heads to determine if e-mail is an official City record that must be retained in accordance with the City's Record Retention Program. The City Clerk and City Attorney can assist you in making such a determination. Preliminary drafts, notes or interagency or intra-agency memoranda that are not retained by the City in the ordinary course of business are generally not considered to be official City records subject to disclosure.
- B. Although the use of e-mail is considered official City business, the e-mail system is intended as a medium of communication. Therefore, the e-mail system shall not be used for the electronic storage or maintenance of documentation, including, but not limited to official City records.
- C. If an e-mail message, including any attachments thereto, can be considered an official City record, such e-mails shall be printed as a hard copy, filed, and retained in accordance with the City's Records Retention Program. The sender of the e-mail is responsible for printing and filing it accordingly. Recipients may, at their discretion, retain a hard copy of the e-mail for reference purposes only.
- D. The system administrator will automatically delete any data stored in the e-mail system that is 60 days old. To ensure maximum efficiency in the operation of the e-mail system, staff is encouraged to delete e-mail messages from their systems once they are no longer needed.
- E. Periodically, the City receives requests for inspection or production of documents pursuant to the Public Records Act, as well as demands by subpoena or court order for such documents. In the event such a request or demand is made for e-mail, the employees having control over such e-mail, once they become aware of the request or demand, shall use their best efforts to temporarily preserve any e-mail until it is determined whether such e-mail is subject to preservation, public inspection or disclosure.

4. Internet Use

- A. Employees may not use the internet for personal purposes without the express permission of the City, except infrequent incidental personal use that does not adversely effect the ability to perform work duties.
- B. Employees have no right to privacy in the use of the internet on City computer systems.
- C. The City reserves the right, with or without notice, to access, monitor, review, copy and/or delete any computer files, including any and all website communications and/or transactions by City employees. The City further reserves the right to monitor any employee's internet use for purposes of determining whether such use is appropriate.

5. Prohibited Uses of E-Mail and the Internet:

Prohibited uses of E-Mail or the Internet on City computer systems includes, but is not limited to, the following:

- A. To access any obscene or pornographic material;
- B. To transmit sexually explicit images, message or cartoons, ethnic or racial slurs, or anything that may be construed as harassment or disparaging of others based on their race, national origin, ethnic group identification, religion, age, sex, sexual orientation, marital status, color or physical or mental disability;
- C. To conduct ongoing personal business;
- D. To play games;
- E. To conduct illegal activities (such as, but not limited to, gambling), or commit a crime or fraud, or violate any federal, state or local law;
- F. To use the username or password of another person to gain access to his/her e-mail or any other computer account without the person's consent;
- G. To transmit sensitive or privileged information to unauthorized persons or organizations;
- H. To download or otherwise acquire software without prior consent of the Department Head and Chief Information Officer or their designees;
- I. To use the Internet in any manner that causes confidential or sensitive information to be subject to eavesdropping or interception by unauthorized individuals.

6. Computer Systems - Hardware and Software:

- A. Employees are prohibited from doing the following:
 - (1) Installing programs on City computer systems without the prior consent of the Department Head and Chief Information Officer or their designees;
 - (2) Copying any City computer program for the purpose of using it on any other computer without the prior consent of the Department Head and Chief Information Officer or their designees;
 - (3) Connecting computers, such as laptops or personal computers, not owned by the City to the City information systems network without the prior consent of the Department Head and Chief Information Officer or their designees;
 - (4) Disclosing an employee's account or e-mail password or otherwise making the account available to others;
 - (5) Infringing on others' access and use of the City's computer systems, including but not limited to:
 - a. The sending of excessive messages, either locally or off-site;
 - b. Unauthorized modification of system facilities, operating systems or disk partitions;
 - c. Attempting to crash or tie up a computer or network;

- d. Damaging or vandalizing City computing facilities, equipment, software or computer files;
- e. Intentionally developing or using programs which disrupt other computer users or which access private or restricted portions of the system and/or damage the software or hardware components of the system.

7. Violation of Policy:

An employee's personal or other inappropriate use of the City's computer systems, including e-mail and Internet, may result in loss of the privilege to use such systems.

Acknowledgment:

I certify that I have received, read, and agree to abide by the City of Milpitas' Computer, E-mail and Internet Use Policy as set forth above.

Employee Name Printed

Date Signed: _____

Employee Signature

APPROVED AS TO FORM:

APPROVED:

Steven T. Mattas, City Attorney

Thomas J. Wilson, City Manager

CITY OF MILPITAS, CALIFORNIA
STANDARD OPERATING PROCEDURE

SUBJECT: TELEPHONE SYSTEM, CELLULAR PHONE AND PAGER USE POLICY

1. Purpose:

The City provides employees with access to its telephone system and, in limited instances, to cellular phones, calling cards, pagers, radios and personal data devices (PDA's) to facilitate City business. The purpose of this policy is to: (1) ensure that the City telephone system, cellular phones, calling cards, pagers, radios and PDA's are used appropriately; (2) ensure departmental accountability regarding assignment and containing costs and use of this equipment and (3) ensure that the City is properly reimbursed for personal calls made on City equipment. This policy includes all devices which use the telephone system in any way (for example, fax machines, modems, and voicemail).

2. Telephone/Cell Phone Use:

- A. City telephones should always be answered promptly, courteously and professionally.
- B. Personal calls on the City telephone system should be made only on an infrequent, incidental basis, be of reasonable duration, and should not interfere with the ability to perform work duties or disrupt the work of other employees.
- C. Additional Phone Line, Reimbursement for Personal Calls on City Telephones, and Cell Phone Voice Mail
 - (1) One private line is authorized per City issued cell phone. Such private line will be for the user's personal usage. The charges for the private line will be the responsibility of the employee and invoices will be billed to the employee's mailing address by the cell phone vendor. Establishing the private line will be the responsibility of the employee.
 - (2) Employees must reimburse the City for the cost of any personal calls to include usage, text messaging, roaming, long distance or any other charges incurred by the employees personal use. Procedures for reimbursement are included below in Section H.

3. Telephone Voice Mail Use

- A. Employees should not have any expectation of privacy in messages left for them on voice mail. The City reserves the right to access, monitor, transcribe, copy or delete any messages left on the City voice mail system.
- B. Employees who receive voice mail messages on the City telephone system should access and review voice mail messages on a regular basis. They should also delete messages as soon as possible to avoid unnecessarily overtaxing the voice mail system.

4. Cellular Phones, Calling Cards, Pagers, Radios and Personal Data Devices:
 - A. The Information Services Department shall maintain a comprehensive inventory of all City-owned cellular phone, pagers, radios (and their numbers) and personal data devices (PDA's), and the users and departments to whom this equipment has been issued, and will periodically distribute this inventory to the Department/Division Heads. The Department/Division Head shall review this inventory, noting any changes that are necessary, indicate the reason for any missing items, certify that all items as amended on the inventory are in the possession of the Department/Division, and return it to Information Services.
 - B. The Information Services Department shall periodically review the cellular phone, pager, radio and PDA rates being charged to the City and determine the most cost-efficient rates available. In addition, the Information Services Department shall determine the appropriate type of cell phone, pager, radio and PDA to be assigned to employees based on frequency of use and cost.
 - D. Each Department/Division Head has the following responsibilities regarding issuance and use of cellular phones, calling cards, pagers, radios and PDA's within his/her department/division (these responsibilities may be delegated to a designee within the department/division):
 - (1) To determine which employees may be granted the privilege of using a City-owned cellular phone, calling card, pager, radio or PDA. The Department/Division Head shall also conduct an annual review of assignments of this equipment to ensure that the designated employees/users continue to demonstrate a need for the equipment they have been issued. Such equipment shall be assigned only to a limited number of employees who have a job-related need for such equipment. Changes in assignments of this equipment may be made by the Department/Division Head at any time for any reason.
 - (2) To ensure that employees within the department/division use such equipment appropriately and keep personal use of such equipment to a minimum.
 - (3) To ensure that employees within the department/division reimburse the City for personal use of such equipment. The Department/Division Head should circulate bills for such equipment to employees on a monthly basis, and ensure that all payments for personal usage is received within a reasonable time. The Department/Division Head should also review the bills and identify any irregularities or excessive personal usage of City equipment, and notify the employee/user to provide an explanation for his/her personal usage.
 - C. The Finance Department may periodically conduct audits of use of the City's telephone system, cellular phones, pagers, radios and PDA's.
 - E. All bills for City-owned cellular phones, pagers, radios, and PDA's should be submitted directly to the City. In no event shall such bills be addressed to any employee's residence except for private lines acquired by the employee. Employees receiving such bills at their residences are required to ensure that such bills are addressed to the City.

- H. Employees' Reimbursement for Personal Use of Telephones, Cellular Phones or Pagers
- (1) Personal use of City telephones, cellular phones or pagers should be infrequent and only done in cases of significant situations or actual emergencies. Such calls should be kept to a minimum both in length and number of calls made and received. Calls made by employees to notify their family that they must work overtime or have been called back to work are considered business calls for purposes of this policy.
 - (2) The City will only pay for cellular phone and pager costs incurred during the course of conducting City business. Employees are responsible for identifying and reimbursing the City for all personal use of cellular phones and pagers. The Information Services Department shall provide copies of the bills to the Department/Division Heads on a regular basis. The Department/Division Head will review the bills for appropriateness and accuracy, and then distribute the bills to each employee. Each employee shall review the bill and identify personal calls by annotating the calls on the bill and calculate the amount owed for the personal calls. The employee shall then write a check, payable to the City of Milpitas, for the amount owed for the personal calls and give the check, along with a copy of the annotated bill, to the Department Head or his/her designee. If the amount due is \$1.00 or less, the user is not required to provide reimbursement. Payment for personal calls is due within ten business days of the user's receipt of the bill. The Department/Division Head shall submit the bills along with the personal checks and annotated bill to Finance-Cashiering for processing. After dispersing copies of the bills to the Department/Division Heads, the Information Services Department shall submit the original bills promptly to Finance Division-Accounts Payable section for payment.
- I. Department/Division Heads may not approve their own cellular phone invoices. Such approval must be obtained from the Manager of their Department/Division.
- J. Department/Division Heads may, in their discretion, establish department policies which provide for more strict controls over employee use of cellular phones, calling cards, pagers, radios or PDA's than those set forth in this policy. In instances where such equipment is issued to Departments/Divisions and used by more than one employee within the Department/Division, the Department/Division Head may establish department policies for ensuring reimbursement for personal use of such equipment and minimizing any excessive use, either for business or personal use, of such equipment.
- K. City-owned cellular phones, approved for vehicular installation, must be used only in City vehicles, unless authorized by the Department/Division Head or City Manager. Only cellular phones acquired through City-administered contracts are to be installed in City vehicles.
- L. Employees are responsible for maintaining adequate physical protection for all equipment issued to them by the City. Employees shall promptly notify the Department/Division Head if any City-owned cellular phone, pager, radio or PDA is damaged or stolen.

M. Any such equipment purchased by the City is owned by the City and shall be returned to the City when an employee separates from service or when the need for such equipment no longer exists.

5. Use of Personal Cellular Telephone

A. Employees who are designated by their Department Head to receive a City issued cell phone, may for their own convenience and with Department Head approval utilize a personal cell phone instead of a City issued cell phone. The City will not reimburse the employee for usage as their personal cell phone is being used for their own convenience. Employees who require "push to talk" or other features unique to the City cellular network may not be eligible to use a personal phone.

B. When a personal cell phone is utilized, the employee has the responsibility to be available via that phone in the same manner as through a City issued phone.

C. If an employee wishes to use a personal phone, the usage acknowledgment and agreement provided below must be completed.

D. The employees cell phone number will be distributed and protected in the same manner as City issued phone numbers.

E. For those employees requiring access to e-mail via a handheld device, the City will make reasonable efforts to integrate the personal device with the City e-mail system. The City will not provide support for the actual personal handheld device.

F. The City bears no liability for loss or damages to personal cell phones utilized by employees.

G. Occasionally, employees who **do not** have a City-issued cellular phone or have not opted to use a personal phone in lieu of a City issued phone may need to use their personal cellular phone for critical City business. These calls are eligible for reimbursement by the City, provided no other option (i.e., pay phone, hotel phone or home phone) is available. Use of personal cellular phones is discouraged, due to the high cost of cellular phone usage versus standard phone usage. However, employees should consider the cost effectiveness of cellular phones versus other means, such as hotel phones, that may have a surcharge that far exceeds the cost of the use of the cellular phone.

a. Requests for reimbursement should be submitted on a Reimbursed Expenses form to the Finance Department. A copy of the monthly cellular phone bill, with business calls annotated, should be attached.

b. Employees who privately purchase cellular phones and/or pagers should not include the City as co-owner or co-lessee.

6. Violation of Policy

An employee's excessive personal or other inappropriate use of the City's telephone system, cellular phones, calling cards, pagers, radios or PDA's may result in loss of the privilege to use such systems or equipment. Failure to provide prompt and full reimbursement for personal calls may also result in loss of the privilege to use such City equipment. Violation of this policy may also result in disciplinary action.

APPROVED AS TO FORM: Michael J. Ogaz, City Attorney

APPROVED: Thomas C. Williams, City Manager

4.2/SOP

Personal Cell Phone Usage Acknowledgment and Agreement

I am requesting to use my personal cell phone in lieu of a City provided cell phone. I understand that I will not be entitled to reimbursement for the costs associated with my personal cell phone and agree to the provisions in SOP 04-02 related to use of personal cell phones.

Employee Name Printed

Employee Signature

Date Signed: _____

Department Head Approval

cc: Employee File

No. 6.2
Effective: 04-01-00
Rev. 04-01-00
07-01-08

CITY OF MILPITAS, CALIFORNIA
STANDARD OPERATING PROCEDURE

SUBJECT: USE OF CITY VEHICLES AND PRIVATELY-OWNED VEHICLES ON CITY BUSINESS

PURPOSE

The purpose of this Standard Operating Procedure ("SOP") is to establish City policies, guidelines and conditions for the use of City-owned and privately owned vehicles in connection with official City business. The City is dedicated to eliminating conditions that adversely affect the well being of employees and threaten the financial stability of the City through accidental losses. All City employees requiring the use of vehicles in connection with their official duties are expected to conform to the conditions set forth in this SOP. This SOP will also replace SOP 6.2.1 (Mileage Reimbursement Claims).

POLICIES

A. Use of Vehicles

1. No City vehicle will be assigned for the exclusive use of any employee or used by City employees for transportation to and from work without written approval of the City Manager or his/her designee.
2. The Department Head will evaluate, on an annual basis, the City business circumstances necessitating the assignment of a City vehicle for the exclusive use by any employee to ascertain whether this use is still warranted and shall report his or her findings to the City Manager.
3. It is the responsibility of the Fleet Maintenance Supervisor to maintain a current listing of the exclusive users of City vehicles and assure vehicles are made available for scheduled inspection and maintenance.
4. Any non-exclusive use of a City vehicle or use of an employee's privately owned vehicle must be authorized in advance by the Department Head or his/her designee. Use of a privately owned vehicle is allowed only after the Department Head or designee has determined that a City vehicle is unavailable or if a Blanket Authorization has been issued pursuant to Section G.
5. No employee will be permitted to operate a City vehicle without possession of a proper and valid driver's license as authorized by the California Vehicle Code.

Employees who have lost their driving privilege, or have been subjected to reduced use of the privilege, will immediately notify the Department or Division Head of said restriction. An employee who fails to report such license status and continues to operate a City vehicle shall be subject to disciplinary action, up to or including possible demotion or termination.

The Human Resources Department will update the validity of each required driver license through enrollment of all employees in the California Employer Notification Program (PULL). Employees who drive on City business are required to provide proof of automobile liability insurance to the Human Resources Department annually.

6. City vehicles can only be used solely for the purpose of carrying out official City business including standby assignments. Other authorized use is limited to the following:

- a) Driving a City vehicle to lunch or break or minor personal use en route to home if that vehicle is the employee's normal transportation to and from work. Use of a city provided vehicle for lunch or break shall be limited to within the Milpitas city limits.
 - b) Driving a City vehicle to lunch or break if that vehicle is assigned to the employee during his/her work schedule and the employee is en route to an authorized destination. Use of a City provided vehicle for lunch or break shall be limited to within the Milpitas City limits.
 - c) Transporting non-City employees in the case of authorized business; e.g., field checking a site with a contractor, engineer, vendor, or other interested party.
 - d) Attending an authorized meeting on official business (supervisor approval required).
 - e) Any use justified by emergency or extraordinary circumstances, which is reported to the employee's supervisor immediately following the emergency.
7. Unauthorized use of a City vehicle includes but is not limited to:
- a) Personal business (with exception of #6a above).
 - b) Use of City vehicles during lunch or work break (with exception of #6a and #6b above).
 - c) Transporting non-City employees, except in the case of authorized City business.
8. Employees who take vehicles home must not allow family members or others to operate the vehicle.
9. No poster, stickers or advertisements of any form shall be placed upon City vehicles without approval of the Department Head.
10. No City logo or equipment shall be removed from the City vehicles without approval of the Fleet Maintenance Supervisor. Removal of City logo or equipment shall be performed by the Fleet Maintenance employees only.
11. City vehicles shall be legally and appropriately operated and/or parked at all times. Employees who park vehicles at their place of residence should make every effort to park vehicles off the street and in a protected, secure location. Violations issued to the driver or parking violations will be the responsibility of the employee and not the City and must be immediately reported to his/her supervisor.
12. Use of a cellular telephone or any other electronic equipment can interfere with the safe operation of the vehicle. For this reason the use of cell phones in vehicles is restricted as outlined in the cell phone section D.
13. No employee shall operate a City vehicle unless that person and all passengers are restrained by safety belts, or unless specifically exempted by the California Vehicle Code.
14. Smoking is prohibited inside any City vehicles. The City has enacted an ordinance to prohibit smoking within 25 feet of any City owned or leased facilities which include City vehicles.
15. The employee using a City vehicle is responsible for reporting any mechanical or operating problems to the Fleet Maintenance Supervisor.

B. Financial Responsibility of the City and Employees in Connection with the Operation of Vehicles

1. City Vehicles:

- a) Employees who operate City vehicles within the scope of their employment are generally covered by the City's self-funded liability insurance, unless damage or injury is caused by the employee's actual fraud, corruption or malice.
- b) Employees who operate City vehicles outside the scope of their employment are not protected by the City's self-funded liability insurance, and may be subject to personal liability as well as to disciplinary action.

2. Privately Owned Vehicles:

- a) Employees who use their personal vehicles for City business are required to maintain automobile liability insurance in compliance with the California Insurance Code with minimum limits of \$100,000/\$300,000/\$50,000, and are not provided primary coverage by the City's self-funded liability insurance. The City offers no automobile liability coverage for the use of an employee's private owned vehicle except when such use is within the scope of the employee's employment and is sponsored and under the direct supervision of the City, and then only in excess to that insurance which the employee personally carries on his or her privately owned vehicle. Payments made to employees pursuant to Section E are intended to cover all costs, including insurance coverage, incurred in operation of the privately owned vehicle.
- b) Employee vehicles are required to be in a safe, working order, including operational turn signals and stop lights, seat belts, and other required automobile safety equipment.

3. Rental Vehicles: The necessity for a rental car must be established and authorized in advance by the Department Head or designee. Employees are required to obtain liability insurance coverage offered by the car rental company when renting vehicles for use on official City business.

C. Accident Reporting

1. If an employee becomes involved in an accident while operating a City vehicle, or a privately owned vehicle within the scope of employment, the law enforcement agency responsible for accident investigation should be called to the scene and an accident report requested from such authority. If specific and justifiable circumstances exist which make such reporting clearly impractical, the driver shall provide a written report of the accident to his or her supervisor at the earliest possible time clearly detailing the facts and circumstances relating to the accident occurrence, and damages to the City vehicle and other vehicle(s). If possible, the driver should take digital photos of the accident scene and physical damage to include with the written report.
2. The written report should include names, addresses, phone numbers, driver license numbers and insurance information of the parties involved, make, year and license number of the vehicle(s) as well as names, addresses and phone numbers of any witnesses. The employee should not discuss the accident with outside individuals, nor discuss or address fault at the scene of the accident.
3. A copy of the accident report shall be forwarded to the employee's supervisor, department manager, Human Resources (if employee injury occurred) City Attorney and the City's Risk Manager.

D. Use of Cell Phone or Electronic Devices in Vehicles

No employee will be permitted to use a cell phone or any other electronic devices when operating City vehicles or personal vehicles on City business. The following exceptions apply to drivers who are eighteen (18) or older:

1. Employee is a peace officer and the cell phone calls placed or received are directly related to their official duties as a peace officer.
2. Employee is using the cell phone to place an emergency call to a law enforcement agency or his/her emergency services agency. If possible, the employee should park in a safe location before making the call.
3. The cell phone is designed and configured to allow hands-free communication and is used in that manner while driving. Hands-free operation does not eliminate distractions. Employees must minimize the use of cell phones while in motion.

E. Reimbursement for Use of Privately Owned Vehicle

1. Employees who use their personal vehicles on City business are eligible to receive reimbursement at the mileage rate established by the Internal Revenue Service ("IRS").
2. Employees traveling directly from home to authorized destination on City business will be reimbursed for the distance between home and the destination or between work and the destination, whichever is less.
3. Reimbursement will be authorized only after the Department Head has determined in advance that use of a private vehicle on City business is the most economical and practical means of transportation. Blanket authorization pursuant to Section G is an alternative to this requirement.
4. All claims for mileage reimbursement shall be made by completing a Mileage Reimbursement Form, approved by the Department Head and submitted to the Finance Department.

F. Calculation of Compensation

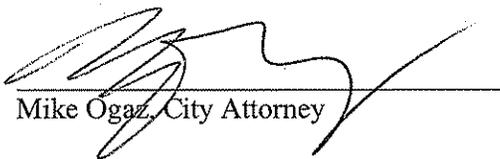
1. In general, the IRS regulations provide that the fair market value of that portion of an employee's free personal use (e.g. commuting) of an employer-provided vehicle is treated as taxable compensation. This policy provides for the City's compliance with the IRS Regulations and establishes guidelines for the calculation of taxable compensation for (1) Flat Rate Monthly Auto Allowance, (2) Mileage reimbursements and (3) the personal use of City vehicles. Any compensation calculated in accordance with this SOP which is deemed taxable under IRS regulations shall be reported on the employee's W-2 unless the vehicle is a qualified exempt vehicle. Qualified exempt vehicles are:
 - a) All those City vehicles which by reason of nature and design are not likely to be used for personal purposes.
 - b) Clearly marked Police or Fire vehicles that are required to be used for commuting by a Police Officer or Firefighter who, when not on regular shift, is on call at all times. Personal use other than commuting in responding to the emergency calls is prohibited.
 - c) Qualified Utility Repair Trucks designed and used to carry heavy tools, testing equipment or parts to respond directly to emergency restoration of utility services.

- d) Unmarked Law Enforcement Vehicles – Personal use by a Police Officer incidental to law enforcement functions, such as reporting directly from home to a stake out or to an emergency situation.
- 2. Mileage Reimbursement - Mileage reimbursements at the rate established by the IRS for the use of the employees' privately owned vehicles on City business shall not be treated as taxable or reportable compensation.
- 3. Personal use of City Vehicle - The City follows the \$1.50 per one way commute rule established by the IRS in calculating compensation accruing to employees who are assigned City vehicles that are not qualified exempt vehicles. The conditions for using the \$1.50 per one-way commute method are:
 - a) The city requires the employee to commute to work in an assigned City vehicle.
 - b) The City has a written policy which prohibits the employee the use of such vehicle for personal use other than commuting or minor personal use.
 - c) Adequate records have been kept to prove that the above conditions have been met.
 - d) The employee is not an elected official, the City Manager or a Department/Division Head.
- 4. Record Keeping – except for qualified exempt vehicles or vehicles used 100% for City business, detailed records must be kept showing the personal and business use of each City vehicle. It shall be the responsibility of the person who is assigned the City vehicle to maintain these records.

G. Blanket Authorization for Use of Private Vehicles

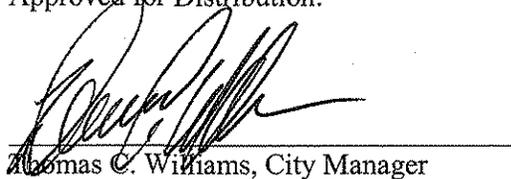
- 1. Notwithstanding any other provision of this Procedure, a Department Head may provide blanket authorization for any employee to use his or her own vehicle while in the scope of employment so long as the vehicle has been pre-approved as meeting the requirements set forth in Section B(2) of this Procedure by the City Risk Manager or designee.
- 2. Use of any private vehicle not meeting the requirements of Section B(2) is prohibited.

Approved as to Form:



Mike Ogaz, City Attorney

Approved for Distribution:



Thomas C. Williams, City Manager

6.2/SOP/Use of City Vehicles and Privately Owned Vehicles on City Business

CITY OF MILPITAS PROFESSIONAL APPEARANCE POLICY

INTENT: The intent of this policy is to ensure that City of Milpitas employees present themselves in a safe, professional, and hygienic manner while at work.

- POLICY:**
1. Employees shall maintain their attire, hairstyle, body art, hygiene and overall professional appearance in compliance with federal and state safety regulations and with City and department safety policies and procedures.
 2. Employees shall wear appropriate business attire while at work and/or while serving as a representative of the City of Milpitas. This means “business formal”, “business dress”, or a uniform approved by the Department Head. Uniforms are to be worn if provided by the City.
 - Examples of “business formal” include suits with blouses, dress shirts and ties, and business footwear.
 - Example of “business dress” include slacks/trousers, jackets, shirts, sweaters, skirts, blouses, dresses, and business footwear. Ties are preferred but not mandatory.
 - Examples of inappropriate attire at all times include flip-flops, T-shirts, shorts (non-uniform), sweatshirts, athletic apparel, athletic shoes, denim or blue jeans, sweat suits, polo shirts (non-uniform) and attire with words or images inappropriate for the workplace, or that create a perception of inappropriate product endorsement.
 3. There are two exceptions to the Business Attire requirement.
 - a. Employees performing physical labor or maintenance duties may with express prior permission by the Department Head, wear khaki style pants, short or long-sleeved T-shirts, sweatshirts, coveralls, and construction-style boots.
 - b. Employees working outdoors may wear City provided hats or caps to protect themselves from the weather.
 4. All attire must be clean and in good repair, with no noticeable holes or stains, and must fit reasonably well (i.e., not too loose or long, not too tight or short).
 5. Employees attending meetings or events with City dignitaries or other professional members of the public must wear “business formal” during such meetings. This includes all meetings and or events where you are representing the City of Milpitas whether at City facilities or at outside private or public places.
 6. Employees shall not display offensive, sexually suggestive, or gang-related body art.
 7. Employees shall maintain a neat and clean appearance and hygiene level as appropriate to the circumstances. This includes maintaining neat and clean clothing, hair, and personal effects, and performing daily personal hygiene.
 8. Employees who dress inappropriately will be 1) First Offense: given a verbal warning 2) Second Offense: written warning 3) Third Offense: subject to formal discipline. At any time the Department Head has the authority to send the employee home to change if dress is not appropriate.

MEMORANDUM

Department of Human Resources



To: All Employees
Through: Human Resources Director
From: Connie Hom, Human Resources Technician
Subject: Workers' Compensation for Pre-designation of Your Personal Physician

As of April 19, 2004, the California Legislature enacted Senate Bill 899. This bill has changed the rules for pre-designating a personal physician to provide treatment for injuries that occur on the job. As a result of this change in the law, all previous pre-designations of personal physicians are no longer valid.

Under the new law, all pre-designations of a personal physician must meet all of the following requirements found in Labor Code Section 4600(d)(1) which indicates:

1. The personal physician you select must be your "regular physician and/or surgeon" who has your medical record file and history. The physician has to have previously directed your medical treatment.
2. Your personal physician must be a medical doctor. You are no longer allowed to select a chiropractor or acupuncturist as your personal physician.
3. The personal physician you select must be a part of the City's medical plan or through your spousal coverage, if you selected the City's \$125 cash waiver.
4. The personal physician you select must agree to being pre-designated by you and comply with workers' compensation laws and reporting requirements.

If you wish to designate a personal physician to treat you in the event of a workers' compensation injury, please complete the new pre-designation form that is attached. The pre-designation form must be signed by you; and the Certification of Physician must be signed by your personal physician. You will need to return both forms to City of Milpitas Human Resources Department before an injury occurs, to be valid.

Please be advised that if you do not wish to pre-designate a treating physician, you must seek treatment at the City's designated facility for the first 30 days of your claim. In the event you have selected a new personal physician, but wish to seek treatment at the City's designated facility, you may do so. The City of Milpitas has designated Alliance Occupational Medicine, located at 315 South Abbott Street, Milpitas, CA 95035.

Please call Irene B. Silipin at (408) 586-3082 or Connie Hom at (408) 586-3087 if you have any questions or concerns.

Thank you.



City of Milpitas
Human Resources Department
455 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3090, FAX: (408) 586-3092 TDD # (408) 586-3013

PRE-INJURY PERSONAL PHYSICIAN PRE-DESIGNATION FOR WORK RELATED INJURIES

Employee Name: _____
Address: _____
City, State and ZIP Code: _____
Employer Name: _____ City of Milpitas _____
Address: _____ 455 E. Calaveras Blvd., Milpitas, CA 95035 _____
City or spouse's Health Insurance Name: _____
Address: _____
Telephone Number: _____
Medical Record/Group Number: _____

I understand the Workers' Compensation Laws of the State of California indicate that if I have notified my employer in writing prior to the date of injury that I have a personal physician, I shall have the right to be treated by such physician from the date of injury. As defined by law, a "personal physician" must be the employee's regular physician and/or surgeon who has your medical record file and history; must be the employee's primary care physician who has previously directed the medical treatment; must be a medical doctor and not a chiropractor or acupuncturist; must be a part of the employer's non-occupation group coverage and must agree to be pre-designated AND comply with workers' compensation laws and reporting requirements. If I am injured on the job, I would like to be treated by the physician whose information is provided below. I verify by signing below that the below physician meets the above legal requirements.

I understand that my employer requires me to contact the below physician who must sign the attached form to prove he agrees to treat me in the event of an injury on the job and also prove he will abide and adhere to Title 8, California Code of Regulations 9785, the Reporting Duties of the Primary Treating Physician and Labor Code 4610. I further understand that I am responsible for signing the below document and seeking agreement and signature of the attached document from my personal physician and I am to return all of the documents to my employer. If all of these steps do not occur, I am aware my pre-designation form is invalid. If my employer does not have this completed form prior to industrial injury, I will seek medical treatment with the employer's designated medical facility as noted on the posted notices regarding workers' compensation.

Even though I am designating a personal physician, I understand that my employer may require me to undergo medical examinations by other physicians at their request and expense.

Physician's Name: _____
Address: _____
City, State and Zip code: _____
Telephone Number: _____
Medical Specialty: _____

I understand that the filing of this form does not relieve me from my obligation to report all injuries immediately to my supervisor and to complete all required reporting forms. I certify that all of the above statements are true and correct to the best of my knowledge.

Employee Signature: _____
Employee Name (print): _____
Date of Request: _____



City of Milpitas
Human Resources Department
455 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3090, FAX: (408) 586-3092 TDD # (408) 586-3013

Date: _____

RE: Workers' Compensation Medical Treatment Certification

Dear Dr. _____:

The employee listed on the reverse side of this document has selected you as a pre-designated physician for work related injuries. For your convenience, the employer has provided a copy of the regulations required of a primary treating physician for treating a patient who is industrially injured. As such, please verify the following information.

CERTIFICATION OF PHYSICIAN

This is to certify I am the above patient's regular, primary care physician. I have treated him/her for non-work related medical problems and I maintain his/her medical records in my office.

I have read and agree with the Reporting Duties of the Primary Treating Physician, per California Code of Regulations, Title 8, Section 9785 that is attached to this document and agree to abide by the laws when treating this employee for work-related injuries or illnesses.

I acknowledge all requests for medical care will be governed by Labor Code 4610 outlining mandatory utilization review under the guidelines of the American College of Occupational and Environmental Medicine (ACOEM).

In addition, I **agree** to accept payment for medical treatment services provided in accordance with the California Official Medical Fee Schedule.

Physician's Signature: _____

Print Name: _____

Date: _____

OR

I **decline** the request to be his/her Treating Physician for work-related injuries.

Physician's Signature: _____

Print Name: _____

Date: _____

CALIFORNIA CODE OF REGULATIONS,
Title 8, Chapter 4.5. Division of Workers' Compensation
Subchapter 1. Administrative Director—Administrative Rules
Article 5. Transfer of Medical Treatment
Section §9785. Reporting Duties of the Primary Treating Physician

(a) For the purposes of this section, the following definitions apply:

(1) The "primary treating physician" is the physician who is primarily responsible for managing the care of an employee, and who has examined the employee at least once for the purpose of rendering or prescribing treatment and has monitored the effect of the treatment thereafter. The primary treating physician is the physician selected by the employer or the employee pursuant to Article 2 (commencing with section 4600) of Chapter 2 of Part 2 of Division 4 of the Labor Code, or under the contract or procedures applicable to a Health Care Organization certified under section 4600.5 of the Labor Code.

(2) A "secondary physician" is any physician other than the primary treating physician who examines or provides treatment to the employee, but is not primarily responsible for continuing management of the care of the employee.

(3) "Claims administrator" is a self-administered insurer providing security for the payment of compensation required by Divisions 4 and 4.5 of the Labor Code, a self-administered self-insured employer, or a third-party administrator for a self-insured employer, insurer, legally uninsured employer, or joint powers authority.

(4) "Medical determination" means, for the purpose of this section, a decision made by the primary treating physician regarding any and all medical issues necessary to determine the employee's eligibility for compensation. Such issues include but are not limited to the scope and extent of an employee's continuing medical treatment, the decision whether to release the employee from care, the point in time at which the employee has reached permanent and stationary status, and the necessity for future medical treatment.

(5) "Released from care" means a determination by the primary treating physician that the employee's condition has reached a permanent and stationary status with no need for continuing or future medical treatment.

(6) "Continuing medical treatment" is occurring or presently planned treatment that is reasonably required to cure or relieve the employee from the effects of the injury.

(7) "Future medical treatment" is treatment, which is anticipated at some time in the future and is reasonably required to cure or relieve the employee from the effects of the injury.

(8) "Permanent and stationary status" is the point in time, determined by the primary treating physician, when the employee has reached maximum medical improvement or his or her condition has been stationary for a reasonable period of time.

(b)(1) An employee shall have no more than one primary treating physician at a time.

(2) An employee may designate a new primary treating physician of his or her choice pursuant to Labor Code §§4600 or 4600.3 provided the primary treating physician has determined that there is a need for:

(A) continuing medical treatment; or

(B) future medical treatment. The employee may designate a new primary treating physician to render future medical treatment either prior to or at the time such treatment becomes necessary.

(3) If the employee disputes a medical determination made by the primary treating physician, including a determination that the employee should be released from care, the dispute shall be resolved under the applicable procedures set forth at Labor Code §§4061 and 4062. No other primary treating physician shall be designated by the employee unless and until the dispute is resolved.

(4) If the claims administrator disputes a medical determination made by the primary treating physician, the dispute shall be resolved under the applicable procedures set forth at Labor Code §§4061 and 4062. During the course of such procedures, and provided the primary treating physician has determined that there is a need for continuing or future treatment, the employee may designate a new primary treating physician of his or her choice pursuant to Labor Code §§4600 or 4600.3 to render treatment.

(c) The primary treating physician, or a physician designated by the primary treating physician, shall make reports to the claims administrator as required in this section. A primary treating physician has fulfilled his or her reporting duties under this section by sending one copy of a required report to the claims administrator. A claims administrator may designate any person or entity to be the recipient of its copy of the required report.

(d) The primary treating physician shall render opinions on all medical issues necessary to determine the employee's eligibility for compensation in the manner prescribed in subdivisions (e), (f) and (g) of this section. The primary treating physician may transmit reports to the claims administrator by mail or FAX or by any other means satisfactory to the claims administrator, including electronic transmission.

(d) The primary treating physician shall render opinions on all medical issues necessary to determine the employee's eligibility for compensation in the manner prescribed in subdivisions (e), (f) and (g) of this section. The primary treating physician may transmit reports to the claims administrator by mail or FAX or by any other means satisfactory to the claims administrator, including electronic transmission.

(e)(1) Within 5 working days following initial examination, a primary treating physician shall submit a written report to the claims administrator on the form entitled "Doctor's First Report of Occupational Injury or Illness," Form DLSR 5021. Emergency and urgent care physicians shall also submit a Form DLSR 5021 to the claims administrator following the initial visit to the treatment facility. On line 24 of the Doctor's First Report, or on the reverse side of the form, the physician shall (A) list methods, frequency, and duration of planned treatment(s), (B) specify planned consultations or referrals, surgery or hospitalization and (C) specify the type, frequency and duration of planned physical medicine services (e.g., physical therapy, manipulation, acupuncture).

(2) Each new primary treating physician shall submit a Form DLSR 5021 following the initial examination in accordance with subdivision (e)(1).

(3) Secondary physicians, physical therapists, and other health care providers to whom the employee is referred shall report to the primary treating physician in the manner required by the primary treating physician.

(4) The primary treating physician shall be responsible for obtaining all of the reports of secondary physicians and shall, unless good cause is shown, within 20 days of receipt of each report incorporate, or comment upon, the findings and opinions of the other physicians in the primary treating physician's report and submit all of the reports to the claims administrator.

(f) A primary treating physician shall, unless good cause is shown, within 20 days report to the claims administrator when any one or more of the following occurs:

(1) The employee's condition undergoes a previously unexpected significant change;

(2) There is any significant change in the treatment plan reported, including, but not limited to, (A) an extension of duration or frequency of treatment, (B) a new need for hospitalization or surgery, (C) a new need for referral to or consultation by another physician, (D) a change in methods of treatment or in required physical medicine services, or (E) a need for rental or purchase of durable medical equipment or orthotic devices;

(3) The employee's condition permits return to modified or regular work;

(4) The employee's condition requires him or her to leave work, or requires changes in work restrictions or modifications;

(5) The employee is released from care;

(6) The primary treating physician concludes that the employee's permanent disability precludes, or is likely to preclude, the employee from engaging in the employee's usual occupation or the occupation in which the employee was engaged at the time of the injury, as required pursuant to Labor Code Section 4636(b);

(7) The claims administrator reasonably requests appropriate additional information that is necessary to administer the claim. "Necessary" information is that which directly affects the provision of compensation benefits as defined in Labor Code Section 3207.

(8) When continuing medical treatment is provided, a progress report shall be made no later than forty-five days from the last report of any type under this section even if no event described in paragraphs (1) to (7) has occurred. If an examination has occurred, the report shall be signed and transmitted within 20 days of the examination.

Except for a response to a request for information made pursuant to subdivision (f)(7), reports required under this subdivision shall be submitted on the "Primary Treating Physician's Progress Report" form (Form PR-2) contained in Section 9785.2, or in the form of a narrative report. If a narrative report is used, it must be entitled "Primary Treating Physician's Progress Report" in bold-faced type, must indicate clearly the reason the report is being submitted, and must contain the same information using the same subject headings in the same order as Form PR-2. A response to a request for information made pursuant to subdivision (f)(7) may be made in letter format. A narrative report and a letter format response to a request for information must contain the same declaration under penalty of perjury that is set forth in the Form PR-2: "I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code §139.3."

By mutual agreement between the physician and the claims administrator, the physician may make reports in any manner and form.

(g) When the primary treating physician determines that the employee's condition is permanent and stationary, the physician shall, unless good cause is shown, report within 20 days from the date of examination any findings concerning the existence and extent of permanent impairment and limitations and any need for continuing and/or future medical care resulting from the injury. The information may be submitted on the "Primary Treating Physician's Permanent and Stationary Report" form (Form PR-3) contained in Section 9785.3, or using the instructions on the form entitled "Treating Physician's Determination of Medical Issues Form," Form IMC 81556, or in such other manner as provides all the information required by Title 8, California Code of Regulations, Section 10606. Qualified Medical Evaluators and Agreed Medical Evaluators may not use Form PR-3 to report medical-legal evaluations.

(h) Any controversies concerning this section shall be resolved pursuant to Labor Code Section 4603 or 4604, whichever is appropriate.

(i) Claims administrators shall reimburse primary treating physicians for their reports submitted pursuant to this section as required by the Official Medical Fee Schedule.

Access to Medical Care

Welcome to WellComp

Your employer has elected to provide you with the choice of a broad scope of medical services for work-related injuries and illnesses by implementing a Medical Provider Network (MPN), called WellComp. WellComp delivers quality medical care through your choice of a provider who is part of an exclusive network of healthcare providers, each of whom possess a deep understanding of the California workers' compensation system and the impact their decisions have on you. Your employer has received the approval from the State of California to cover your workers' compensation medical care needs through the WellComp Network. You are automatically covered by the WellComp Network if your date of injury or illness is on or after your employer's MPN implementation date and if you have not properly pre-designated a personal physician prior to your injury or illness.

In the event that you have an injury or illness, you may carry this pamphlet with you to present to your medical service provider for access to care.

This pamphlet is not required to receive medical services

■ Initial Care

In case of an emergency, you should call 911 or go to the closest emergency room.

In the event that you experience a work-related injury or illness, immediately notify your supervisor and obtain medical authorization from your employer to designate an initial care provider within the network. If you are unable to reach your supervisor or employer, please contact the patient services department at WellComp. For non-emergency services, the MPN must ensure that you are provided an appointment for initial treatment within 3 business days of your employer's or MPN receipt of request for treatment within the MPN.

■ Subsequent Care

If you still need treatment following your initial evaluation, you may be treated by a physician of your choice, or the initial physician may refer you to a medically and geographically appropriate specialist within the network who can provide the appropriate treatment for your injury or condition. Your employer is required to provide you with at least three physicians of each specialty expected to treat common injuries experienced by injured employees based on your occupation or industry. These physicians will be available within 30 minutes or 15 miles of your workplace or residence and specialists will be available within 60 minutes or 30 miles of your residence or workplace. For a directory of providers, please visit www.WellComp.com or call WellComp Patient Services.

■ Emergency Care

In an emergency, defined as a medical condition starting with the sudden onset of severe symptoms that without immediate medical attention could place your health in serious jeopardy, go to the nearest healthcare provider regardless of whether they are a WellComp participant. If your injury is work-related, advise your emergency care provider to contact WellComp to arrange for a transfer of your care to a WellComp provider at the medically appropriate time.

■ Hospital and Specialty Care

Your primary treating provider in the WellComp Network can make all of the necessary arrangements and referrals for specialists, inpatient hospital, outpatient surgery center services, and ancillary care services.

■ Choosing a Treating Physician

If you still require treatment after your initial evaluation with your employer's designated provider, you may access the WellComp Directory and select an appropriate physician of your choice who can provide the necessary treatment for your condition or illness. For assistance determining physician options, please contact the Medical Access Assistant in the WellComp Patient Services Department or discuss your options with your initial care provider.

■ Scheduling Appointments

If you are having difficulty scheduling an appointment with your initial provider or subsequent provider, please contact the Medical Access Assistant in the WellComp Patient Services Department or your Claims Examiner.

■ Changing Primary Treating Physician

If you find it necessary to change your treating physician and it is determined that you require ongoing medical care for your injury or illness, you may select a new physician from the WellComp Directory and schedule an appointment. Once your appointment is scheduled, immediately contact WellComp Patient Services who will then coordinate the transfer of your medical records to your new provider.

■ Obtaining a Specialist Referral

As long as you continue to require medical treatment for your injury or illness, there are alternatives for obtaining a referral to a specialist:

1. Your primary treating provider in the WellComp Network can make all of the necessary arrangements for referrals to a specialist. This referral will be made within the network or outside of the network if needed.
2. You may select an appropriate specialist by accessing the WellComp Directory.
3. You may contact your Medical Access Assistants in the WellComp Patient Services who can help coordinate necessary arrangements.

If your primary treating provider makes a referral to a type of specialist not included in the network, you may select a specialist from outside the network.

For non-emergency specialist services, the MPN must ensure that you are provided an appointment within 20 business days of your employer's or MPN receipt of a referral to a specialist within the MPN.

■ Continuity of Care

What if I am being treated by a WellComp doctor and the doctor leaves WellComp?

Your employer has a written "Continuity of Care" Policy that may allow you to continue treatment with your doctor if your doctor is no longer actively participating in WellComp.

If you are being treated for a work-related injury in the WellComp Network and your doctor no longer has a contract with WellComp, your doctor may be allowed to continue to treat you if your injury or illness meets one of the following conditions:

- **(Acute)** A medical condition that includes a sudden onset of symptoms that require prompt care and has a duration of less than 90 days.
- **(Serious or Chronic)** Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN contract termination date.

If any of the above conditions exist, WellComp may require your doctor to agree in writing to the same terms he or she agreed to when he or she was a provider in the WellComp Network. If the doctor does not, he or she may not be able to continue to treat you.

If the contract with your doctor was terminated or not renewed by WellComp for reasons relating to medical disciplinary cause or reason, fraud or criminal activity, you will not be allowed to complete treatment with that doctor. For a complete copy of the Continuity of Care policy in English or Spanish, please visit www.WellComp.com or call WellComp Patient Services.

■ Transfer of Ongoing Care

What if you are already being treated for a work-related injury before the WellComp Network begins?

Your employer has a "Transfer of Care" policy which describes what will happen if you are currently treating for a work-related injury with a physician who is not a member of the WellComp Network. If your current treating doctor is a member of WellComp, then you may continue to treat with this doctor and your treatment will be under WellComp. If your current treating physician is not a participating physician within WellComp and you have not yet been transferred into the MPN, your physician can make referrals to providers within or outside the MPN. Your current doctor may be allowed to become a member of WellComp.

You will not be transferred to a doctor in WellComp if your injury or illness meets any of the following conditions:

- **(Acute)** The treatment for your injury or illness will be completed in less than 90 days.
- **(Serious or Chronic)** Your injury or illness is one that is serious and continues without full cure or worsens over 90 days. You may be allowed to be treated by your current treating doctor for up to one year from the date of receipt of the notification that you have a serious chronic condition.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less. Treatment will be provided for the duration of the terminal illness.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN effective date.
- For a complete copy of the Transfer of Care policy in English or Spanish, please visit www.WellComp.com or call WellComp Patient Services.

■ Care Transfer Disputes

Notice of determination, from the employer or claims examiner, shall be sent to the covered employee's address and a copy of the letter shall be sent to the covered employee's primary treating physician. The notification shall be written in English and Spanish and use layperson's terms to the maximum extent possible. If WellComp is going to transfer your care and you disagree, you may ask your treating doctor for a report that addresses whether you are in one of the categories listed above. Your treating physician shall provide a report to you within twenty calendar days of the request. If the treating physician fails to issue the report, then you will be required to select a new provider from within the MPN. If either WellComp or you do not agree with your treating doctor's report, this dispute will be resolved according to Labor Code Section 4062. You must notify WellComp Patient Services Department if you disagree with this report.

If your treating doctor agrees that your condition does not meet one of those listed above, the transfer of care will go forward while you continue to disagree with the decision. If your treating doctor believes that your condition does meet one of those listed above, you may continue to treat with him or her until the dispute is resolved.

Second Opinion, Third Opinion and Independent Medical Review Process:

If you disagree with your doctor or do not like your doctor for any reason, you may always choose another doctor in the MPN.

■ Obtaining Second and Third Opinions

If you disagree with the diagnosis or treatment plan determined by your treating physician or your second opinion physician, and would like a second or third opinion, you must take the following steps:

- ✓ Notify your claims examiner who will provide you with a regional area listing of physicians and/or specialists within the WellComp Network who have the recognized expertise to evaluate or treat your injury or condition.
- ✓ Select a physician or specialist from the list.
- ✓ Within 60 days of receiving the list, schedule an appointment with your selected physician or specialist from the list provided by your claims examiner. Should you fail to schedule an appointment within 60 days, your right to seek another opinion will be waived.
- ✓ Inform your claims examiner of your selection and the appointment date so that we can ensure your medical records can be forwarded in advance of your appointment date. You may also request a copy of your medical records.
- ✓ You will be provided information and a request form regarding the Independent Medical Review (IMR) process at the time you select a third opinion physician. Information about the IMR process can be found in the MPN Employee Handbook.

If the Second/Third opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify your employer or insurer. You will get another list of MPN doctors or specialists so you can make another selection.

If the 2nd/3rd opinion doctor agrees with your need for a treatment or test, you may be allowed to receive that recommended treatment or test from a provider inside or outside the MPN, including the 2nd or 3rd opinion physician.

■ Obtaining an Independent Medical Review (IMR)

If you disagree with the diagnosis or treatment plan determined by the third opinion physician, you may file the completed MPN Independent Medical Review Application form with the Administrative Director of the Division of Workers' Compensation. You may contact your claims examiner or the WellComp Patient Services Department for information about the Independent Medical Review process and the form to request an Independent Medical Review.

If the second opinion, third opinion or IMR agrees with your treating doctor, you will need to continue to receive medical treatment with a network physician if MPN contains a physician who can provide the recommended treatment. If the IMR does not agree with your treating network physician, you will be allowed to receive that medical treatment from a provider either inside or outside of the WellComp Network.

Any physician chosen outside of the WellComp Network must be within reasonable geographic area. The treatment or diagnostic test is limited to the recommendation of the MPN/ IMR.

■ Treatment Outside of the Geographic Area

WellComp has providers throughout California. If a situation arises which takes you out of the coverage area, such as temporary work, travel for work, or living temporarily or permanently outside the MPN geographic service area, please contact the WellComp Patient Services Department, your claims examiner, or your primary treating provider, and they will provide you with a selection of at least 3 approved out-of-network providers from whom you can obtain treatment or get second and third opinions from the referred selection of physicians.

Covered Medical Services:

The following is a summary of Workers' Compensation medical services that are available to employees covered by the WellComp Network.

Primary treating and specialty services including consultations and referrals

Examples of primary treating or specialty providers include: general medical practitioners, chiropractors, dentists, orthopedists, surgeons, physiotherapists, internists, psychiatrists, cardiologists, neurologists.

Inpatient Hospital and Outpatient Surgery Center services

Examples of inpatient hospital and outpatient surgery center providers include: acute hospital services, general nursing care, operating room and related facilities, intensive care unit and services, diagnostic lab or x-ray services, necessary therapies.

Ancillary Care services

Examples of ancillary care providers include: diagnostic lab or x-ray services, physical medicine, occupational therapy, medical and surgical equipment, counseling, nursing, medically appropriate home care, medication.

Emergency services including outpatient and out-of area emergency care



WellComp Provider Directory

For more information about the MPN including access to a roster of all treating physicians in the MPN, go to www.WellComp.com where you can search by medical specialty, zip code, physician or provider group. For website assistance or to access a hard copy of the regional area listing and/or an electronic copy of the complete WellComp directory, please contact WellComp (your employer's designated medical provider network administrator):

WellComp Information

For questions about the use of MPN's or complaints The MPN contact is: Gale Chmidling, MPN Manager (800)544-8150

WellComp has individuals available to answer questions, provide website assistance, and generate provider listings. Medical Access Assistants are available to assist with finding an MPN physicians of your choice, including scheduling and confirming physician appointments. Assistants are available 7am to 8pm Pacific Standard Time, Monday through Saturday at the contact information below:

WellComp
Patient Services Department
P.O. Box 59914
Riverside, CA 92517
Toll Free (800) 544-8150
fax: (888) 620-6921 or
e-mail: info@WellComp.com



Employee Notification

This pamphlet contains important information on accessing the WellComp Medical Provider Network:

- ✓ Find out if you are covered
- ✓ Access medical care
- ✓ Learn about continuity of care
- ✓ Choose your own physician
- ✓ Transfer into the WellComp Network
- ✓ Contact WellComp

MPN Identification Number:

This pamphlet is available in Spanish. For a free copy, please contact WellComp Medical Provider Network.

Este folleto esta disponible en el Español. Para una copia gratis, favor de llamar a WellComp Medical Provider Network

The purpose of this pamphlet is to give employees a brief overview of procedures and benefits pertaining to work-related injuries. Workers' compensation is very complex, and as a result this pamphlet is not comprehensive and is not intended to be. Direct questions about procedures, claims or benefits to the Human Resources office or York Insurance Services Group, the City's third party administrator.

CLAIMS ADMINISTRATION

All workers' compensation claims are processed by the City's claims administrator, York. If you have questions about a claim, call the Human Resources Office at extension 3090 or contact a claims examiner directly at (209)320-0819.

INDUSTRIAL INJURY & ILLNESS

An injury is damage or harm resulting from a work-related accident or exposure.

An illness is a condition other than an injury caused by the work environment.

Non-Emergencies

Your employer has elected to provide you with the choice of a broad scope of medical services for work-related injuries and illnesses by implementing a Medical Provider Network (MPN), called WellComp. WellComp delivers quality medical care through your choice of a provider who is part of an exclusive network of healthcare providers, each of whom possess a deep understanding of the California workers' compensation system and the impact their decisions have on you.

You may receive care from one of these facilities or you may choose an Urgent Care facility within the network**

Alliance Occupational Medicine
315 South Abbott St.
Milpitas, CA 95035
408-790-2900

US Healthworks
1717 South Main St.
Milpitas, CA 95035

Kaiser On-the-Job
700 East Calaveras Blvd.
Milpitas, CA 95035
408-945-5801

**Note: Employees may select care from any Urgent Care facility within WellComp for initial medical services. However if choosing a facility outside of the above employer designated Urgent Care providers there is no guarantee of immediate services and a delay may impact your recovery.

Employees may continue to pre-designate physicians provided the pre-designation meets the requirements as established in the final regulations of 3/15/06. Human Resources will provide you with a form upon request.

For emergencies and before or after business hours services go to:

Regional Medical Center
225 N. Jackson Ave., San Jose
(408) 259-5000
24 Hours/7 Days

Pre-Authorization

Before designating a personal physician, make sure the personal physician is willing to treat a workers' comp injury. To pre-authorize a personal physician, complete an authorization form and return it to the Human Resources Office.

Only one primary treating physician can be designated. A primary physician may refer to specialists, if needed. Chiropractors may be designated a primary physician.

After treatment has begun for a workers' comp injury, any change in primary physicians, specialized treatment, or surgery must be pre-authorized by York.

Failure to use an authorized physician may result in denial of payment.

Emergencies

Employees requiring emergency treatment are to be taken to the nearest available emergency room. Emergency room personnel should be informed that the emergency is work-related and given third party administrators name and address.

York Insurance Services Group, Inc
P.O. Box 619079
Roseville, CA 95661
(209) 320-0819

INCIDENT REPORTING

Report any suspected industrial injury or illness to a supervisor **immediately**. The supervisor will complete a Supervisor's Report of Employee Injury and forward it to Human Resources. The injured worker will be issued an Employee's Claim for Workers' Compensation Benefits. The employee should complete the top portion, keep the pink copy and return the remaining copies to a supervisor. This form is required by state law.

LOST TIME

All time off from work, light duty, and release back to full duty **must be authorized in writing** by an authorized treating physician and reported to Human Resources.

QUESTIONED CLAIMS

If there is a question about whether a claim is work-related, York may issue a "delay". York then has 90 days to issue a final determination on the claim. During that period, any lost time will be charged to accrued sick leave and medical expenses directed to the employee's regular health insurance. If the claim is later accepted, leave balances will be credited accordingly and reimbursement made to the employee's health insurance plan.

MEMORANDUM

Department of Human Resources



To: _____
(Print Name)

From: Human Resources Department

Subject: Employee Code of Safe Practices

EMPLOYEE CODE OF SAFE PRACTICES

All Employees shall perform the following:

1. Comply with the IIPP.
2. Obey safety rules and established safe work practices.
3. Immediately correct unsafe conditions, if able to do so.
4. Immediately report unsafe conditions to a supervisor.
5. Immediately report all injuries to a supervisor.
6. Exercise caution in all work activities.
7. Use good housekeeping practices.
8. Know the location of all fire exits and extinguishers in your department.
9. Learn and adopt the ergonomic practices pertinent to your job duties.
10. Use all personal protective equipment.
11. Insure that all safety guards and other protective devices are in place before operating any equipment.
12. Insure that all tools and equipment are in good condition and in good working order.
13. When driving City vehicles, obey all traffic rules, speed limits; adjust driving style to weather conditions.
14. Know the location of Material Safety Data Sheet (MSDS) binders.

GENERAL PRACTICES

1. All employees will be trained on the proper use and maintenance of pertinent equipment and in the safe performance of her/his job duties.
2. Anyone known to be under the influence of drugs or intoxicating substances that impair the employee's ability to safely perform the assigned duties shall not be allowed on the job while in that condition.

GENERAL PRACTICES (Continued)

3. No one shall knowingly be permitted or required to work while the employee’s ability or alertness is so impaired by fatigue, illness, or other causes that it might unnecessarily expose the employee or others to injury.
4. Horseplay, scuffling, and other acts that tend to have an adverse influence on the safety or well being of the employees shall be prohibited.
5. Work shall be well planned and supervised to prevent injuries in the handling of materials and in working with equipment.
6. Employees shall not enter manholes, underground vaults, chambers, tanks, silos, or other similar places that receive little ventilation, unless it has been determined that it is safe to enter.
7. Employees shall be instructed to ensure that all guards and other protective devices are in proper places and adjusted, and shall report deficiencies promptly to a supervisor.
8. Workers shall not handle or tamper with any electrical equipment, machinery, or air or water lines in a manner not within the scope of their duties, unless they have received instructions from their supervisor.
9. When lifting heavy objects, the large muscles of the leg instead of the smaller muscles of the back shall be used.
10. Footwear with thin or badly worn soles shall not be worn in areas where protective footwear is required.
11. Materials, tools, or other objects shall not be thrown from buildings or structures until proper precautions are taken to protect others from the falling objects.

For further Health and Safety information, please consult with your supervisor and review the City of Milpitas Injury and Illness Prevention manual.

EMPLOYEE CODE OF SAFE PRACTICES – Acknowledgement

I have read the Employee Code of Safe Practices. I understand that I am to review the Code and if I require assistance in understanding the information or have questions or concerns, I should contact my immediate supervisor, or the Human Resources Department at 586-3090.

Signature: _____

Date: _____

HR Representative: _____

Date: _____

**CITY OF MILPITAS
INJURY AND ILLNESS PREVENTION PROGRAM
Employee Handbook**

Revised: April 2006

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INTRODUCTION

This Injury and Illness Prevention Program (IIPP) has been developed as the cornerstone of the City of Milpitas (the “City”) health and safety program, in an effort to provide our employees with a safe and healthful working environment. The purpose of this program is to ensure that we identify, evaluate, and correct occupational hazards or unsafe acts in the workplace before they result in employee illness or injury.

At the City of Milpitas, employees are our most important asset and their well being our greatest responsibility. The health and safety of every employee, as well as the public, must be primary in every business decision and plan.

A good safety record is evidence of effective management. The objectives of our health and safety programs are both humanitarian and economic. It is our policy to do everything reasonable to protect our employees, the public, and our property from the result of accidents.

The City of Milpitas health and safety program includes:

- Providing mechanical and physical safeguards to the maximum extent possible;
- Conducting health and safety inspections to find, eliminate, or control health and safety hazards, as well as unsafe working conditions and practices, and to comply fully with the health and safety standards of every job;
- Training all employees in good health and safety practices;
- Providing necessary personal protective equipment, and instructions for their use and care;
- Establishing a mechanism for employees to alert management or their supervisor of potential or existing hazards;
- Investigating accidents in a prompt and thorough manner to find the cause and, when possible, take action to reduce the likelihood of reoccurrence;
- Establishing and maintaining a system of recognition and awards for outstanding safety service or performance.

This procedure serves as the City’s written program for compliance with the requirements of an Injury and Illness Prevention Program as contained in Title 8 of the California Code of Regulations.

RESPONSIBILITIES

Program Administrator:

The Program Administrator, responsible for implementation and maintenance of this Injury and Illness Prevention Program (IIPP), for the City of Milpitas is:

Name: Emma Karlen, Chair & Carmen Valdez, Co- Chair

Title: Director of Financial Services & Acting Human Resources Director

Department: Finance & Human Resources

Address: 455 E. Calaveras Blvd., Milpitas, CA 95035

Telephone: (408) 586-3145 & (408) 586-3086

Facsimile: (408) 586-3174 & (408) 586-3092

Email: ekarlen@ci.milpitas.ca.gov & cvaldez@ci.milpitas.ca.gov

While all members of executive management team and the City Risk Management & Safety Committee, or designee are responsible for safety and health in the work place, the Program Administrators are directly responsible for the IIPP. The Program Administrators shall perform, or designate a designee to perform, the following:

- Establish policy;
- Review the IIPP on an annual basis and evaluate the results on a quarterly basis;
- Develop and maintain the IIPP Manual and its distribution;
- Maintain an occupational health and safety training program designed to instruct employees in general safe and healthy work practices, and with respect to hazards specific to each employee's job assignment.
- Provide active leadership by participation, example, and a demonstrated interest in the program;
- Act in an advisory capacity to City staff on matters relating to the IIPP and all safety programs;
- Investigate losses, accidents, and incidents;

- Compile and publish City safety statistics;
- Conduct and/or act as a liaison for Citywide safety training;
- Arrange for periodic safety inspections or review of City operations and facilities by the Risk Management & Safety Committee, or designated members and ensure implementation of corrective action indicated;
- Inform employees of safety standards and enforce safety rules;
- Initiate and evaluate safety programs;
- Ensure that all accidents are reported, investigated, and acted upon;
- Chair the Citywide Risk Management & Safety Committee.

The City is committed to maintaining a safe and healthful workplace, in compliance with all Federal, State, and local laws. We recognize that the responsibilities for safety and health are shared.

To meet this commitment, the City will maintain a health and safety program conforming to the best practices in local government. To be successful, such a program must embody proper attitudes toward injury and illness prevention on the part of supervisors and employees. It also requires cooperation in all health and safety matters, not only between supervisor and employee, but also between each employee and her/his co-workers. Only through such a cooperative effort can a safety program, in the best interest of all, be established and preserved.

Managers and Supervisors:

All Managers and Supervisors are responsible for implementing and maintaining the IIPP in their work areas and for answering worker questions about the IIPP. A copy of this IIPP is available from each manager and supervisor.

Management accepts the responsibilities for leadership of the health and safety program, for its effectiveness and improvement, and for providing the safeguards required to ensure safe conditions.

Supervisors are responsible for demonstrating compliance with all aspects of the health and safety program, ensuring that all operations are performed with the utmost regard for the health and safety of all personnel involved, and ensuring that all employees are properly trained on existing and new equipment and practices.

Managers and Supervisors shall perform the following:

- Keep informed about safety and health regulations affecting the operations that they supervise.
- Insure that each employee completes her/his work tasks safely.
- Insure that machines and equipment are maintained in a safe operating condition.
- Insure that employees follow all safety and health regulations and practices.
- Investigate accidents and near misses that may occur, identify the corrective action, and submit Safety Hazard Report and Supervisor's Report of Employee Injury forms to the Finance Department and/or the Human Resources Department.
- Immediately report any unsafe or unhealthy condition to the Department Head and the Finance Director and/or Human Resources Director.
- Develop and maintain a Material Safety Data Sheet (MSDS) binder for each applicable area and ensure that employees know how to locate and use the information.
- Develop and maintain a Job Safety Analysis (JSA) binder for each area and ensure that employees know how to locate and use the information.
- Recommend or appoint Department / Division representatives to the Risk Management & Safety Committee.

Employees:

Employees are responsible for complying with all aspects of the health and safety program, including compliance with all rules and regulations, continuously practicing safety while performing their duties, and alerting management of hazards at the worksite.

All Employees shall perform the following:

- Comply with the IIPP.
- Obey safety rules and established safe work practices.
- Immediately correct unsafe conditions, if able to do so.
- Immediately report unsafe conditions to a supervisor.
- Immediately report all injuries to a supervisor.
- Exercise caution in all work activities.

- Use good housekeeping practices.
- Learn and adopt the ergonomic practices pertinent to your job duties.
- Know the location of all Fire Exits and extinguishers in your Department.
- Use all personal protective equipment.
- Insure that all safety guards and other protective devices are in place before operating any equipment.
- Insure that all tools and equipment are in good condition and in good working order.
- When driving City vehicles, obey all traffic rules and speed limits; adjust driving style to weather conditions.
- Know the location of Material Safety Data Sheet (MSDS) binders.

City Risk Management & Safety Committee:

The City Risk Management & Safety Committee accepts responsibility for primary coordination of Health and Safety Program activities. The City Risk Management & Safety Committee, or designee shall perform the following:

- Recommend safety objectives and policies for the City and its Departments.
- Conduct annual safety inspections of all City facilities.
- Review accident reports and make recommendations for corrective action.
- Review reports and recommendations from employees on health and safety issues.
- Identify health and safety training needs and make recommendations.
- Provide leadership and assistance to Departmental Safety Committees.
- Review Departmental safety programs for adequacy.
- Hold meetings at least quarterly.

Appendix A – City Risk Management & Safety Committee - describes the appointees, frequency of meetings and responsibilities of the City Risk Management & Safety Committee.

COMPLIANCE

Senior Management is responsible for ensuring that all health and safety policies and procedures are clearly communicated and understood by all employees. Managers and supervisors are expected to enforce the rules fairly and uniformly.

All employees are responsible for using safe work practices, for following all directives, policies, and procedures, and for assisting in maintaining a safe work environment.

The City's system of ensuring that all workers comply with the rules and maintain a safe work environment includes:

- Informing workers of the provisions of the City's IIPP;
- Evaluating the safety performance of all workers;
- Recognizing employees who perform safe and healthful work practices;
- Providing training to workers whose safety performance is deficient;
- Disciplining workers for failure to comply with safe and healthful work practices; and
- Correcting unsafe conditions and work practices.

Appendix B - Employee Code of Safe Practices - provides the City's Code of Safe Practices for all employees.

COMMUNICATION

The City recognizes that open, two-way communication between management and staff on health and safety issues is essential to an injury-free, productive workplace. The following system of communication is designed to facilitate a continuous flow of health and safety information between management and staff, in a form that is readily understandable and consists of the following items:

- New worker orientation (employees, contractors, and volunteers) including a discussion of health and safety policies and procedures and Employee Code of Safe Practices;
- Review of the City's Injury and Illness Prevention Program (IIPP);
- Workplace health and safety training programs;
- Regularly scheduled safety meetings for Departments and the City Risk Management & Safety Committee;
- Effective communication of health and safety concerns between workers and supervisors, including translation where appropriate;
- Posted or distributed safety information;
- A system for workers to anonymously inform management about workplace hazards;
- A Risk Management & Safety Committee that meets regularly, prepares written records of the health and safety committee meetings, reviews results of the periodic scheduled inspections, reviews investigations of accidents and exposures, makes suggestions to Management for the prevention of future incidents, reviews investigations of alleged hazardous conditions, and submits recommendations to the Program Administrators to assist in the evaluation of employee safety suggestions.
- All Departments shall dedicate time in their regular staff meetings to discuss safety concerns applicable to their operations. Such discussions are to be conducted at least quarterly. The Fire, Police, and Public Works Departments shall each maintain a Departmental Safety Committee.

The following notices are to be posted in all workplaces:

- CAL/OSHA Safety and Health on the Job
- City Provided Industrial Injury Care Provider
- Employee Assistance Program

- Occupational Health and Safety Bulletins

The Finance and Human Resources Department shall each keep a master Material Safety Data Sheet (MSDS) binder. The Fire, Police, and Public Works Departments must keep binders that contain MSDS for each chemical on their respective sites and provide the sheets to both the Finance and Human Resources. Additional binders should be kept at every City site where chemicals are used or stored, with a MSDS for each.

HAZARD ASSESSMENT

Inspections to identify and evaluate workplace hazards shall be performed periodically by the City Risk Management & Safety Committee. Periodic inspections are performed according to the following schedule:

- Annually
- When new substances, processes, procedures, or equipment, which present potential new hazards, are introduced into the workplace;
- When new, previously unidentified hazards are recognized;
- When occupational injuries and illnesses occur;
- When regular or temporary workers are hired and/or reassigned to processes, operations, or tasks for which a hazard evaluation has not been previously conducted; and
- Whenever workplace conditions warrant an inspection.

Periodic inspections consist of identification and evaluation of workplace hazards utilizing applicable sections of the Hazard Inspection Checklist and any other effective methods to identify and evaluate workplace hazards.

REPORTING HAZARDS

All employees are required to report any unsafe or hazardous conditions to their Supervisors. A hazard that creates an immediate danger shall be reported promptly to the Supervisor. Employees wishing to report a hazard that does not create an immediate danger should inform their supervisor and submit a "**Safety Hazard Report Form**". Copies of the Safety Hazard Report form should be sent to the Finance and Human Resources and the immediate supervisor. The employee should state the nature of the hazard, the location, and any details of the possible danger involved.

ACCIDENT AND EXPOSURE INVESTIGATIONS

Procedures for investigating workplace accidents and hazardous substance exposures include:

- Visiting the accident scene as soon as possible.
- Interviewing injured workers and witnesses.
- Examining the workplace for factors associated with the accident/exposure.
- Determining the cause of the accident/exposure.
- Taking corrective action to prevent the accident/exposure from recurring.
- Recording the findings and corrective actions taken.

HAZARD CORRECTION

Elimination of hazards before there is an accident is the primary goal of the Injury and Illness Prevention Program (IIPP). Unsafe or unhealthy work conditions, practices, or procedures shall be corrected in a timely manner, based on the severity of the hazards. Any hazard that cannot be corrected immediately should be brought to the attention of the Department Head for solution or further guidance. Hazards will be corrected according to the following procedures:

- When observed or discovered;
- When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, all exposed workers will be removed from the area except those necessary to correct the existing condition. Workers necessary to correct the hazardous condition shall be provided with the necessary protection; and
- All such actions taken and dates they are completed shall be documented on the appropriate forms.

All records of hazards, including the Safety Hazard Report Form, shall be distributed to the Department Head and the City Risk Management & Safety Committee. The City Risk Management & Safety Committee shall be responsible for follow-up on the action taken to correct the hazard. The City Risk Management & Safety Committee will keep a record of reported hazards and any corrective actions taken.

TRAINING AND INSTRUCTION

All workers, including managers and supervisors, shall have training and instruction on general and job-specific health and safety practices. Training and instruction shall be provided as follows:

- When the IIPP is revised;
- To all new hired employees;
- To all workers given new job assignments for which training has not been previously provided;
- Whenever new substances, processes, procedures, or equipment are introduced to the workplace and represent a new hazard;
- Whenever the City is made aware of a new or previously unrecognized hazard;
- To supervisors, to familiarize them with the health and safety hazards to which workers under their immediate direction and control may be exposed; and
- To all workers, with respect to hazards specific to each employee's job assignment.

Workplace health and safety practices include, but are not limited to, the following:

- Explanation of the IIPP, emergency action plan, fire prevention plan, and measures for reporting any unsafe conditions, work practices, injuries, and when additional instruction is needed.
- Use of appropriate clothing, including gloves, footwear, and personal protective equipment.
- Information about chemical hazards to which employees could be exposed.
- Availability of toilet, hand-washing, and drinking water facilities.
- Provisions for medical services and first aid, including emergency procedures.

In addition, specific instructions shall be provided to all workers regarding hazards unique to their job assignment.

RECORD KEEPING

The Program Administrators shall keep the following records for a period of three years:

- Records of hazard assessment inspections, including the name of the person conducting the inspection, the unsafe conditions and work practices that have been identified, and the action taken to correct the identified unsafe conditions and work practices.
- Documentation of health and safety training for each worker, including name and employee number (where applicable), training dates, types of training, training provider, and grading/scoring, if applicable.

Record keeping forms (Accident Investigation Report, Hazard Inspection Checklists, Hazard Assessment and Correction Record, and Worker Training Record) are included as appendices.

RISK MANAGEMENT & SAFETY COMMITTEE

The City is committed to maintaining a safe and healthful workplace, in compliance with all Federal, State, and local laws. To meet this commitment, the City will maintain a health and safety program conforming to the best practices in local government. The City Risk Management & Safety Committee accepts responsibility for primary coordination of Health and Safety Program activities. In addition, Department Safety Committees will continue to function in the Fire, Police, and Public Works departments.

City Risk Management & Safety Committee

The City Risk Management & Safety Committee will be comprised of representatives from the following Departments:

- ◆ Building
- ◆ City Clerk
- ◆ Engineering
- ◆ Finance
- ◆ Fire
- ◆ Human Resources
- ◆ Information Services
- ◆ Planning
- ◆ Police
- ◆ Public Works
- ◆ Recreation

The chairs of the City Risk Management & Safety Committee is the Program Administrators or their designee. The Committee Chairs are responsible for scheduling and coordinating meetings.

The Committee may include as many ad-hoc members as it deems necessary. The City Risk Management & Safety Committee will meet at least quarterly, and as directed by the Program Administrators.

The purpose of the Committee is to serve as the primary coordinator of Health and Safety Program activities for the City of Milpitas.

The City Risk Management & Safety Committee shall perform the following:

- Recommend safety objectives and policies for the City and its Departments.
- Conduct annual safety inspections of all City facilities.
- Review accident reports and make recommendations for corrective action.
- Review reports and recommendations from employees on health and safety issues.

- Identify health and safety training needs and make recommendations.
- Provide leadership and assistance to Departmental Safety Committees.
- Review Departmental safety programs for adequacy.
- Hold meetings at least quarterly.

Departmental Health and Safety Committees

All Departments shall dedicate time in their regular staff meetings to discuss safety concerns applicable to their operations. Such discussions are to be conducted at least quarterly. The Fire, Police, and Public Works Departments shall each maintain a Departmental Safety Committee.

The Departmental Health and Safety Committee shall perform the following minimum requirements:

- Provide leadership for Departmental safety programs.
- Assist in promoting the objectives of the City's Injury and Illness Prevention Program.
- Conduct at least quarterly Departmental Safety Committee meetings.
- Conduct periodic inspections to identify and evaluate worksite hazards.
- Conduct periodic accident report reviews and develop an annual training calendar to evaluate and instruct employees in safe equipment use and healthy work practices.
- Recommend training guidelines and identify program resources.
- Encourage and regularly communicate with employees regarding health and safety matters.
- Motivate others to adopt safe work attitudes and practices.
- Maintain safety training records and provide an annual report of activities and accomplishments to the City Risk Management & Safety Committee.
- Organize a recognition program to identify safe work practices, worksite safety improvements, and employee training.

Record Keeping

Records of hazard and safety inspections are to be developed by each Departmental Safety Committee and tailored to meet their specific needs. Inspection records are to be submitted to

the City Risk Management & Safety Committee and kept on file by the Finance and Human Resources Departments.

Inspection Records must include the area of inspection, date, names of those conducting the inspection, areas/issues reviewed, findings, and corrective actions taken. The City Hazard Inspection Checklist can be used or the department can create a checklist tailored to their needs.

EMPLOYEE CODE OF SAFE PRACTICES

All Employees shall perform the following:

1. Comply with the IIPP.
2. Obey safety rules and established safe work practices.
3. Immediately correct unsafe conditions, if able to do so.
4. Immediately report unsafe conditions to a supervisor.
5. Immediately report all injuries to a supervisor.
6. Exercise caution in all work activities.
7. Use good housekeeping practices.
8. Know the location of all fire exits and extinguishers in your department.
9. Learn and adopt the ergonomic practices pertinent to your job duties.
10. Use all personal protective equipment.
11. Insure that all safety guards and other protective devices are in place before operating any equipment.
12. Insure that all tools and equipment are in good condition and in good working order.
13. When driving City vehicles, obey all traffic rules, speed limits; adjust driving style to weather conditions.
14. Know the location of Material Safety Data Sheet (MSDS) binders.

GENERAL PRACTICES

1. All employees will be trained on the proper use and maintenance of pertinent equipment and in the safe performance of her/his job duties.
2. Anyone known to be under the influence of drugs or intoxicating substances that impair the employee's ability to safely perform the assigned duties shall not be allowed on the job while in that condition.
3. No one shall knowingly be permitted or required to work while the employee's ability or alertness is so impaired by fatigue, illness, or other causes that it might unnecessarily expose the employee or others to injury.

4. Horseplay, scuffling, and other acts that tend to have an adverse influence on the safety or well being of the employees shall be prohibited.
5. Work shall be well planned and supervised to prevent injuries in the handling of materials and in working with equipment.
6. Employees shall not enter manholes, underground vaults, chambers, tanks, silos, or other similar places that receive little ventilation, unless it has been determined that it is safe to enter.
7. Employees shall be instructed to ensure that all guards and other protective devices are in proper places and adjusted, and shall report deficiencies promptly to a supervisor.
8. Workers shall not handle or tamper with any electrical equipment, machinery, or air or water lines in a manner not within the scope of their duties, unless they have received instructions from their supervisor.
9. When lifting heavy objects, the large muscles of the leg instead of the smaller muscles of the back shall be used.
10. Footwear with thin or badly worn soles shall not be worn in areas where protective footwear is required.
11. Materials, tools, or other objects shall not be thrown from buildings or structures until proper precautions are taken to protect others from the falling objects.

For further Health and Safety information, please consult with your supervisor and review the City of Milpitas Injury and Illness Prevention manual.

EMPLOYEE CODE OF SAFE PRACTICES – Acknowledgement

I have read the Employee Code of Safe Practices. I understand that I am to review the Code and if I require assistance in understanding the information or have questions or concerns, I should contact my immediate supervisor, or the Human Resources Department at 586-3090.

Name: _____

(Please print)

Signature: _____

Date: _____

HR Representative: _____

Date: _____

PAYCHECK*

A **paycheck*** is traditionally a paper document issued by an employer to pay an employee for services rendered. Recently, the physical paycheck has been increasingly replaced by electronic direct deposit.

NAME: Doe, John Q. SSN: 123-45-6789				EMP # 9900 DEPT # 1 399				CHECK # 123456 CHECK DATE 02/10/06							
LEAVE ACCRUAL DATE: 08/14/00						PERIOD END DATE: 02/04/06									
HOURS				EARNINGS				EMPLOYEE DEDUCTIONS				EMPLOYER PAID			
DESC	CURRENT	CURRENT	YTD	DESC	CURRENT	YTD	CURRENT	YTD	CURRENT	YTD	CURRENT	YTD			
REG	77.00	3556.87	8176.17	FIT	437.92	1459.00									
VAC	3.00	138.58	1662.93	SIT	129.86	425.90									
SICK			138.58	MEDI	54.09	170.77			54.09			170.77			
HOL			1108.62	PERS	295.64	893.25			559.57			1690.69			
VC			508.12	PEREF								1154.54			
DCPAY		34.62	103.86	PERSS					.93			2.79			
RREG			79.20	ER-DC	175.00	525.00									
				ER-DC	34.62	103.86									
				MNGT		31.00									
				Visn								17.40			
TOTALS	80.00	3730.07	11777.48	TOTALS	1127.13	3608.78	614.59	3038.19							
FEDERAL TAXABLE WAGES				NET PAY				FEDERAL TAX STATUS				EXEMPTIONS			
3224.81				2602.94				M				1			
STATE TAX STATUS				FEDERAL TAX STATUS				EXEMPTIONS				EXEMPTIONS			
M				M				1				1			
LEAVE								LEAVE							
DESC	BEG	EARNED	TAKEN	END	DESC	BEG	EARNED	TAKEN	END						
VAC	265.46	6.46	3.00	268.92	SICK	255.80	3.69		259.49						
FH	8.00			8.00											

City of Milpitas 495 E. Calaveras Blvd. Milpitas, California 95035 (408) 586-3121		No. 123456
DIRECT DEPOSIT NOTICE		02/10/06 ***2602.94 *
MOREMONEY BANK BANK OF MONEYLEND	\$\$\$500.00 \$*2102.94	
John Q. Doe 3999 Anywhere Drive Hereiam, AT 54321		

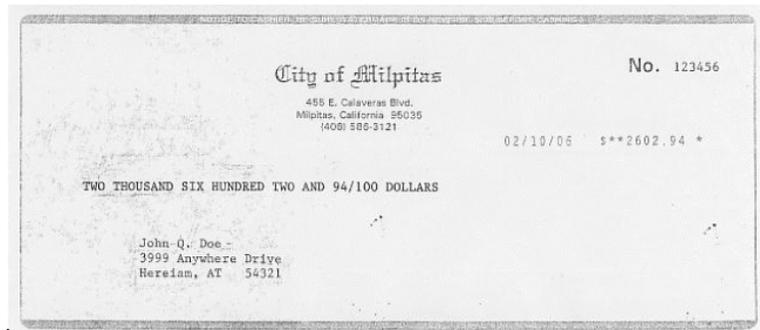
Note: * The system uses the term “paycheck” to describe information about your pay regardless of whether you have direct deposit or receive a paper check.

OVERVIEW:

The City of Milpitas processes its payroll on a bi-weekly basis (every two weeks). The payroll period starts Sunday of the first week and ends on Saturday of the second week. Each employee completes and submits a weekly timecard to their Department Head for signature. Signed timecards are forwarded to the Payroll Section of the Accounting Services Division, Finance Department for payroll processing. Payroll process is on the week following the end of the pay period (payroll week). Paychecks are distributed to the department/employees on Thursday after 3:00PM of the payroll week.

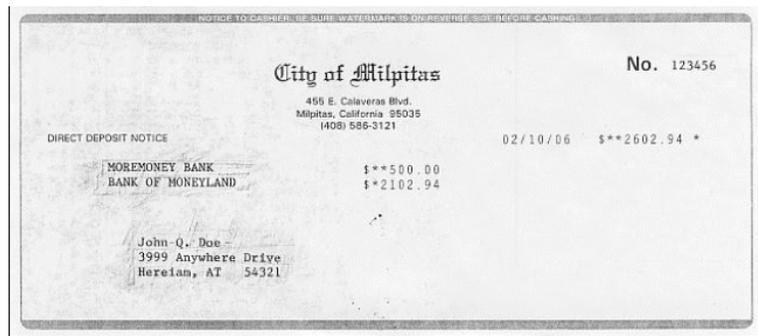
The paycheck is composed of two parts, as follows:

1. **Check or Direct Deposit Notice** – has the payee’s (employee) name and address, check number, issuance date, and net amount of the employee’s pay during the current pay period. Paycheck should not be taken to the bank before the check date.
 - Check – issued to an employee who did not elect to have their pay deposited directly to their account. This is the negotiable instrument that is taken to a bank to pay the amount specified from the city’s funds to the employee’s bank account upon deposit.



OR

- Direct Deposit Notice – issued to an employee who elected to have their pay deposited directly to their account. It shows the bank name(s) of the account(s) and amount of direct deposit to each account according to their election. This is for informational use only and is **NOT A NEGOTIABLE INSTRUMENT.**



For more details on signing up for Direct Deposit, please call our Payroll staff.

2. **Pay Stub** – has the general payroll information. This is the part of the paycheck that details the gross income and all statutory, voluntary and involuntary deductions. These deductions are taken out of the gross amount to arrive at the final net amount of the pay. The pay stub shows the employee’s income tax filing status and number of allowances (*basis of income tax withholdings*) claimed according to their Federal form W-4 and State EDD form DE4 elections. Employee’s accruals, usage and balance of vacation time, sick leave, and floating holiday (if applicable or if accrued) are reported here. The pay stub contains the employer paid benefits information also.

NAME: Doe, John Q.		EMP # 9900		CHECK # 123456					
SSN: 123-45-6789		DEPT # 1 399		CHECK DATE 02/10/06					
LEAVE ACCRUAL DATE: 08/14/00			PERIOD END DATE: 02/04/06						
DESC	HOURS		EARNINGS		EMPLOYEE DEDUCTIONS		EMPLOYER PAID		
	CURRENT	CURRENT	YTD	DESC	CURRENT	YTD	CURRENT	YTD	
REG	77.00	3556.87	8176.17	FIT	437.92	1459.00			
VAC	3.00	138.58	1662.93	SIT	129.86	425.90			
SICK			138.58	MEDI	54.09	170.77	54.09	170.77	
HOL			1108.62	PERS	295.64	893.25	559.57	1690.69	
VC			508.12	BENEF				1154.54	
DCPAY		34.62	103.86	PERSS			.93	2.79	
RREG			79.20	EE-DC	175.00	525.00			
				ER-DC	34.62	103.86			
				MMGHT		31.00			
				Visn				17.40	
TOTALS	80.00	3730.07	11777.48	TOTALS	1127.13	3608.78	614.59	3036.19	
FEDERAL TAXABLE WAGES		3224.81	10255.37	NET PAY			2602.94	8168.70	
STATE TAX STATUS	H	EXEMPTIONS	1	FEDERAL TAX STATUS	H	EXEMPTIONS	1		
DESC	LEAVE				DESC	LEAVE			
	BEG	EARNED	TAKEN	END		BEG	EARNED	TAKEN	END
VAC	265.46	6.46	3.00	268.92	SICK	255.80	3.69		259.49
FH	8.00			8.00					

Please keep this part of the paycheck for future references.

EXPLANATION OF ALL FIELDS IN THE PAY STUB:

The pay stub is composed of four (4) sections, namely:

- A) General Information Section**
- B) Earnings Section**
- C) Employee's Deductions and Employer Paid Benefits Section**
- D) Tax Information and Time Bank Section**

A) General Information Section:

NAME: Doe, John Q.	EMP # 9900	CHECK # 123456
SSN: 123-45-6789	DEPT # 1 399	CHECK DATE 02/10/06
LEAVE ACCRUAL DATE: 08/14/00		PERIOD END DATE: 02/04/06

The fields in this section are explained as follows:

NAME: Employee's name

EMP #: City of Milpitas employee's key identifier also known as employee number

CHECK #: Payroll system assigned number to each paycheck

SSN: Employee's social security number. **Check the accuracy for tax purposes.**

DEPT #: Employee's department and function numbers.

CHECK DATE: Date on which the paycheck was issued and funds are available.

LEAVE ACCRUAL DATE: Date an employee started accruing (earning/saving) Sick Leave and Vacation Leave

PERIOD END DATE: Payroll period ending date

B) Earnings Section:

Earnings section displays earning codes, hours, and amounts for all wage payments and wage adjustments that have been processed during the current calendar year. Earning code "LWOP", Leave without Pay, transactions will list the number of the hours but are not included in the payment.

DESC	HOURS	EARNINGS	
	CURRENT	CURRENT	YTD
REG	77.00	3556.87	8176.17
VAC	3.00	138.58	1662.93
SICK			138.58
HOL			1108.62
VC			508.12
DCPAY		34.62	103.86
RREG			79.20
TOTALS	80.00	3730.07	11777.48
FEDERAL TAXABLE WAGES		3224.81	10255.37

The Earnings Section covers the column contents and entry lines, as follows:

DESC – contains abbreviated earning description also called earning code. Most common earning codes showing in this section are as follows:

- **REG** – Regular Pay
- **O/T** – Overtime Pay
- **CE** – Compensatory Time Earned
- **VAC** – Vacation Taken
- **SICK** – Sick Leave Taken
- **FSICK** – Family Sick Leave Taken
- **CU** – Compensatory Time Used
- **LWOP** – Leave Without Pay
- **HOL** – Holiday Pay
- **FH** – Floating Holiday Taken
- **VC** – Vacation Cash out
- **SC** – Sick Leave Cash out

- *CC – Compensatory Time Cash out*
- *Hwavr – Health Waiver Pay*
- *DCPAY – City’s contribution towards deferred compensation 457 plan. See deduction code ER-DC for associated deduction.*
- *RREG – Retro active payment of regular pay*
- *R O/T – Retro active payment of overtime pay*

For details of other earning codes showing in this section of the pay stub, call our Payroll staff.

HOURS CURRENT- contains number of hours processed for each earning code during the current pay period. *When necessary, adjustments for the previous pay periods made during the current pay period will appear in this column.*

EARNINGS Current – dollar amount of earning for each code paid during the current pay period. *When necessary, adjustments for the previous pay periods made during the current pay period will appear in this column.*

EARNINGS YTD – cumulative dollar amount of earning for each code paid from the beginning of the calendar year to the current pay period (Year to Date).

The “**TOTALS**” line is the summation (GROSS) of each column in the Earnings Section of the pay stub. Note: Total hours processed during the current pay period may include Leave without Pay (LWOP), and/or adjustments.

*The Earnings Section may include the value of **Taxable Benefits** for tax purposes only. These benefits are subject to Federal and State withholdings and Medicare. Examples of taxable benefits include (but are not limited to) personal use of city provided vehicle (VEHIC), domestic partner benefit (DmPtn) and taxable gift certificate (TxGC). **Deduct the value from the totals (gross) when computing for net pay.***

The “**FEDERAL TAXABLE WAGES**” line contains gross amount of wages after all non-taxable deductions are taken. The amount in the first column is wages for the current pay period. The amount in the second column is wages from the beginning of the calendar year to the current pay period (Year to Date).

C) Employee's Deductions and Employer Paid Benefits Section:

This section includes employee's deductions, employer paid benefits on behalf of the employee, and the net payment amounts.

DESC	EMPLOYEE DEDUCTIONS		EMPLOYER PAID	
	CURRENT	YTD	CURRENT	YTD
FIT	437.92	1459.00		
SIT	129.86	425.90		
MEDI	54.09	170.77	54.09	170.77
PERS	295.64	893.25	559.57	1690.69
BENEF				1154.54
PERSS			.93	2.79
EE-DC	175.00	525.00		
ER-DC	34.62	103.86		
MMGHT		31.00		
Vision				17.40
TOTALS	1127.13	3608.78	614.59	3036.19
NET PAY			2602.94	8168.70

EMPLOYEE DEDUCTIONS may contain the following types of deductions:

- a) **Statutory** – required by either Federal or State statute, such as federal or state income tax, medicare, and employee's contribution to the city's retirement system (PERS or PARS).
- b) **Voluntary** – the employee has elected to be deducted from their pay, such as health, life, and dental insurance, tax deferred elections, union dues, and charitable contributions.
- c) **Involuntary** – ordered by a court of law to be deducted, such as child support and garnishments.

EMPLOYER PAID benefits are contributions by the City of Milpitas on behalf of the employee. Benefits include (but are not limited to) City's retirement system (PERS or PARS), health, life, dental, and vision insurance, and medicare. This information has no impact on your pay but to show the benefit cost paid by the City of Milpitas for the employee.

The columns contents and entry lines of the Employee's Deductions and Employer Paid Benefits Section are as follows:

DESC – contains abbreviated deduction and employer paid benefit descriptions also called deduction and benefit codes. Most common deduction and benefit codes showing in this section are as follows:

- **FIT** – Federal Income Tax Withholding

- *AddFT* – Additional Federal Income Tax Withholding as elected by employee
- *SIT* – State Income Tax Withholding
- *AddST* – Additional State Income Tax Withholding as elected by employee
- *MEDI* – Employee’s contribution to Federal Medicare. The City’s contribution is stated under the Employer Paid columns.
- *PERS* – Employee’s contribution to the city’s retirement system, PERS. The city’s contribution is stated under the Employer Paid columns.
- *PARS* – contribution to the city’s retirement system, PARS, for employees not eligible to participate in PERS.
- *EE-DC* – Employee’s election to a deferred compensation plan 457
- *ER-DC* – deduction of the city’s contribution towards deferred compensation plan 457. See earning code DCPAY for the city’s contribution.
- *IAFF* – union dues of employee in the IAFF bargaining unit
- *MEA* – union dues of employee in the MEA bargaining unit
- *MSA* – union dues of employee in the MSA bargaining unit
- *MPOA* – union dues of employee in the MPOA bargaining unit
- *PTECH* – union dues of employee in the PROTECH bargaining unit
- *MMGMT* – union dues of employee in the LIUNA 270 bargaining unit
- *UNITE* – charitable contributions to United Fund
- *ARTSC* – charitable contributions to Arts Council of Santa Clara County
- *ATTI* – child support or wage garnishment as ordered by a court of law
- *SLIFE* – Supplemental Life Insurance – CIGNA
- *BShld* – employee’s share of health insurance coverage – Blue Shield Medical
- *BENEF*- employer paid benefits such as health, life, and dental insurance coverage.
- *PERSS*- employer paid survivor benefit.
- *Visn* – employer paid vision insurance coverage.

For details of other deduction or benefit codes showing in this section of the pay stub, call our Payroll staff.

EMPLOYEE DEDUCTIONS CURRENT – dollar amount deducted from the earnings for each code during the current pay period.

EMPLOYEE DEDUCTIONS YTD – cumulative dollar amount of deductions for each code from the beginning of the calendar year to the current pay period (Year to Date).

EMPLOYER PAID CURRENT – employer paid benefits for each code during the current pay period.

EMPLOYER PAID YTD – cumulative employer paid benefits for each code from the beginning of the calendar year to the current pay period (Year to Date).

The “**TOTALS**” line is the summation of each column in the Employee’s Deductions and Employer Paid Benefits Section of the paycheck.

The “**NET PAY**” line contains the dollar amount left after all deductions and withholdings are taken. The amount in the first column is the net pay during the current pay period. The amount in the second column is the accumulation of net payments from the beginning of the calendar year to the current pay period (Year to Date).

D) Tax Information and Time Bank Section:

STATE TAX STATUS M					FEDERAL TAX STATUS M				
EXEMPTIONS I					EXEMPTIONS I				
LEAVE					LEAVE				
DESC	BEG	EARNED	TAKEN	END	DESC	BEG	EARNED	TAKEN	END
VAC	265.46	6.46	3.00	268.92	SICK	255.80	3.69		259.49
FH	8.00			8.00					

This section shows the employee’s income tax filing status and number of allowances/exemptions (*basis of income tax withholdings*) claimed according to their Federal form W-4 and State EDD form DE4 elections. It shows information of the employee’s accruals, usage and balance of vacation time, sick leave, and floating holiday (Time Banks).

Occasionally, payroll or human resource information/announcement will appear in this section.

For questions or more information relating to payroll issues, please see or call:

Payroll Section of the Accounting Services Division in the Finance Department
 455 East Calaveras Boulevard, Third Floor, Milpitas, California 95035
 Telephone Numbers (408) 586 – 3135 or (408) 586 - 3121

CITY OF MILPITAS

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

New Change Delete

Bank Name _____

Account Type: Checking or Savings **Net Pay** or **Amount:** _____

Transit/ABA Number **Account Number**

New Change Delete

Bank Name _____

Account Type: Checking or Savings Remaining \$ or Amount: _____

Transit/ABA Number Account Number

New Change Delete

Bank Name _____

Account Type: Checking or Savings Remaining \$ or Amount: _____

Transit/ABA Number Account Number

New Change Delete

Bank Name _____

Account Type: Checking or Savings Remaining \$ or Amount: _____

Transit/ABA Number Account Number

New Change Delete

Bank Name _____

Account Type: Checking or Savings Remaining \$ or Amount: _____

Transit/ABA Number Account Number

I hereby authorize the City of Milpitas to initiate deposits and, if necessary, correcting entries to the account(s) listed above. This authority is to remain in effect until I revoke it by giving written notice one full pay period prior to the effective change, or upon termination of my employment.

Last Name: _____ First Name: _____ Emp # _____
please print *please print*

Contact Phone Number: _____ **Last 4 digits of SSN#**

Signature: _____ Date: _____

FINANCE USE ONLY:

Rec'd: _____ Entered: _____ Tested: _____ DD Effective: _____

(See Reverse for Instructions)

INSTRUCTIONS

- 1 - You may have up to 5 direct deposits to either checking or savings accounts.
- 2 - For a checking account, please attach a voided blank check.
- 3 - For a savings account, you must contact your bank for the transit number and account # format.
- 4 - All information must be completed - an incomplete form cannot be processed and will be returned.
- 5 - Allow two full pay periods prior to the first automatic deposit and any changes or deletions.

2016 Pay Periods

Fiscal Year	PAYROLL PERIOD			PayDay
	No.	Begin	End	
16	1	Dec 27, 2015	Jan 09, 2016	Jan 15, 2016
16	2	Jan 10, 2016	Jan 23, 2016	Jan 29, 2016
16	3	Jan 24, 2016	Feb 06, 2016	Feb 12, 2016
16	4	Feb 07, 2016	Feb 20, 2016	Feb 26, 2016
16	5	Feb 21, 2016	Mar 05, 2016	Mar 11, 2016
16	6	Mar 06, 2016	Mar 19, 2016	Mar 25, 2016
16	7	Mar 20, 2016	Apr 02, 2016	Apr 08, 2016
16	8	Apr 03, 2016	Apr 16, 2016	Apr 22, 2016
16	9	Apr 17, 2016	Apr 30, 2016	May 06, 2016
16	10	May 01, 2016	May 14, 2016	May 20, 2016
16	11	May 15, 2016	May 28, 2016	Jun 03, 2016
16	12	May 29, 2016	Jun 11, 2016	Jun 17, 2016
16	13	Jun 12, 2016	Jun 25, 2016	Jul 01, 2016
17	14	Jun 26, 2016	Jul 09, 2016	Jul 15, 2016
17	15	Jul 10, 2016	Jul 23, 2016	Jul 29, 2016
17	16	Jul 24, 2016	Aug 06, 2016	Aug 12, 2016
17	17	Aug 07, 2016	Aug 20, 2016	Aug 26, 2016
17	18	Aug 21, 2016	Sep 03, 2016	Sep 09, 2016
17	19	Sep 04, 2016	Sep 17, 2016	Sep 23, 2016
17	20	Sep 18, 2016	Oct 01, 2016	Oct 07, 2016
17	21	Oct 02, 2016	Oct 15, 2016	Oct 21, 2016
17	22	Oct 16, 2016	Oct 29, 2016	Nov 04, 2016
17	23	Oct 30, 2016	Nov 12, 2016	Nov 18, 2016
17	24	Nov 13, 2016	Nov 26, 2016	Dec 02, 2016
17	25	Nov 27, 2016	Dec 10, 2016	Dec 16, 2016
17	26	Dec 11, 2016	Dec 24, 2016	Dec 30, 2016

New Employee Resource Guide

Human Resources:

View your employee schedule and access multiple employee tools and forms at: <http://portal/mymilpitas/> and <http://portal/mymilpitas/HUMANRESOURCES.aspx>.

Contact Human Resources at (408) 586-3090 if there is any change in your name, marital status, address, phone number or emergency contact information.

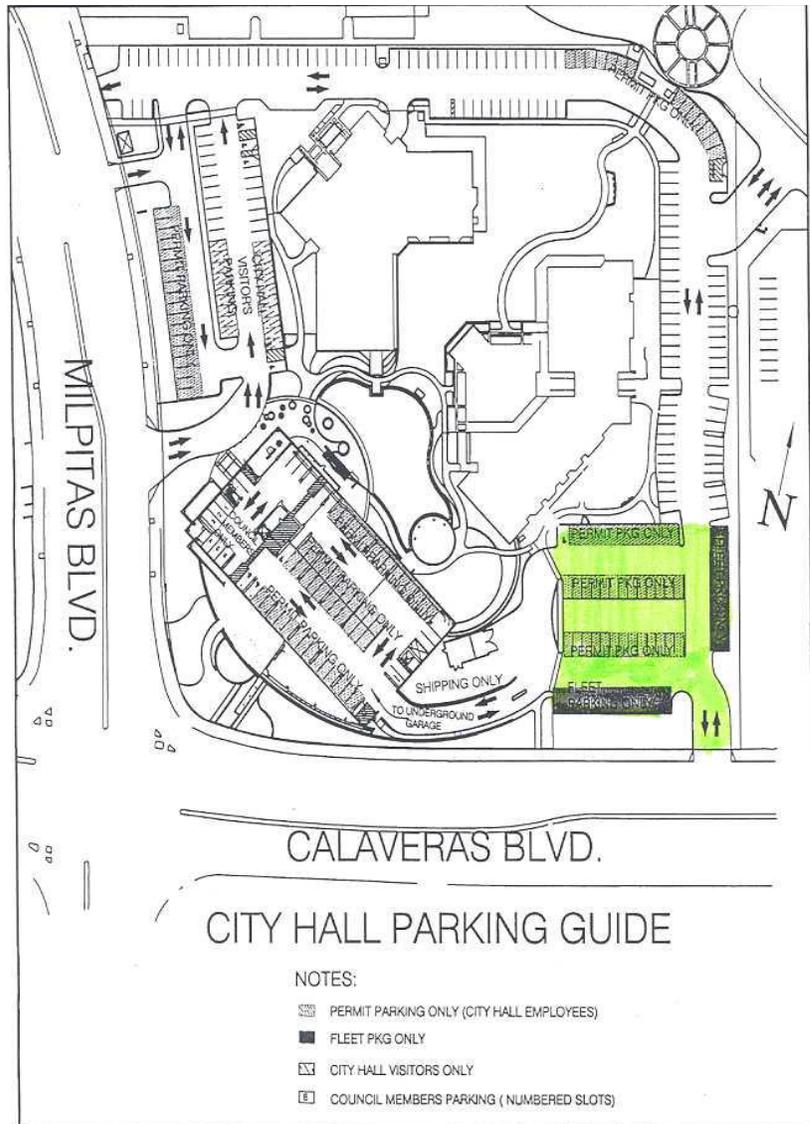
Parking

City Hall parking is available to city employees and the public. ONLY city employees are allowed to park in Permit Parking. Parking permits are NOT required. City Hall's underground parking can be accessed through the entrance on Calaveras Blvd. ID badge is required to enter. DO NOT park in a numbered parking area. Numbered parking spaces are reserved for City Council Members and the Mayor.

Senior Center

Senior Center

The Senior Center is open to employees 50 years of age and older. Programs and activities include classes, trips, socials and weekday lunch programs. Two game rooms, three class rooms, art room, exercise/dance room, and a fitness center are also available. For any questions, contact the Senior Center at (408) 586-3400.



Sports Center

The Sports Center is open to all city employees. Check-in with your ID badge. First time members need to complete a registration form. The Sports Center is located at 1325 E. Calaveras Blvd. Call (408) 586-3225 for more information on fitness classes.

T.R.I.P. (Transportation Reduction Incentive Program)

The City of Milpitas offers to all full time permanent and temporary employees, cash incentives or transit subsidy for employees who use a commute alternative at least 40% of the month. Commute alternatives include transit, carpool/vanpool, bicycling or walking to work. The incentives are as follows:

Commute Alternative	Amount per month
Carpool/Vanpool	\$20*
Bicycling	\$10*
Walking	\$10*
Valley Transportation Authority (VTA) Transit (Bus or Light Rail)	Adult - \$70 Commuter Check Youth < 18 yrs - \$45 Commuter Check Senior 65+ - \$25 Commuter Check
ACE, BART, Caltrain, Amtrak	Up to \$100 Commuter Check

*Cash incentive is dispersed monthly with paycheck. For more information, contact Cindy Hom at (408) 586-3284 or e-mail chom2@ci.milpitas.ca.gov.

Pay Periods

There are 26 pay periods/year and timecards must be submitted weekly. Your supervisor will explain how to fill out your timecard. After receiving your first paycheck, verify that the following items are correct: 1) your name, 2) your address and 3) your social security number. Contact Human Resources at (408) 586-3090 to correct any information.

*Access and print out paystubs online at: <http://chrono/stub/>

Credit Union

Main Branch
Common Wealth Credit Union
1651 First St.
PO Box 641690
San Jose, CA 95164-1690

* A credit union branch is located behind Wells Fargo on N. Milpitas Blvd. and Calaveras Blvd.

I.S. Helpdesk (setup, desk, phone, drives, etc.)

The I.S. Helpdesk assists Milpitas employees with everyday technical issues. These can range from creating accounts, accessing information, helping new employees set up phones, fixing a broken printer, and answering questions on how to convert files to different formats. They can be reached at (408) 586-2700.