

WALNUT VALLEY WATER DISTRICT  
271 South Brea Canyon Road  
Walnut, California 91789

SPECIAL BOARD MEETING  
THURSDAY, September 23, 2021 – 4:00 P.M.  
AGENDA

Pursuant to the provisions of Executive Order N-08-21 Issued by Governor Gavin Newsom on June 11, 2021, any Board member and any member of the public who desires to participate in the open session items of this meeting may do so by accessing the Webex link below without otherwise complying with the Brown Act's teleconference requirements:

<https://walnutvalley.webex.com/join/bmeeting>  
(Computer and Telephone Audio Accessible)

Any member of the public wishing to make any comments to the Board may do so by accessing the above-referenced link where they may select the option to join via webcam or teleconference. The meeting Chair will acknowledge such individual(s) at the appropriate time in the meeting prior to making his or her comment. **Members of the public will be disconnected from the meeting prior to a Closed Session being held.**

***NOTE: To comply with the Americans with Disabilities Act, if you need special assistance to participate in any Board meeting, please contact the General Manager's office at least 4 hours prior to a Board meeting to inform the District of your needs and to determine if accommodation is feasible.***

***Each item on the agenda shall be deemed to include any appropriate motion, resolution, or ordinance, to take action on any item.***

***Materials related to an item on this agenda submitted after distribution of the agenda packet are available for public review during regular business hours at the District office, located at 271 S. Brea Canyon Road, Walnut, California.***

1. Flag Salute
  2. Roll Call: Mr. Hayakawa \_\_\_ Mr. Hilden \_\_\_ Ms. Kwong \_\_\_ Ms. Lee \_\_\_ Mr. Tang \_\_\_
  3. Public Comment President Kwong  
The Presiding Officer may impose reasonable limitations on public comments to assure an orderly and timely meeting.
    - A. **Agenda Items** - Any person desiring to address the Board of Directors on any Agenda item may do so at the time the item is considered on the Agenda by requesting the privilege of doing so at this time and stating the Agenda item to be addressed. At the time the item is discussed, those requesting to speak will be called to do so.
    - B. **Non-Agenda Items** - At this time the public shall have an opportunity to comment on any non-agenda item relevant to the jurisdiction of the District. Reasonable time limits on each topic and on each speaker are imposed in accordance with Board policy.
  4. Personnel Policy Amendments
    - A. Discussion
    - B. Board Action
  5. Other
- Adjournment

# WVWD – Staff Report



**TO:** Board of Directors  
**FROM:** General Manager  
**SUBMITTED BY:** Director of Administrative Services  
**DATE:** September 23, 2021  
**SUBJECT:** Personnel Policy Amendments

Action/Discussion     
  Fiscal Impact     
  Resolution     
  Information Only

## Recommendation

That the Board adopt the proposed personnel policy amendments as drafted by District staff and reviewed by labor counsel.

## Background

In an effort to ensure that the District’s personnel policies remain in compliance with state and federal labor laws, staff has reviewed all personnel policies and updated all to ensure they are consistent with legislative changes that may have been adopted. New policies have also been drafted based on current labor laws.

Staff recently submitted copies of the personnel policies to District Labor Counsel for a detailed review. The following is a list of the new and amended policies proposed by District staff and reviewed by Labor Counsel:

| Description                                                            | Date Last Adopted /Amended |
|------------------------------------------------------------------------|----------------------------|
| <b>Personnel</b>                                                       |                            |
| 9/80 Work Schedule                                                     | Dec-20                     |
| Attendance and Punctuality Policy                                      | Jun-18                     |
| <b>Bereavement Leave Policy</b>                                        | <b>NEW</b>                 |
| Cellular Telephone and Other Similar Personal Electronic Device Policy | Jun-18                     |
| Computer Use Policy                                                    | Aug-16                     |
| <b>Crime Victim Leave Policy</b>                                       | <b>NEW</b>                 |
| <b>Domestic Violence Leave Policy</b>                                  | <b>NEW</b>                 |
| Electronic Tracking Technology Policy                                  | Oct-15                     |
| <b>Employee Personal Computer Purchase Plan</b>                        | Feb-09                     |
| Employee Privacy Policy                                                | Mar-07                     |
| <del>Employee Purchase Program Policy and Guidelines (OBSOLETE)</del>  | Feb-12                     |
| Employee Standard of Conduct Policy                                    | Dec-11                     |
| <b>Employment of Relatives</b>                                         | <b>NEW</b>                 |
| Family Care and Medical Leave Policy                                   | Feb-12                     |
| Fitness for Duty/Medical Examination Policy                            | Feb-12                     |
| Judicial Leave Policy                                                  | Feb-12                     |

|                                                                                  |            |
|----------------------------------------------------------------------------------|------------|
| Lactation Policy                                                                 | Jun-05     |
| <b>Limitations on Political Activity</b>                                         | <b>NEW</b> |
| <b>Organ Donation Leave Policy</b>                                               | <b>NEW</b> |
| Outside Employment Policy                                                        | Feb-12     |
| Personnel File Access Policy                                                     | Nov-09     |
| Policy Against Substance Abuse in the Workplace DOT Drug and Alcohol Program     | Nov-17     |
| Policy and Compliant Procedure Against Harassment, Discrimination, & Retaliation | Jun-18     |
| <b>Pregnancy Disability Leave</b>                                                | <b>NEW</b> |
| Reasonable Accommodation Policy                                                  | Feb-12     |
| Return to Work Program                                                           | Feb-12     |
| Smoking Policy                                                                   | Feb-12     |
| Social Media Policy                                                              | Jun-13     |
| Uniform and Dress Code Policy                                                    | Dec-20     |
| Use of Leave for Children's School Activities                                    | Feb-12     |
| <b>Voting Leave Policy</b>                                                       | <b>NEW</b> |
| Weapons Policy                                                                   | Jun-05     |
| Workplace Violence Policy                                                        | Jun-13     |

If the proposed policies are adopted by the Board of Directors, they will be distributed to, and reviewed with, all of the employees.

*Attachments:*  
*Proposed Personnel Policies*

# WALNUT VALLEY WATER DISTRICT

## 9/80 WORK SCHEDULE

### 1. PURPOSE:

To set forth the ~~Walnut Valley Water~~ District's policy and procedures governing the establishment and administration of an alternate work schedule commonly referred to as "9/80." ~~To better serve the public,~~ District offices are to be open for an additional hour Monday through Thursday. All offices will maintain coverage every Friday with staffing as determined by the Department Head and approved by the General Manager/designee. The terms of this policy are incorporated into the Terms and Conditions of Employment.

### 2. POLICY:

The District may offer employees the 9/80 alternate work schedule. The 9/80 work schedule is not an entitlement. The 9/80 work schedule will not be provided at the expense of service to the public and must not adversely affect the District's ability to provide coverage or maintain service levels. ~~Accordingly,~~

- 2.1 District offices will be open Monday through Friday for customer service with the exception of District holidays; and
- 2.2 Department Heads will create and maintain a work schedule that provides service Monday through Friday with the exception of District holidays.

### 3. DEFINITIONS:

- 3.1 "9/80 workweek" shall mean a ~~compressed workweek comprised of a~~ work schedule which allows employees to work 80 straight-time hours per pay period over a nine day period.
- 3.2 The 9/80 alternate work schedule will consist of eight (8) work days of nine (9) hours each and one work day of eight (8) hours for a total of eighty (80) hours during two (2) consecutive work weeks. Employees will receive one day off the same day of the week that employees are scheduled to work eight (8) hours in the alternate week. Under the 9/80 schedule, employees will work 44 hours one week (four 9 hour days and one 8-hour day) and 36 hours the other week (four 9-hour days and one day off).
- 3.3 The 9/80 work week begins on the employee's 8-hour day, exactly four (4) hours after the scheduled start time, and ends ~~seven days, or 168 hours later~~ exactly three (3) hours and fifty-nine (59) minutes after the scheduled start time on the same day the following week, or the workweek starts at 11:00 am on the employee's eight-hour workday and ends at 10:59 am seven (7) days later.
- 3.4 Regular Day Off: The Regular Day Off (RDO) will be the day seven days after the day the employee was scheduled to work ~~an~~ eight (8) hours day. Employees working the 9/80 work schedule cannot move their RDO.

### 3.5 Pay Period:

a. For all personnel working the 9/80, the District's pay period will begin at 11:00 am on Friday and will end at 10:59 am two weeks later.

a.b. For all other personnel, the pay period will begin at 12:00 am on Saturday and end at 11:59 pm on Friday two weeks later.

## 4. **PROCEDURES – Working RDO:**

4.1—If an employee is required to work on his or her RDO, which may include training or attendance at conferences, or if the RDO falls on a designated District holiday, the employee may be entitled to another day off during the same pay period or permitted to bank their holiday hours pursuant to District needs and at the discretion of the employee's Department Head and/or the General Manager/designee.

## 5. **PROCEDURES – Holidays, Personal Time Off, and Jury Duty:**

5.1 For holiday pay, if the holiday falls on a regular nine (9) hour workday, the employee shall receive nine (9) hours of holiday pay. For Holidays that fall on an eight (8) hour workday, employees shall receive eight (8) hours of holiday pay.

5.2 Time off from work for vacation, sick, or other paid leave will be charged nine (9) hours for time taken on a scheduled nine hour day. Time off from work on the eight (8) hour work day will be charged eight (8) hours.

5.3 Employees required to report for Jury Duty on their RDO shall **not** be entitled to overtime pay or compensatory time off.

## 6 **PROCEDURES - Overtime:**

Non-exempt employees who actually work more than 40 hours during their work week shall receive overtime pay or compensatory time off pursuant to District policy.

**WALNUT VALLEY WATER DISTRICT**  
**ATTENDANCE AND PUNCTUALITY POLICY**

**1. STATEMENT OF DISTRICT POLICY:**

It is incumbent upon all District employees to help ensure that the District continues to meet its ongoing mission of providing quality service to its consumers. An essential element ~~of meeting this needed to meet the~~ commitment ~~of providing quality service is the dedication among all District employees'~~ dedication to perform their daily job duties. Given the importance ~~In light of the importance~~ of the work performed by each District employee, ~~in each department~~, the District has set forth the following attendance and punctuality policy.

**2. POLICY:**

~~To effectively In order to~~ serve the needs of the public, ~~the~~ District employees are needed and ~~expects all employees to report come~~ to work ~~when able and~~ in a timely manner. Employees are expected to report to work ~~as scheduled~~, on time, and maintain regular and consistent attendance. Employee's ~~Any~~ tardiness ~~or and~~ absences cause problems for ~~your~~ fellow employees and ~~your~~ supervisor. When ~~you~~ employees are absent, ~~your~~ their assigned work must be performed by others.

If ~~an employee is you are~~ unable to report for work, ~~the employee on any particular day,~~ ~~you~~ must provide reasonable advance notice to ~~your~~ their supervisor before the time ~~you~~ the employee was ~~are~~ scheduled to begin their working for that day. ~~You~~ Employees must inform ~~your~~ their supervisor of the expected duration of any absence to the extent possible. If circumstances arise which will result in ~~the employee~~ you arriving late to work or ~~be~~ absent from work, ~~the employee you shall~~ must inform ~~their~~ your supervisor as soon as ~~it is safely and~~ practicably possible for you to do so.

Excessive absenteeism or tardiness, providing false information or abuse of leave laws will not be tolerated. Employees who ~~Generally, if you~~ fail to report for work without any notification to ~~your~~ their supervisor and ~~whose~~ your absence continues for a period of three (3) days will be deemed to have resigned from their, ~~the~~ District will consider that you have voluntarily abandoned or quit your employment, absent a showing of a legitimate justification. An employee separated for job abandonment will be reinstated upon proof of justification for such absence, such as severe accident, severe illness, false arrest, or mental or physical impairment which prevented notification.

Absences protected by local, state and federal law do not count as a violation of the punctuality and attendance policy.

Sick leave is leave from duty, which may be granted by the District to an employee because of the employee's illness, injury, exposure to contagious disease, ~~or~~ illness or injury ~~of a member~~ of the employee's immediate family member requiring the employee's attendance, and medical, dental and optical appointments to the extent that such appointments cannot be scheduled outside the work-day. Employees must utilize sick leave only for ~~the~~ legitimate reasons. Any employee who is found to have misused sick leave, such as by malingering or using sick leave when in fact he or she is not too ill to work, shall be subject to disciplinary action up to and potentially including termination of

employment. The District's Human Resources designated staff should be consulted with any questions concerning this policy.

# WALNUT VALLEY WATER DISTRICT

## BEREAVEMENT LEAVE POLICY

### 1. STATEMENT OF DISTRICT POLICY:

Employees may utilize paid bereavement leave to attend a funeral or memorial event. Employees may use bereavement leave for matters that are related to the death of a member of their immediate family. The employee must submit a written request to the District. The District employee may be granted up to a maximum of three (3) working days paid leave per incident, for a maximum of two (2) incidents per any period of twelve (12) consecutive months.

Exceptions to this policy will generally not be granted. However, employees may use vacation time or personal leave for bereavement with the approval of the General Manager or designee.

### 2. DEFINITIONS:

Immediate family shall consist of the employee's:

- spouse
- child (stepchild)
- mother (step-mother)
- mother-in-law;
- father (step-father)
- father-in-law
- son-in-law
- daughter-in-law
- aunt
- uncle
- grandchild of the employee or spouse
- brother
- brother-in-law
- sister
- sister-in-law
- grandmother
- grandfather
- grandmother-in-law
- grandfather-in-law
- registered domestic partner
- ex-spouse with shared custody of children
- legal guardian or custodial child
- foster parent
- foster child

### 2. OUT-OF-STATE TRAVEL:

In the event an employee must travel out of California on bereavement leave, he or she may be granted up to a maximum of two (2) additional working days with or without pay, subject to approval by the General Manager or designee.



# Walnut Valley Water District

## Bereavement Leave Request Form

EMPLOYEE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

### Bereavement Leave (Terms and Conditions of Employment)

Bereavement Leave – Paid leave to attend a funeral or memorial event, or to take care of family matters, that are related to the death of a member of their immediate family. The employee must submit a written request. District employees may be granted up to a maximum of three (3) working days paid leave per incident, for a maximum of two (2) incidents per year.

Immediate family shall consist of the employee's:

|                      |                                  |                                        |
|----------------------|----------------------------------|----------------------------------------|
| Spouse               | Aunt                             | Grandfather                            |
| Child (step-child)   | Uncle                            | Grandmother-in-law                     |
| Mother (Step-mother) | Grandchild of employee or spouse | Grandfather-in-law                     |
| Mother-in-law        | Brother                          | Registered Domestic Partner            |
| Father (Step-father) | Brother-in-law                   | Ex-spouse w/shared custody of children |
| Father-in-law        | Sister                           | Legal guardian or custodial child      |
| Son-in-law           | Sister-in-law                    | Foster parent                          |
| Daughter-in-law      | Grandmother                      | Foster child                           |

Number of Days Requested: \_\_\_\_\_ Dates Requested: \_\_\_\_\_ thru \_\_\_\_\_

For Death of: \_\_\_\_\_

Bereavement Leave is:      Granted     Denied

Reason for denial: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head's Signature

\_\_\_\_\_  
Date

In the event an employee must travel out of California on bereavement leave, he or she may be granted up to a maximum of two (2) additional working days with or without pay, subject to approval by the General Manager or designee.

In extraordinary emergencies or special circumstances, management retains the right to permit use of Bereavement Leave for the death of a person not on the list upon special application to the General Manager.

Number of Days Requested: \_\_\_\_\_ Dates Requested: \_\_\_\_\_ thru \_\_\_\_\_

Extenuating circumstances: \_\_\_\_\_

Bereavement Leave is:      Granted     Denied

\_\_\_\_\_  
General Manager

\_\_\_\_\_  
Date

# WALNUT VALLEY WATER DISTRICT

## CELLULAR TELEPHONE AND OTHER SIMILAR PERSONAL ELECTRONIC DEVICE USAGE POLICY

### 1. STATEMENT OF DISTRICT POLICY:

This policy and procedure applies to the use of personal cell phones for District business and District cell phone devices by-provided to employees in within the course and scope of employment. This policy also applies to any other telecommunication device issued by the District or used by District employees for District business. Violation of this policy may result in disciplinary action.

### 2. POLICY:

#### 2.1 General Policy on the Use of District Cell Phones and Telecommunication Devices

All District cell phones and telecommunication devices are provided as a tool to conduct District ~~related~~ business. District cell phones and telecommunication devices are issued on an as-needed basis with the approval of the Department Head. All District employees shall use ~~such District cell phones and telecommunication devices~~ in a responsible, appropriate, and safe manner. All employees assigned District cell phones and telecommunication devices ~~communications equipment shall assume the responsibility~~ agree to use the equipment in accordance with ~~the provisions of this~~ policy.

2.1.1 Employees are prohibited from installing any third-party equipment, software, apps, etc., to District cell phones unless approved by the employee's supervisor in writing.

2.1.2 Employees issued cell phones/telecommunication devices have no expectation of privacy when using District provided cell phones/telecommunication devices. ~~as to data residing in~~ The District has the right at any time and without prior notice to review all records related to the cell phone/telecommunication device including, but not limited to, phone logs, text messages, and internet usage logs. Users should further be aware that all records may be subject to discovery under the California Public Records Act. Employees agree to cooperate in good faith with the District to respond to any Public Records Request. ~~telecommunications devices and /or voice mail.~~

2.1.22.1.3 The District issued cell phones/telecommunication devices remain the sole property of the District and shall be subject to inspection and/or monitoring at any time. ~~may inspect that data at any time and without notice.~~ Upon separation of employment, or at any time upon request, the employee may be asked to produce the cell phone/telecommunication device for return or inspection.

2.1.32.1.4 Employees shall protect District ~~telecommunications devices~~ cell phones/telecommunication devices from loss or damage.

2.1.42.1.5 An employee assigned a District cell phone/telecommunication device is responsible for its good care and will be required to reimburse the District ~~for its cost for~~ any damage or loss ~~s t cell phones~~ due to negligence. If a cell ~~ular telephone~~phone/telecommunication device is damaged, fails to work properly, or is stolen or lost, the employee shall immediately notify their Department Head.

2.1.52.1.6 District cell phones/telecommunication devices should only be used by District employees in the performance of their official duties. Personal use of District cell phones is strictly prohibited and will result in disciplinary action. Further, employees will be required to and reimburse the District for personal use of the cell phone. ~~ment of charges for personal use.~~

2.1.7 Employees are prohibited from using the camera function on District cell phones, except as authorized by a supervisor for work-related purposes.

2.1.62.1.8 Non-exempt employees with District issued cell phone/telecommunication devices are prohibited from using the cell phone/telecommunication device during off-duty hours, unless the use is approved by a supervisor in advance. If an employee is required to use their District cellphone/telecommunication device during off-duty hours, the employee must notify the supervisor immediately. The employee shall record and report to the supervisor all off-duty time spent conducting business on a District cell phone/telecommunication device. This includes checking and responding to emails, text messages, or telephone calls.

## **2.2—Use of ~~Personal and/or District~~ Cell Phones and other Electronic Devices While Operating a Vehicle ~~in the Course and Scope of Employment~~**

### 2.32.2

~~2.3.1~~ ~~Automobile crash data collected by the National Highway Traffic Safety Administration suggests that inattention and distraction created by using a cellular telephone and other personal electronic devices while driving greatly increases the risk of an accident. Conversation, not just dialing, for example, appears to be most associated with accidents linked to cellular phone use.~~

2.3.22.2.1 ~~Because of the increased safety concerns and liability risks associated with the use of cellular telephones, including hands-free cellular devices, the District has determined that,~~District employees are prohibited from using a cell phone or any other electronic device while ~~no District employee shall operate~~ a District vehicle. This includes responding to or sending text messages, emails, or any other communication. while using a cellular telephone. ~~District employees are prohibited from using a cellular telephone while driving a District vehicle during the course of business or on District time.~~ ~~This policy is effective immediately and applies both to cell~~ phones ~~ular telephones~~ provided by the District and employee-owned cellular telephones and other similar personal electronic devices. Personal electronic devices includes, but is not limited to, laptops, tablets, and handheld electronic equipment. All employees shall be provided with copies of this policy and are directed to familiarize themselves with it. Any violation of this policy will subject an employee to disciplinary action up to and including termination from employment.

~~2.3.32.2.2~~ Passengers riding in District vehicles may use Cell phones and other personal electronic devices as long as they are not driving. ular telephones may be used by passengers in District vehicles. Passengers may make or answer calls or messages, if it is safe to do so. Calls may be made or answered by the passengers only. If the driver of the vehicle must participate in the conversation or utilize the phone in any way, the driver must pull over to a safe off-road area to respond to the call or message.

~~2.3.4~~ Additionally, the use of other similar personal electronic devices, which shall include, but not be limited to, a laptop, IPOD or other handheld electronic equipment, shall be prohibited while driving a District vehicle. District employees may not send or receive text messages, emails or other forms of written communications on cell phone or electronic devices while operating a vehicle at any time.

~~2.2.3~~ Employees may The use of District radios while driving, so long as it is safe to do so and in compliance with state and local laws.

~~2.3.52.2.4~~ Employees who are charged with traffic violations resulting from the use of a cell phone while driving on duty may be subject to disciplinary action and personal liability resulting from such traffic violations and are responsible for paying the cost of the citation. is unaffected by this policy and continues to be a permitted practice.

## 2.3 Use of Personal Cell Phones and Personal Electronic Devices for District Business

~~2.3.1~~ District employees using their personal cell phones or personal electronic device for District business must receive prior written authorization.

~~2.3.2~~ Employees understand the voluntary use of their personal cell phone or electronic device for District business may cause District communications on the cell phone or personal electronic devices (i.e. text messages, emails, phone call records, etc.) to be subject to disclosure under the California Public Records Act ("CPRA"). Employees agree to cooperate in good faith with the District to respond to any CPRA request.

# WALNUT VALLEY WATER DISTRICT

## COMPUTER USE POLICY

### 1. STATEMENT OF DISTRICT POLICY:

~~It is the~~This policy ~~of the District to~~ establishes the District's guidelines and standards in compliance with state and federal laws for all employees ~~concerning-related to~~ the use of the District's computer system, including ~~the District's~~ access to the District's internet and electronic mail (E-mail) system.

### 2. POLICY:

The District's computer system is owned and maintained by the District, ~~and is the sole and is, therefore,~~ property of the District. ~~Unless this policy and, except as otherwise states d in this policy otherwise,~~ the District's computer system is for District may be used for business purposes only.

Any violation of this policy, including the ~~unauthorized inappropriate, improper~~ or non-business use of the District's computer system, will subject an employee to disciplinary action up to and including termination of employment. ~~Without exhausting all the possibilities, the following are examples of i~~inappropriate use of the District's computer system includes, but is not limited to:

- Exposing others ~~unwillingly, either through carelessness or intention~~through either carelessness or intention, to ~~material which is offensive, obscene~~material that is offensive, obscene or in poor taste. This includes ~~information which~~information that could create an intimidating, offensive or hostile work environment.
- Any use that may, for a reasonable person, create or further a hostile environment attitude or give offense on the basis of race, color, religion, national origin, citizenship, ancestry, marital status, gender, gender identity, disability, age, veteran's status or sexual orientation, or other protected classification.
- Communicating confidential District information to unauthorized individuals within or outside of agencyDistrict.
- Sending messages or ~~information which~~information that is in conflict with applicable law or District policies, rules, or procedures.
- Attempting to access unauthorized data or to hack or break into any District or non-agencyDistrict system through the use of the District's computer system.
- Engaging in theft, the unauthorized copying of electronic files or data or the unauthorized viewing of restricted electronic files or data,; ~~such~~Such files or data include customer or employee identification, names and addresses.
- Performing acts that are wasteful of computering resources or that unfairly monopolize resources to the exclusion of others is prohibited. These acts include, but are not limited to, sending or forwarding mass mailings or chain letters, printing personal files/documents, and creating unnecessary network traffic.

- Intentionally misrepresenting one's identity for improper or illegal acts.
- Engaging in unlawful activities.
- Engaging in commercial activity or activity for financial gain, not under the auspices of the District.
- Engaging in recreational use of the District's computer system that interferes with the ability of the employee or other users to conduct District work. This includes but is not limited to downloading or uploading software ~~or~~ games, internet shopping, gambling, accessing pornographic websites or shareware. Employees are ~~also~~ prohibited from downloading and using instant messenger (IM) on the District's computer system.
- Removing District equipment or data in any format from the workplace unless obtaining prior written approval has been obtained in writing from the employee's supervisor or Ddepartment headHead.

The District reserves the right to monitor employees' use of the computer system for any purpose, including, but not limited to audit, review, and disclosure of all matters transmitted over the computer system or placed in its storage, and employees should not, and do not, have any expectation of privacy when it comes to their use of the District's computer system. All communications, including text and images, are subject to can be disclosureed to law enforcement or other third parties without prior consent of the sender or receiver.

### **3. GENERAL GUIDELINES AND RESPONSIBILITIES:**

- 3.1 This policy applies to all shall apply to all District employees. District employees shall comply with this policy when, who shall be required to comply with the provisions set forth in this policy concerning the useing of the District's computer system, including but not limited to, its accessing to the internet and E-mail system. The Use of the computer system is a component of the workplace and therefore use of the internet and E-mail system is limited to communications regarding District business, or limited personal use that does not interfere with an employee's productivity, disrupt the District's business, or disrupt operation of the District's computer network or the computer networks of other users. All messages communicated over the District's computer systemInternet must have the employee's name attached and no messages shall be transmitted under an alias, or assumed name, or that of another employee.
- 3.2 All subscriptions to any electronic, on-line or internet-based periodicals or publications shall be related to the District's business and shall be previously approved approved in advance by the employee's supervisor or Ddepartment head Head and the IT Ddepartment. Only business-related messages should be saved and maintained in a particular directory or area on the employee's computer or in the District's network system. The District accepts no responsibility or liability for the loss or non-delivery of any such personal communications or correspondence.
- 3.3 District employees have no expectation of privacy when using the District's computer system, including the internet access and email system. The use of the District's access to the Internet or E-mail is not privileged or considered personal to any employee. No employee is entitled to an expectation or right of privacy for any

~~message or communication he/she creates, receives, sends or deletes through use of the District's internet access or E-mail system.~~ Employees should not communicate their private, privileged, or confidential information, including but not limited to personal attorney-client communications, financial or medical information ~~and or~~ other privileged information, via the District's ~~computer system~~ Electronic Communications Resources. Employees who do communicate their private, privileged or confidential information via the District's Electronic Communications Resources will be deemed to have waived any privilege or privacy rights in those communications, even where those communications are made via personal password-protected accounts using the District's Electronic Communications Resources. The use of computer passwords by employees is to assist them in the performance of their jobs and shall not be construed as creating a private communication medium. Employees shall maintain their confidential passwords ~~as confidential~~ and shall not share passwords except as may be required by the District.

3.3.1 Storage and Retention: Subject to Government Code ~~s~~Sections 60200-60203 (copies of which are attached hereto as Exhibit A and incorporated herein by this reference), the following shall apply:

- E-mail messages that are intended to be temporary non-vital communications will be discarded from the computer system after 120 days unless otherwise directed by the District's General Manager.
- Working notes may be deleted at any time by the e-mail user.
- Preliminary drafts, notes, and memoranda not intended for public disclosure should not be retained in the computer system longer than is necessary to complete the final documents.
- All other e-mail communications shall be treated as though they were handwritten or typewritten records and must be appropriately stored and retained in accordance with the District's general records-retention practice.

3.3.2 Applicability:

- E-mail retained under this policy shall be treated as a record subject to the provisions of the California Public Records Act (Government Code Section 6250 *et seq.*) and Section 7.4 of the District's Policy Manual, as the same may be amended from time to time.
- ~~E-mail within the scope of this policy shall be treated as a form of communication subject to the provisions of the Ralph M. Brown Act, (Government Code sSection 54950 *et seq.*).~~

3.4 All employees shall adhere to basic security practices to reduce the risk of compromising the District's computer network. No software shall be downloaded from the internet for installation unless proper approval is given by the employee's supervisor or ~~D~~department ~~head~~ Head, and the IT ~~department~~ Department, and the

software has been scanned for viruses. E-mail attachments should not be opened unless the employee is expecting them from a reliable source. The employee shall not allow any unauthorized person (part-time or temporary employee, intern, or non-employee) to use his/her computer or access its information without first obtaining approval from both his/her Ddepartment Hhead and the IT Ddepartment. EThe employee will be subject to appropriate disciplinary action for any violation of these provisions.

- 3.5 Electronic communications to recipients on systems outside of the District pass through systems and networks not managed by the District. The privacy and confidentiality of these messages is, therefore, not assured. In addition, some delivery methods and networks impose legal restrictions regarding the nature of messages allowed. District employees are expected to comply with all such regulations. Employees and other users of the District's Electronic Communications Resources may create criminal and civil liability for themselves and the District by using outside or third party systems in an offensive, defamatory or illegal manner and in such event employees and other users may be subject to disciplinary action up to and including termination.
- 3.6 The District's computer system may not be used by employees to solicit outside business ventures or for personal gain, for any illegal purpose or to communicate any improper messages or information. Creating, receiving, viewing or sending inappropriate messages and communications, ~~which shall include~~ing, but not ~~be~~ limited to: lewd, obscene, pornographic or sexual websites, comments, defamatory comments, jokes, cartoons, or those that may demean or offend another's race, religion, national origin, ancestry, disability, medical condition, marital status, sex, sexual orientation, gender identity, or age or any other protected classification, is strictly prohibited. Employees shall not make any changes to system and/or software configuration in files unless specifically authorized in writing by the General Manager or Department Head.
- 3.7 The Fair Labor Standards Act (FLSA) requires that the District pay each employee who is entitled to receive FLSA overtime for all hours worked in excess of 40 hours in any week. This provision does not apply to employees who are exempt from FLSA overtime because of the executive, administrative, or professional nature of their job duties.
- 3.7.1 ~~Non-exempt employees are prohibited from using or accessing~~ Non-exempt employees are prohibited from using or accessing ~~No time spent in any activity on~~ the District's computer system during off-duty hours, unless such use been has for the benefit of the agency may be done outside of employee scheduled work hours without advance approval from by the employee's immediate supervisor in advance. In the case of an emergency, - ~~Emergencies may arise that call for an exception to this rule. In emergencies,~~ the employee may perform the necessary work, but must notify a supervisor as soon as possible, and in no event later than the end of that day. If the ~~employee's~~ supervisor denies the request to work overtime, the employee must obey the supervisor's directive and cease working overtime.
- 3.7.2 Non-exempt employees shall record and report all off-duty time spent ~~All time spent outside of the employee's scheduled hours working~~ on the District's computer system for the benefit of the District ~~must be reported on the District's official agency forms so that the District may pay the employee for~~



~~that work~~. Employees may never choose to work and not request compensation. All legitimate overtime will be compensated.

3.7.3 Employees are required to record all off-duty work time on official agency District records and only to work overtime ~~with-when~~ approval in advance has been obtained. Failure to follow the Districtagency's overtime approval procedures will ~~result in being paid for all legitimate work time, and being~~ subject the employee to disciplinary action, up to and including termination for violating the overtime approval procedures.

3.8 All employees shall be provided with copies of this policy and directed to familiarize themselves with it. By using the District's computer system, employees expressly consent to the District's monitoring of their use of the system as the District deems appropriate, including the inspection of files and messages, and the monitoring of the amount of time spent using on-line services and of the sites visited by individual employees.

## **Exhibit A**

### **Government Code Sections 60200 – 60203**

**60200.** The legislative body of any special district may authorize at any time the destruction or disposition of any duplicate record, paper, or document, the original or a permanent photographic record of which is in the files of any officer or department of the district.

**60201.**

(a) For purposes of this section, “record” means any record consisting of a “writing,” as defined by subdivision (f) of Section 6252.

(b) The legislative body of a district may destroy or dispose of any record that is not expressly required by law to be filed and preserved through either of the following procedures:

(1) The legislative body may authorize the destruction or disposition of any category of records if it does both of the following:

(A) Adopts a resolution finding that destruction or disposition of this category of records will not adversely affect any interest of the district or of the public.

(B) Maintains a list, by category, of the types of records destroyed or disposed of that reasonably identifies the information contained in the records in each category.

(2) The legislative body may, by resolution, adopt and comply with a record retention schedule that complies with guidelines provided by the Secretary of State pursuant to Section 12236, that classifies all of the district’s records by category, and that establishes a standard protocol for destruction or disposition of records.

(c) A district is not required to photograph, reproduce, microfilm, or make a copy of any record that is destroyed or disposed of pursuant to this section.

(d) Notwithstanding any other provision of this section or other provision of law, a district may not destroy or dispose of any record that is any of the following:

(1) Relates to formation, change of organization, or reorganization of the district.

(2) An ordinance adopted by the district. However, an ordinance that has been repealed or is otherwise invalid or unenforceable may be destroyed or disposed of pursuant to this section five years after it was repealed or became invalid or unenforceable.

(3) Minutes of any meeting of the legislative body of the district.

(4) Relates to any pending claim or litigation or any settlement or other disposition of litigation within the past two years.

(5) Is the subject of any pending request made pursuant to the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1), whether or not the district maintains that the record is exempt from disclosure, until the request has been

granted or two years have elapsed since the district provided written notice to the requester that the request has been denied.

(6) Relates to any pending construction that the district has not accepted or as to which a stop notice claim legally may be presented.

(7) Relates to any nondischarged debt of the district.

(8) Relates to the title to real property in which the district has an interest.

(9) Relates to any nondischarged contract to which the district is a party.

(10) Has not fulfilled the administrative, fiscal, or legal purpose for which it was created or received.

(11) Is an unaccepted bid or proposal, which is less than two years old, for the construction or installation of any building, structure, or other public work.

(12) Specifies the amount of compensation paid to district employees or officers or to independent contractors providing personal or professional services to the district, or relates to expense reimbursement to district officers or employees or to the use of district paid credit cards or any travel compensation mechanism. However, a record described in this paragraph may be destroyed or disposed of pursuant to this section seven years after the date of payment.

### **60203.**

(a) Notwithstanding Section 60201, the legislative body of a district may authorize the destruction of any record, paper, or document that is not expressly required by law to be filed and preserved if all of the following conditions are complied with:

(1) The record, paper, or document is photographed, microphotographed, reproduced by electronically recorded video images on magnetic surfaces, recorded in the electronic data processing system, recorded on optical disk, reproduced on film or any other medium that is a trusted system and that does not permit additions, deletions, or changes to the original document in compliance with Section 12168.7 for recording of permanent records or nonpermanent records.

(2) The device used to reproduce the record, paper, or document on film, optical disk, or any other medium is one that accurately reproduces the original thereof in all details and that does not permit additions, deletions, or changes to the original document images.

(3) The photographs, microphotographs, or other reproductions on film, optical disk, or any other medium are placed in conveniently accessible files and provision is made for preserving, examining, and using the files.

(b) For the purposes of this section, every reproduction shall be deemed to be an original record and a transcript, exemplification, or certified copy of any reproduction shall be deemed to be a transcript, exemplification, or certified copy, as the case may be, of the original.

**WALNUT VALLEY WATER DISTRICT**  
**CRIME VICTIM LEAVE POLICY**

**1. STATEMENT OF DISTRICT POLICY:**

The District provides unpaid leave to any employee who is a crime victim or who is an immediate family member of a crime victim, to attend judicial proceedings related to the crime.

**2. POLICY:**

Any employee who is a victim of a crime may take leave from work to attend judicial proceedings related to that crime, if the employee provides the District notice of the scheduled proceeding in advance.

If advance notice is not feasible, the employee must provide Human Resources, within a reasonable time after the leave is taken, documentation from the District Attorney, victim's rights office, or court/governing agency that shows that the judicial proceeding occurred when the leave was taken.

An employee who is an immediate family member of such a crime victim, including: a registered domestic partner; the child of the registered domestic partner; spouse; child; stepchild; brother; stepbrother; sister; stepsister; mother; stepmother; father; or stepfather of the crime victim is also entitled to leave from work to attend judicial proceedings relating to that crime.

"Crime" means the following specified felonies:

- A violent felony, as defined in subdivision (c) of § 667.5 of the Penal Code.
- A serious felony, as defined in subdivision (c) of § 1192.7 of the Penal Code.
- A felony provision of law proscribing theft or embezzlement.

The leave is unpaid unless the employee elects to use accrued vacation, sick, or other paid leave, or compensatory time off.

## WALNUT VALLEY WATER DISTRICT

### LEAVES OF ABSENCE FOR VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT, STALKING OR OTHER CRIMES

#### 1. STATEMENT OF DISTRICT POLICY:

The District provides employees, who are victims of domestic violence, sexual assault, stalking, or other crimes, with unpaid leave to attend legal proceedings, obtain restraining orders or injunctive relief, or to obtain medical attention, counseling or for safety planning. The District may also provide other reasonable accommodations to employees who are victims of domestic violence, sexual assault, stalking, or other crimes.

#### 2. POLICY:

Unpaid leave under this policy is available to an employee who is the victim of domestic violence, sexual assault, stalking, or other crimes for the following purposes:

##### 1. *Leave to Attend Court Proceedings*

Employees who are victims of a crime listed in Labor Code section 230.5(a)(2)(A), may take leave from work to appear in court to be heard at any proceeding in which the right of the victim is at issue, if the employee provides their supervisor or Human Resources with reasonable advance notice.

If advance notice is not feasible, the employee must provide their supervisor or Human Resources, within a reasonable time after the leave is taken, certification from a police report, a district attorney or court, or from a health care provider or victim advocate, that the employee was a victim of any of the crimes listed in Labor Code section 230.5(a)(2)(A). An employee who is a spouse, parent, child, sibling, or guardian of such a crime victim is also a victim who is entitled to this leave if the above notice or certification requirements are met.

The leave is unpaid unless the employee elects to use accrued vacation.

##### 2. *Leave to obtain Restraining Orders or Injunctive Relief*

Employees may take leave from work to obtain or attempt to obtain any relief, including, but not limited to: a temporary restraining order, restraining order, or other injunctive relief to help ensure the health, safety, or welfare of the employee or their child, if the employee provides their supervisor or Human Resources with advance notice of the need for leave.

If advance notice is not feasible, the employee must provide their supervisor or Human Resources with any of the following certifications within a reasonable time after the leave: a police report indicating that the employee was a victim; a court order protecting the employee from the perpetrator; evidence from the district attorney or court that the employee has appeared in court; or documentation from a health care provider or counselor that the employee was undergoing treatment for physical or mental injuries or abuse.

The leave is unpaid unless the employee elects to use Healthy Workplace Healthy Family Act of 2014 sick leave or accrued vacation.

### *3. Leave to Obtain Medical Attention or Counseling or Safety Planning*

Employees may take leave from work to attend to any of the following: obtaining medical attention or psychological counseling; obtaining services from a shelter, program or crisis center; or participating in safety planning or other actions to increase safety, if the employee provides advance notice of the employee's intention to take time off for these purposes.

If advance notice is not feasible, the employee must provide any of the following to the District within a reasonable time after the leave: a police report indicating that the employee was a victim; a court order protecting the employee from the perpetrator; evidence from the district attorney or court that the employee has appeared in court; or documentation from a health care provider or counselor that the employee was undergoing treatment for physical or mental injuries or abuse.

The leave is unpaid unless the employee elects to use Healthy Workplace Healthy Family Act of 2014 sick leave or accrued vacation.

### **3. REASONABLE ACCOMMODATIONS AND THE INTERACTIVE PROCESS:**

The District will engage in the interactive process with employees who are victims of domestic violence, sexual assault or stalking to review all possible accommodations that would enhance the safety of the employee victim at work. In determining what accommodation is reasonable, the District will consider the exigent circumstances or danger facing the employee. The District will consider the preferences of the employee to be accommodated, but has the right to select and implement any accommodation that it deems effective. The range of potential safety measure accommodations includes, but is not limited to the following: a transfer, reassignment, modified schedule; changed work telephone; changed work station; installation of locks; assistance in documenting domestic violence, sexual assault, stalking or a crime that occurs in the workplace; the implementation of safety procedure(s); adjustment to the employee's job structure, workplace facilities, or work requirements; and referral to a victim assistance organization.

To request an accommodation under this policy, the District employee should contact Human Resources. The District will engage the employee in a timely, good faith and interactive process to determine effective reasonable accommodations.

**WALNUT VALLEY WATER DISTRICT  
ELECTRONIC TRACKING TECHNOLOGY POLICY**

**1. STATEMENT OF DISTRICT POLICY:**

~~This It is the purpose of this policy to governs~~ the District's use of Electronic Tracking Technology (e.g. Global Positioning Systems, (GPS)) in vehicles and equipment ~~it owns~~ or ~~leased by the District. Every District employee is required to adhere to this policy.that~~ ~~are used by District employees.~~

**2. POLICY:**

District vehicles and equipment ~~may only be used to conduct District businessare owned or leased and are maintained by the District and are, therefore, property of the District and, except as otherwise stated in this policy, may be used for District business purposes only.~~

District employees may, ~~in the course of employment,~~ be required to drive ~~and/or~~ ride in ~~a District owned or leased~~ vehicles equipped with Electronic Tracking Technology.

Electronic Tracking Technology means a technological method or system used to observe, monitor, or collect information, including telematics, ~~Global Positioning System (GPS)~~, wireless technology, or location-based technologies.

Electronic Tracking Technology may include event data recorders (EDR), sensing and diagnostic modules (SDM), or other systems ~~that are~~ used for the purpose of identifying, diagnosing, or monitoring functions related to the potential need for repair, service, or maintenance on the District's vehicles and/or to capture safety systems-related data for retrieval after a collision or similar incident ~~that~~ has occurred. Electronic Tracking Technology allows the District to monitor location, elevation, ~~and~~ velocity, ~~and movement~~ of ~~the~~ vehicles.

~~The District may also use information collected from the~~ Electronic Tracking Technology ~~in District vehicles may also be used~~ for other business-related purposes, including, but not limited to, measuring productivity, locating stolen vehicles, providing aid to vehicles that break down, increasing employee safety, managing District resources effectively, or ensuring that employees are following their routes or assigned duties. The District may use Electronic Tracking Technology at the District's discretion, ~~including during business hours and in the ordinary course of business, as well as weekends and during non-business hours.~~

The District may ~~use information obtained from the also utilize~~ Electronic Tracking Technology to initiate a disciplinary investigation or to support discipline of its employees ~~for arising from the~~ misuse or abuse of the vehicles ~~or equipment~~, including tampering with the Electronic Tracking Technology devices, inappropriate use of time, speeding, or other misconduct. Any violation of this policy, including the inappropriate, improper, non-business use, or other unauthorized use of ~~the~~ District's vehicles or equipment, will subject an employee to disciplinary action up to and including termination of employment.

**WALNUT VALLEY WATER DISTRICT  
EMPLOYEE PERSONAL COMPUTER PURCHASE PLAN**

**1. STATEMENT OF DISTRICT POLICY:**

The ~~Walnut Valley Water~~ District's Employee Personal Computer Purchase Plan ("Plan") is a revolving \$30,000 loan fund established by the District to provide employees and directors an interest-free loan to use towards the purchase of computers, laptops, tablets, printers, and software. Loans will be made on a "funds available, first come-first served basis." As loans are repaid, payment proceeds will be used to replenish the fund.

**2. ELIGIBILITY:**

Any full-time employee or District ~~Board of D~~irector (collectively "Participants") who has completed one year of service with the District is eligible for a loan under this program on the following conditions:

1. ~~Participants Applicants~~ shall not have an existing computer loan under this program: and
2. Employees applying for this loan applicants shall have sufficient accrued vacation and/or sick time, plus one week of accrued salary to guarantee repayment of the loan: or
3. Directors applying for this loan applicants shall have at least 24-months remaining in office.

The Finance Department will verify eligibility and the maximum individual loan amount that each applicant qualifies for based upon the above parameters.

Loan Limits:

No loan shall exceed \$3,900.00

Loan Payments:

Loans made under this Plan shall be interest free. Bi-weekly payments via payroll deduction are required and shall be calculated by dividing the loan amount by 52.

Employees must sign a written authorization permitting the payroll deduction. Loans are due and payable in full, upon ~~termination-separation~~ of employment for any reason. The term of the loan shall not exceed 24 months, but may be paid earlier at the employee's request.

System Requirements:

To be eligible for this program, system components must be manufactured by established "brand name" companies. No "off-brands," discontinued models, or used components will be considered. No game or entertainment software will qualify under this plan.

In addition to the computer system, loan money may also be used to purchase other peripheral equipment including but not limited to:

1. Printer/Scanners compatible with computer system, or



2. Any approved business software package, i.e., spreadsheet, data base manager, word processing, etc.

Limitations:

Loans will be made to ~~employees~~ individuals on a first-come, first-served basis, until the \$30,000 loan fund is depleted, provided that the loan fund shall be replenished as outstanding loans are periodically repaid.

Procedure:

Employees and directors who wish to participate in this plan will:

1. Obtain and ~~fill-out~~ complete an application from the Accounting Department.
2. Whenever possible, but not required, a written quotation of the computer system or equipment will be submitted with the application.
3. Make their own arrangements with a vendor. District is not recommending any particular vendor. The District involvement is strictly financial in making available the loan proceeds as stated above.
4. Submit the completed application and quotation(s) to the Accounting Department for determination of eligibility and approval by the General Manager, or designee.

Purchase Procedures:

Upon approval ~~of~~ by the General Manager of the Loan Agreement the computer equipment may be purchased by one of the following methods:

1. The participant will purchase the approved system and submit a receipt to the District. The District will issue a check to the participant in an amount equal to the purchase receipt, not to exceed the maximum amount shown on the Employee Personal Computer Purchase Plan Participation and Loan Agreement; ~~or~~
2. The District will issue a check to the participant in advance to purchase the system. The check issued to the participant shall not exceed the maximum amount shown on the Employee Personal Computer Purchase Plan Participation and Loan Agreement. A copy of the purchase receipt must be remitted to the accounting department within seven (7) working days of the purchase; ~~or~~
3. The District may, at its sole discretion, purchase the system on behalf of the participant through use of a District credit card or by issuing a check payable to the vendor. A copy of the purchase receipt must be remitted by the applicant to the accounting department within seven (7) working days of the purchase. All such credit card purchases must be authorized in advance by the General Manager.

Loan Agreement:

A written loan agreement between the District and the ~~P~~ participant is required. The loan agreement will outline the responsibilities of the ~~P~~ participant, terms of the agreement, payroll deduction arrangement and other conditions of the plan.

Restrictions on Transfer or Assignments:

Each ~~P~~participant in the plan shall agree to limit usage of the equipment and software to ~~P~~participant and his/her immediate family. Any sale, assignment, or transfer of the equipment prior to repayment of the loan shall constitute a material breach of the loan agreement and will cancel the ~~P~~participant's right to continued or subsequent participation in the plan. Upon such material breach of the agreement, the District ~~may~~ shall have the option to accelerate all sums due under the loan and the ~~Agreement~~ note.

Potential Income Tax Consequences:

Participants in the Plan should be aware that certain legislation has been passed, which could potentially cause the interest foregone by the District to be treated as income to the ~~employee~~ Participant, for tax purposes, in the year the loan was made. While we expect the Internal Revenue Service will treat the loans under the Plan as falling within a de minimis exception, ~~we advise~~ ~~P~~participants should ~~to~~ refer questions and consult with ~~to~~ their tax advisor. The District cannot guarantee any particular treatment by the Internal Revenue Service or the California Franchise Tax Board of this ~~P~~plan's interest-free loan. Accordingly, ~~P~~participants shall indemnify and hold the District harmless from any claims, demands, costs, expenses, penalties and other charges ~~that~~ which may arise from the income tax treatment of this loan under local, state and federal laws.

**WALNUT VALLEY WATER DISTRICT**

**Employee Personal Computer Purchase Plan**

**Employee's Personal Computer Specification Sheet**

Employee Name \_\_\_\_\_

Transaction Type:    ( ) New System  
                             ( ) Add to Existing System (See Note Below)

**PLEASE ATTACH VALID QUOTATION FROM VENDOR**

| ITEM<br>(List specific items to be acquired) | PRICE |
|----------------------------------------------|-------|
|                                              |       |
|                                              |       |
|                                              |       |
|                                              |       |
|                                              |       |
|                                              |       |
| <b>SUB-TOTAL</b>                             |       |
| <b>TAX</b>                                   |       |
| <b>TOTAL</b>                                 |       |

\_\_\_\_\_  
 \_\_\_\_\_

Employee Signature \_\_\_\_\_

\_\_\_\_\_  
 Date

NOTE: If this application is for additions to an existing system, please detail the system configuration on the reverse side of this application regardless of whether the system was purchased under the Walnut Valley Water District Personal Computer Purchase Plan ~~or not~~. If the system was purchased under this Plan, please indicate the initial date of acquisition.

Reviewed By:

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

GENERAL MANAGER'S APPROVAL:

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

# WALNUT VALLEY WATER DISTRICT

## Employee Personal Computer Purchase Plan

### Participation and Loan Agreement

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Employee Name

---

Address

The above-named employee or director ("Participant") of the Walnut Valley Water District ("WVWD") has been provided a copy of the WVWD Employee Personal Computer Purchase Plan ("Plan") and hereby elects to purchase a computer, laptop, tablet, printer, and/or software, as listed on the attached Specification Sheet ("Equipment") and participate in the financing arrangement offered under the Plan, and further agrees to and accepts the following terms and conditions:

1. The price of the Equipment to be purchased is estimated to be \$\_\_\_\_\_.
2. WVWD agrees to make an interest-free loan to the Participant in an amount up to a maximum of \$\_\_\_\_\_, which shall be repaid in full by Participant within at least 24 months after Participant purchases the Equipment.
3. Participant authorizes WVWD to deduct loan payments in the amounts shown on the attached schedule from each paycheck of the Participant. Participant may prepay any portion or all of the remaining unpaid balance at any time prior to the last payroll deduction.
4. Participant shall not sell, transfer, trade, or otherwise dispose of the Equipment until the loan has been paid in full. Participant also agrees to limit usage of the Equipment to Participant and his/her immediate family. Any violation of this paragraph 4 shall constitute a material breach of this Agreement and shall cause acceleration of all payments due hereunder, ~~and under the Note~~, and WVWD may, in its sole discretion require Participant to immediately pay the remaining amount due.
5. Upon ~~Participant's termination/separation of Participant from the of~~ employment ~~with~~ WVWD for any reason, including Participant's death ~~or Participant's separation from the Board of Directors~~, the remaining amount owed to WVWD under this Agreement shall immediately become due and payable. Participant hereby voluntarily authorizes WVWD to withhold from his/her final pay, including sick leave and vacation payoff, any amount that is then outstanding under this agreement.
6. All warranties and service or maintenance contracts shall be between the vendor and the Participant and Participant shall be solely responsible for the maintenance and repair of the Equipment. Participant shall deal directly with the vendor on any such issue and in no event shall Participant look to WVWD for any claims relating to warranty, service or maintenance.

7. This ~~a~~Agreement, including its attachments and the Employee Personal Computer Purchase Plan established by WVWD, constitutes the entire understanding between the Participant and WVWD with respect to this ~~plan-Plan~~ and the loan made pursuant to it, superseding all prior negotiations, discussions and oral or written communications between the parties. Further, ~~it is understood and agreed~~ the parties agree that should any provision of this ~~A~~Agreement ~~or the Note~~ signed by Participant be held invalid or unenforceable, the remainder of ~~the Note and/or~~ the ~~A~~Agreement shall be unaffected, ~~the provisions of the Note~~ and this ~~agreement~~ Agreement being severable in any such instance.

~~7-8.~~ Participant agrees to indemnify and hold the District harmless from any claims, demands, costs, expenses, penalties and other charges that may arise from the income tax treatment of this loan under local, state and federal laws.

~~8-9.~~ In the event either party hereto brings any suit against the other party to enforce any rights under this Agreement, then the prevailing party in any such suit shall recover from the other party its reasonable attorney's fees and costs incurred in connection therewith.

Accepted by:

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
General Manager, WVWD

\_\_\_\_\_  
Date

**WALNUT VALLEY WATER DISTRICT**  
**EMPLOYEE PRIVACY POLICY**

**1. PURPOSE:**

To protect the privacy of District employees by maintaining the confidentiality of information within files and data bases and to safeguard essential District records.

**2. ACCESS:**

**Employee Files**

- A. ~~The District maintains a personnel file on each employee. The personnel file will contain only material the District deems necessary and relevant or that is required by law. When completing personnel records, the Human Resources staff collects information directly from its employees. Information such as name, address, telephone number, social security number, and driver's license number are retrieved from the initial application for employment.~~
- B. Employees are encouraged to provide copies of certificates, awards, letters of recommendation, etc., to Human Resources which will ~~to~~ be placed in the employee's ~~it~~ personnel files.
- C. Each employee is responsible for promptly notifying Human Resources of any changes in their contact and benefit information, including: mailing address; telephone number; persons to contact in case of an emergency; and number and names of dependents.
- ~~B.~~
- C. ~~Every employee can have access to his/her own personnel file. Employees may not remove their personnel files from Human Resources. Employees do not have access to other personnel files.~~
- D. The General Manager, Assistant General Manager, Director of Administrative Services, ~~and Human Resources staff,~~ and District legal counsel have access to all employee personnel files.
- E. Managers and supervisors may have limited access only to personnel files for those employees working in their department unless there is a legitimate business related need to review a file.
- F. ~~1.6~~The District does not share any personal information with the public. Moreover, only those District employees who have special authorization are allowed to have access to employee files. Records may be disclosed to government regulators and other government agencies when authorized by law. Records about an employee may be disclosed at the written request of the employee.

**Applicant or Employee Medical Information**

All medical information about an employee or applicant is kept in separate medical files and is treated as confidential. Access to employee or applicant medical information shall be strictly limited to only those with a legitimate need to have such information for District business reasons, or if access is required by law, subpoena or court order. In the case of an

employee with a disability, managers and supervisors may be informed regarding necessary restrictions on the work or duties of the employee and necessary accommodations.

#### How and when the personal information is used

~~Personal information, which includes social security numbers, is maintained by the District for purposes that are necessary and suitable for administering employment practices and in compliance with the law. This information can be used for identification purposes, employment verification, and as a reference in the District's recordkeeping responsibilities.~~

#### ~~How the personal information is disposed of~~**Retention of Employee Files**

~~Employee's personnel files are kept for at least three years after separation of employment. Files are It is maintained in the District files while the account is active. While the employee is working, the information is maintained as long as is deemed useful and is then destroyed pursuant to the District's Record Retention Policy.~~

#### ~~How the P~~**personal information is protected**~~Protected~~

The District maintains employee information with a variety of technical, administrative, and physical safeguards to protect against loss, unauthorized access, destruction, misuse, modification, and improper disclosure. Any employee who fails to comply with the rules, may be subject to disciplinary action up to and including termination, and/or criminal prosecution.

All employee personnel files are kept in the Human Resources Department in fire proof file cabinets. Only Human Resources staff has direct access to these files. The file cabinets are locked at the end of each business day.

**WALNUT VALLEY WATER DISTRICT  
EMPLOYEE PURCHASE PROGRAM POLICY AND GUIDELINES**

**1. STATEMENT OF DISTRICT POLICY:**

It is the policy of the District to allow employees, for reasons of cost benefit and convenience, the opportunity to purchase items directly from vendors utilized by the District. As part of such purchase, the cost for the item(s) ordered by the employee may initially be paid for by the District and then deducted from the employee's payroll check during the next available payroll period from which withholding for the purchase can be implemented. The following guidelines are hereby established to ensure that procedures are followed and the policy administered in a fair and consistent manner.

**2. POLICY:**

An employee who has completed a minimum of six months of service with the District and successfully passed any applicable probationary period is eligible to participate in the District's Employee Purchase Program. The maximum amount of purchase that an employee shall be eligible to make will be determined by the Finance Department, and subject to the approval of the General Manager/designee, using a percentage of the employee's accrued vacation and sick leave as security for reimbursement. In general, a purchase may not exceed the employee's net biweekly pay and the employee must follow the guidelines set forth below, fully complying with all requirements and provisions of the program.

**3. PROCEDURE/GUIDELINES:**

- 3.1 An employee must complete and sign a District Requisition Form for all items to be purchased in excess of \$25. The form shall include authorization for repayment of the purchase price to be accomplished by payroll deduction, including voluntary withholding from a final paycheck, as set forth in subdivision (g), below. Any outstanding obligations for previous purchases must be fully satisfied either through payroll deduction or other means of payment (cash/check) prior to an employee being authorized to make additional purchases.
- 3.2 The employee must obtain the approval of his/her department head or, in the absence of the department head, the General Manager/designee by securing the required signature on the completed requisition form to initiate the purchase.
- 3.3 The employee must complete and sign a form authorizing repayment to the District for the purchase through payroll deduction.
- 3.4 The Finance Department will review the requisition and provide verification that the amount requested will not exceed the limits set forth in this policy, that the employee has an adequate amount of accrued vacation and sick leave to pledge as security to cover repayment, and that the vendor requested is a District utilized vendor.
- 3.5 The requisition will be forwarded to the General Manager/designee for final approval.
- 3.6 For purchases under \$100, the full amount will be deducted from the employee's next payroll check for which withholding can be implemented following the employee's receipt and acceptance of the item(s) ordered. For purchases in excess of \$100, the amount due will be deducted from a maximum of two payroll checks beginning with the next check available to process the withholding following the employee's receipt and acceptance of the item(s) ordered.
- 3.7 As authorized by the employee under subdivision 3(a), above, if the employment is terminated prior to the District receiving full reimbursement for the item(s) purchased by the employee, the employee will be requested to confirm his/her voluntary withholding from his/her final pay check to reimburse the District for the remaining balance. Should the employee fail to provide authorization for a final paycheck deduction or make a voluntary payment at the time of termination, the District shall reserve the prerogative to take legal action to recover such premiums.



District Requisition Form for  
Employee Purchase

**REQUESTING EMPLOYEE PURCHASE INFORMATION**

**Employee:** \_\_\_\_\_

**District Vendor:** \_\_\_\_\_

**Items to be purchased:** \_\_\_\_\_

\_\_\_\_\_

**Total Purchase Price:**      \$ \_\_\_\_\_

I have read the policy and agree to the terms, hereby authorizing repayment to the District for the above purchase by Payroll Deduction \_\_\_\_\_ (or) Personal Check/Cash \_\_\_\_\_.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**DEPARTMENT HEAD**

APPROVED:    YES \_\_\_\_\_    NO \_\_\_\_\_

\_\_\_\_\_  
Department Head/Designee Signature

\_\_\_\_\_  
Date

**FINANCE DEPARTMENT**

Successfully completed six months of service?      YES \_\_\_\_\_      NO \_\_\_\_\_

Does purchase exceed net bi-weekly pay?      YES \_\_\_\_\_      NO \_\_\_\_\_

Have previous purchase obligations been satisfied?      YES \_\_\_\_\_      NO \_\_\_\_\_

**Is purchase in excess of \$100?**      **YES** \_\_\_\_\_      **NO** \_\_\_\_\_

**Purchase to be repaid as follows:**

Payment of \$ \_\_\_\_\_ to be paid on \_\_\_\_\_      Input \_\_\_\_\_

Payment of \$ \_\_\_\_\_ to be paid on \_\_\_\_\_      Input \_\_\_\_\_

**GENERAL MANAGER**

APPROVED:    YES \_\_\_\_\_    NO \_\_\_\_\_

\_\_\_\_\_  
General Manager/Designee Signature

\_\_\_\_\_  
Date

## WALNUT VALLEY WATER DISTRICT EMPLOYEE STANDARD OF CONDUCT

### 1. STATEMENT OF DISTRICT POLICY:

It is incumbent upon all District employees to help ensure that the District continues to meet its ongoing mission of remaining committed to providing superior service to our customers. The District and its employees must, at all times, ~~also~~ comply with all applicable laws and regulations. In light of the importance of this issue, the District has set forth ~~this policy.e~~ ~~following:~~

### 2. POLICY:

The District expects its employees to conduct themselves in a ~~businesslike professional~~ manner and perform duties conscientiously, honestly, and in accordance with the best interests of the ~~organization~~ District. Employees are expected to take great care when working with customers, suppliers, contractual contacts and/or members of the public.

- a. Employees must respect the confidentiality of information acquired in the course of their work. Regardless of circumstances, if an employee ~~senses believes~~ that a course of action may involve ~~conflicts~~ of interest, fraud and/or dishonesty, or the misuse or inappropriate use of District property; or ~~are is otherwise~~ uncertain about the application or interpretation of any legal requirement, the ~~employeee~~ should immediately communicate all facts to their supervisor, ~~De~~department ~~head~~Head, or General Manager ~~or their~~ /designee. This ~~policy also applies to includes~~ the placing of video, pictures, any likeness and/or audio related to nonpublic events that occur at District facilities in any public forum or on any social media website or platform.
- b. The unauthorized use of District personnel, facilities, equipment, and ~~/or~~ vehicles for any non-~~D~~istrict purpose, including use as a backdrop and/or prop is ~~expressly~~ prohibited.

## WALNUT VALLEY WATER DISTRICT

### EMPLOYMENT OF RELATIVES, SPOUSES, DOMESTIC PARTNERS POLICY

#### 1. STATEMENT OF DISTRICT POLICY

The District regulates the employment and placement of relatives, spouses, and domestic partners so as to avoid conflicts of interest and to promote safety, security, supervision, and morale.

#### 2. POLICY DEFINITIONS

- (a) "Relative" means child, step-child, parent, grandparent, grandchild, brother, sister, half-brother, half-sister, aunt, uncle, niece, nephew, or in-laws of those listed in this sentence, by marriage or domestic partnership.
- (b) "Spouse" means one of two persons to a marriage, or two people who are registered domestic partners, as those terms are defined by state law.
- (c) "Supervisory relationship" means one in which one employee exercises the right or responsibility to control, direct, reward, or discipline another by virtue of the duties and responsibilities assigned to their District appointment.

#### 3. EMPLOYMENT OF RELATIVES

The District will not hire, employ, appoint, promote or transfer a person to a position within the same department, division, or facility in which the person's relative already holds a position, if any of the following would result:

- (a) A direct or indirect supervisory relationship between the relatives;
- (b) The two employees having job duties which require performance of shared duties on the same or related work assignment;
- (c) Both employees having the same supervisor; or
- (d) A potential for creating an adverse impact on supervision, safety, security, morale or efficiency.

#### 4. SPOUSES OR DOMESTIC PARTNERS

The District will not hire, employ, appoint, promote, or transfer a person, to the same department, division, or facility in which the person's spouse or registered domestic partner already holds a position, if such employment would result in any of the following:

- (a) One spouse or domestic partner being under the direct supervision of the other spouse or domestic partner; or
- (b) Potential conflicts of interest or hazards for married persons or those in domestic partnership which are greater than for those who are not married or in domestic partnerships.

## **5. MARRIAGE OR DOMESTIC PARTNERSHIP AFTER EMPLOYMENT**

- (a) Transfer: If two District employees who work in the same department later become spouses or domestic partners, the General Manager/Designee has discretion to transfer one of the employees to a similar position in another department. Although the wishes of the two employees will be considered, the General Manager/Designee retains sole discretion to determine which employee will be transferred based upon District needs for supervision, safety, security or morale. Any such transfer that results in a salary reduction is not disciplinary and is not subject to any grievance or appeal, or pre- or post-disciplinary appeal due process.
  
- (b) Separation: If continuing employment of both employees, who work in the same department and who later become spouses or domestic partners, cannot be accommodated in a manner the General Manager/Designee finds to be consistent with the District's interest in the promotion of supervision, safety, security, or morale, then the General Manager/Designee retains sole discretion to separate one employee from District employment. Absent the resignation of one employee, the less senior employee will be separated. Any such separation is not considered to be disciplinary and is not subject to any grievance or appeal, or pre- or post-disciplinary appeal due process.

**WALNUT VALLEY WATER DISTRICT**  
**FAMILY CARE AND MEDICAL LEAVE POLICY (FMLA/CFRA)**

**1. POLICY:**

The District provides family and medical leave for eligible employees as required by federal and state law. To the extent not already provided for under current leave policies and provisions, the District will provide family and medical care leave for eligible employees as required by State and Federal law.

The following provisions set forth certain rights and obligations with respect to such leave. Rights and obligations which are not specifically set forth below are set forth in the Department of Labor regulations implementing the Federal Family and Medical Leave Act of 1993 ("FMLA"), and the regulations implementing the California Family Rights Act ("CFRA"). Unless otherwise provided by this article, "Leave" under this article shall mean leave pursuant to the FMLA and CFRA. Unless otherwise provided by law, the District will run each employee's FMLA and CFRA leaves concurrently.

**2. DEFINITIONS:**

2.1 "**12-Month Period**" means a rolling 12-month period measured backward from the date leave is taken and continuous with each additional leave day taken.

2.2 "**Single 12-Month Period**" means a 12-month period which begins on the first day the eligible employee takes FMLA leave to take care of a covered service member and ends 12 months after that date.

**2.3 "Child"**

2.3.1 Under the FMLA, "child" means a child under the age of 18 years of age, or 18 years of age or older who is incapable of self-care because of a mental or physical disability. An employee's child is one for whom the employee has actual day-to-day responsibility for care, and includes a biological, adopted, foster or step-child. A child is "incapable of self care" if he/she requires active assistance or supervision to provide daily self-care in three or more of the activities of daily living or instrumental activities of daily living, such as caring for grooming and hygiene, bathing, dressing and eating, cooking, cleaning shopping, taking public transportation, paying bills, maintaining a residence, or using telephones and directories.

~~2.2-12.3.2~~ 2.3.2 Under the CFRA, "child" means a child, including a child who is 18 years of age or older who is capable of self-care. An employee's child means a biological, adopted, ~~or~~ foster ~~child~~, a ~~step~~-child, a ~~legal~~ ward, a child of a domestic partner, or a person to whom the employee stands in *loco parentis* (in place of parent).

**2.4 "Grandchild"** means a child of the employee's child.

~~2.3~~

2.4

2.5 **“Grandparent”** means a parent of the employee’s parent.

2.52.6 **“Parent”** means a biological, ~~foster, or adoptive~~ parent of an employee, ~~stepparent, a legal guardian of an employee~~ or an individual ~~who stands or stood in loco parentis~~ (in place of a parent) to an employee when the employee was a child. This term does not include parents-in-law.

2.7 **“Sibling”** means a person related to ~~another person~~ the employee by blood, adoption, or affinity through a common legal or biological parent.

2.62.8 **“Spouse”** means one or two persons to a marriage, regardless of the sex of the persons, and for purposes of CFRA leave, includes a registered domestic partner as defined below. a husband or wife as defined or recognized under California State law for purposes of marriage.

2.72.9 **“Domestic Partner”** is another adult with whom the employee has chosen to share their life in an intimate and committed relationship of mutual caring and with whom the employee has filed ~~means a domestic partnership established in California when both persons file~~ a Declaration of Domestic Partnership with the California Secretary of State, and who meets the criteria specified in domestic partner requirements as set forth in the California Family Code Section 297. A legal union formed in another state that is substantially equivalent to the California domestic partnership is also sufficient. Domestic Partner, as defined by Family Code §§297 and 299.2, shall have the same meaning as “Spouse” for the purposes of CFRA leave.

2.82.10 **“Serious health condition”** means an illness, injury impairment, or physical or mental condition that involves:

2.8.12.10.1 **Inpatient Care** (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity (i.e., inability to work, or perform other regular daily activities due to the serious health condition, treatment involved, or recovery therefrom). A person is considered “inpatient” when a health care facility admits them to the facility with the expectation that they will remain at least overnight, even if it later develops that such person can be discharged or transferred to another facility, and does not actually remain overnight; or

2.8.22.10.2 **Continuing treatment** by a health care provider: A serious health condition involving continuing treatment by a health care provider includes any one or more of the following:

- A period of **incapacity** (i.e., inability to work, or perform other regular daily activities) due to serious health condition of more than three consecutive calendar days, and
- ~~any~~ Any subsequent treatment or period of incapacity relating to the same condition), that also involves:

- Treatment two or more times by a health care provider, by a nurse or physician's assistant under direct supervision by a health care provider, or by a provider of health care services (e.g., a physical therapist) under orders of, or on referral by a health care provider; or
- Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider. This includes for example, a course of prescription medication or therapy requiring special equipment to resolve or alleviate the health condition. If the medication is over the counter, and can be initiated without a visit to a health care provider, it does not constitute a regimen of continuing treatment.

2.10.7.3 Any period of incapacity due to pregnancy or for prenatal care. Note that pregnancy is a "serious health condition" only under the FMLA, childbirth, or other related condition, or for prenatal care. (This entitles the employee to FMLA leave, but not CFRA leave. Under California law an employee disabled by pregnancy is entitled to pregnancy disability leave.)

2.710.4 Any period of incapacity or treatment for such incapacity due to a chronic serious health condition. A chronic serious health condition is one which:

- Requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;
- Continues over an extended period of time (including recurring episodes of a single underlying condition); and
- May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.). Absences for such incapacity qualify for leave even if the absence lasts only one day.

2.710.5 A period of incapacity ~~which~~ that is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider.

2.710.6 Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment.

2.811 **"Health Care Provider"** means:

2.11.1 A doctor of medicine or osteopathy who is authorized to practice medicine or surgery by the State of California;

- 2.11.2 Individuals duly licensed as a physician, surgeon, or osteopathic physician or surgeon in another state or jurisdiction, including another country, who directly treats or supervises treatment of a serious health condition;
- 2.11.3 Podiatrists, dentists, clinical psychologists, optometrists, ~~and-or~~ chiropractors (limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist) authorized to practice in California and performing within the scope of their practice as defined under California State law;
- 2.11.4 Nurse practitioners ~~and-or~~ nurse-midwives ~~and-or~~ clinical social workers who are authorized to practice under California State law and who are performing within the scope of their practice as defined under California State law;
- 2.11.5 Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts; and
- 2.11.6 Any health care provider from whom an employer or group health plan's benefits manager will accept certification of the existence of a serious health condition to substantiate a claim for benefits.

2.129 ~~“Covered Active Duty or Call to Active Duty Status” means: (1) in the case of a member of a regular component of the Armed Forces, duty during deployment of the member with the Armed Forces to a foreign country; or (2) in the case of a member of the reserve component of the Armed Forces, duty during the deployment of members of the Armed Forces to a foreign country—a duty—under a call or order to active duty under certain specified provisions. (or notification of an impending call or order to active duty) in support of a contingency operation for members of the Reserve components, the National Guard, and certain retired members of the Regular Armed Forces and retired Reserve while serving on active duty status during a war or national emergency declared by the President or Congress.~~

2.10 ~~“Contingency Operation” means a military operation that is (1) designated by the Secretary of Defense as an operation in which members of the United States Armed Forces are or may become involved in military actions, operations, or hostilities against an enemy of the United States or against an opposing military force; or (2) that results in the call to order to, or retention on, active duty members of the United States Armed Forces by law or any other provision of law during a war or national emergency declared by the President or Congress.~~

2.143 ~~“Covered Service memberMember” means: (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness incurred in the line of duty on active duty; or (2) a veteran who is undergoing medical treatment, recuperation, or therapy, for a serious injury or illness and who was a member of the Armed Forces, including a member of the National Guard or Reserves, at any time during the period of five years preceding the date on which the veteran undergoes that medical treatment, recuperation, or therapy.~~



- 2.1~~24~~<sup>53</sup> “**Outpatient Status**” means, with respect to a covered service\_member, the status of a member of the Armed Forces assigned to either: (1) a military medical treatment facility as an outpatient; or (2) a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.
- 2.1~~53~~<sup>53</sup> “**Next of Kin of a Covered Service\_memberMember**” means the nearest blood relative other than the covered service\_member’s spouse, parent, son, or daughter, in the following order of priority: Blood relatives who have been granted legal custody of the covered service\_member by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless the covered servicemember has specifically designated in writing another blood relative as his or hertheir nearest blood relative for purposes of military caregiver leave under the FMLA.
- 2.1~~46~~<sup>46</sup> “**Serious Injury or Illness**” means: (1) in the case of a member of the Armed Forces, including a member of the National Guard or Reserves, ~~means~~ an injury or illness that a covered service member was incurred by the member in the line of duty on active duty in the Armed Forces (or existed before the beginning of the member’s active duty and was aggravated by the service in the line of duty on active duty in the Armed Forces) and that may render the service member medically unfit to perform the duties of the member’s office, grade, rank, or rating; or (2) in the case of a veteran who was a member of the Armed Forces, including a member of the National Guard or Reserves, ~~at any time during the period of five years preceding the date on which the veteran undergoes that medical treatment, recuperation, or therapy, means an~~ qualifying injury or illness that was incurred by the member in the line of duty on active duty in the Armed Forces (or existed before the beginning of the member’s active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) and that manifested itself either before or after the member became a veteran.

### 3. **REASONS FOR LEAVE:**

Leave is only permitted for the following reasons:

- 3.1 The birth of a child or to care for a newborn of an employee;
- 3.2 The placement of a child with an employee in connection with the adoption or foster care of a child;
- 3.3 Leave to care for a child, parent, ~~or grandparent, grandchild, sibling~~ spouse, ~~or domestic partner~~ who has a serious health condition;
- 3.4 Under the CFRA only, leave is permitted to care for a domestic partner, grandparent, grandchild, or sibling who has a serious health condition. Leave for this purpose does not apply to FMLA leave and will not run concurrently with leave under the FMLA.
- 3.~~54~~<sup>54</sup> Leave because of a serious health condition that makes the employee unable to perform one or more essential ~~the~~ functions of his/hertheir position.
- 3.~~65~~<sup>65</sup> Leave for a variety of “qualifying exigencies” ~~may be taken~~ arising out of the fact that an employee’s spouse, son, daughter, or parent is on active duty or call to active

duty status in the National Guard or Reserves in support of a contingency operation; ~~(under the FMLA only, not the CFRA)~~

3.7 Under the CFRA only, leave for a variety of “qualifying exigencies” arising out of the fact that an employee’s domestic partner is on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation. Leave for this purpose does not apply to FMLA leave and will not run concurrently with leave under the FMLA; or

3.68 Leave to care for a spouse, son, daughter, parent, or “next of kin”— who is a covered service member of the United States Armed Forces who has a serious injury or illness; incurred in the line of duty while on active military duty; or existed before the beginning of the member’s active duty and was aggravated by service in the line of duty on active duty in the Armed Forces. (This leave can run up to 26 weeks of unpaid leave during a single 12-month period). ~~(under the FMLA only, not the CFRA).~~

#### **4. EMPLOYEES ELIGIBLE FOR LEAVE:**

An employee is eligible for leave if the employee:

4.1 Has been employed by the District for at least 12 months; and

4.2 4.2—Has worked for at least 1,250 hours for the District during the 12-month period immediately preceding the commencement of the leave; and

4.24.3 For FMLA leave eligibility, the District directly employs at least 50 full or part-time employee within a 75-mile radius for each working day during each of 20 or more calendar workweeks in the current or preceding calendar year. The workweeks do not have to be consecutive. The phrase “current or preceding calendar year” refers to the calendar year in which the employee requests the leave or the calendar year preceding this request.

#### **5. AMOUNT OF LEAVE.**

Eligible employees are entitled to a total of 12 workweeks (or 26 weeks to care for a covered service member) of leave during any 12-month period. ~~Where-If~~ FMLA leave qualifies as both military caregivers leave or care for a family member with a serious health condition, the leave will be designated as military caregiver leave first.

##### **5.1 Minimum Duration of Leave**

If leave is requested for the birth, adoption, or foster care placement of a child of the employee, leave must be concluded within one year of the birth or placement of the child. In addition, the basic minimum duration of such leave is two weeks. However, an employee is entitled to leave for one of these purposes (e.g., bonding with a newborn) for ~~at least one day, but~~ less than two weeks duration on any two occasions.

If leave is requested to care for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner, or for the employee him/herself/themselves with a serious health condition, there is no minimum amount of leave that must be taken. However,

compliance with the notice and medical certification provisions of this policy is required~~must be complied with~~.

## 5.2 ~~Spouses~~ Parents Both Employed by the District

If both parents of a child, adoptee, or foster child are employed by the District and are entitled to bonding leave, each parent ~~In any case in which a husband and wife both employed by the District are entitled to leave, the aggregate number of workweeks of leave to which both may be entitled may be limited to 12 workweeks during any 12-month period~~ is entitled to 12 workweeks of CFRA leave during any 12-month period ~~if leave is taken for the birth or placement for adoption or foster care of the employees' child (i.e., bonding leave).~~

If both parents of a covered service member are employed by the District and are entitled to leave to care for a covered service member, ~~In any case in which a husband and wife both employed by the District are entitled to leave,~~ the aggregate number of workweeks of leave to which both may be entitled is ~~may be~~ limited to 26 workweeks during any the 12-month period ~~if leave is taken to care for a covered servicemember~~.

This limitation does not apply to any other type of leave under this policy.

## 6. **EMPLOYEE HEALTH BENEFITS WHILE ON LEAVE:**

Leave under this policy is unpaid. While on unpaid leave, employees will continue to be covered by the District's group health insurance for up to 12 weeks each leave year to the same extent that coverage is provided and paid for while the employee is on the job.

If an employee contributes any amount towards the payment of health insurance premiums while the employee is on the job, the employee will be required to continue such contributions while on leave. ~~—If an employee has provided written authorization for the payroll deduction, Payments~~ payments for health benefits will be immediately deducted from an employee's payroll check while the employee is receiving vacation or sick leave pay, as appropriate. In the event that the employee takes unpaid leave or exhausts all applicable sick and/or vacation leave benefits, the employee will be required to make direct payments to the District for his/her share of health benefit premiums. Your coverage on a particular plan may be dropped if you are more than 30 days late in making a premium payment. However, you will receive a notice at least 15 days before coverage is to cease, advising you that you will be dropped if your premium payment is not paid by a certain date. Employee contribution rates are subject to any change in rates that occurs while the employee is on leave.

If an employee fails to return to work after his/her/their leave entitlement has been exhausted or expires, the District shall have the right to recover its share of health premiums for the entire leave period, unless the employee does not return because of the continuation, recurrence, or onset of a serious health condition of the employee or his/her/their family member which would entitle the employee to leave, or because of circumstances beyond the employee's control. The District reserves the prerogative to take legal action to recover such premiums if the employee fails to make voluntary payment thereof.

## 7. **SUBSTITUTION OF PAID ACCRUED LEAVES:**

~~Although family and medical care leave is unpaid, While on leave under this policy, as set forth herein, an employee may elect or the District will require an employee to concurrently use all paid accrued leaves during family and medical care leave as described below, subject to District policy and approval. Similarly, the District may require an employee to concurrently use paid accrued leaves after requesting FMLA and/or CFRA leave, and may also require an employee to use Family and Medical Care Leave concurrently with a non-FMLA/CFRA leave which is FMLA/CFRA qualifying. It shall be noted, however, that the use of accrued leave does not extend the amount of FMLA/CFRA leave available beyond the 12 weeks in each 12-month period.~~

### **7.1 Employee's Right to Use Paid Accrued Leaves Concurrently With Family Leave**

~~An employee may use any accrued paid leave except sick leave for all or part of any unpaid family care leave. Where an employee has earned or accrued paid vacation, administrative leave, compensatory time, or personal or family leave, that paid leave may be substituted for all or part of any (otherwise) unpaid leave under this policy, subject to District policy and approval. Except, an~~

~~As for sick leave, an employee is entitled to use sick leave concurrently with family and medical care leave for the employee's serious health condition or that of the employee's parent, spouse, domestic partner, child, grandparent, grandchild or sibling, leave under this policy if:~~

~~The leave is for the employee's own serious health condition.~~

~~The leave is needed to care for a parent, grandparent, grandchild, sibling spouse, child, or domestic partner with a serious health condition, and would be permitted as sick leave under the District's sick leave policy.~~

### **7.2 District's Right to Require an Employee to Use Paid Leave When Using FMLA/CFRA Leave**

Employees must use and exhaust their accrued leaves concurrently with FMLA/CFRA leave to the same extent that employees have the right to use their accrued leaves concurrently with FMLA/CFRA leave with two exceptions as described below:

- Employees are not required to use paid leave during leave pursuant to a disability plan that pays a portion of the employee's salary accrued compensatory time earned in lieu of overtime earned pursuant to the Fair Labor Standards Act; and
- Employees may use accrued sick leave to care for a child, parent, spouse or domestic partner, grandparent, grandchild, or sibling, if the employee and the District mutually agree to use accrued sick leave will only be required to use sick leave concurrently with FMLA/CFRA leave if the leave is for the employee's own serious health condition or associated with pregnancy disability.

### **7.3 District's Right to Require an Employee to Exhaust FMLA/CFRA Leave Concurrently With Other Leaves**

If an employee takes a leave of absence for any reason which is FMLA/CFRA qualifying, the District ~~may~~will designate that ~~non-FMLA/CFRA~~ leave as running concurrently with the employee's 12-week FMLA and/or CFRA leave entitlement.

#### 7.4 **District's and Employee's Rights if an Employee Requests Accrued Leave Without Mentioning Either the FMLA or CFRA**

If an employee requests to utilize accrued vacation leave or other accrued paid time off without reference to a FMLA/CFRA qualifying purpose, the District may not ask the employee if the leave is for a FMLA/CFRA qualifying purpose. However, if the District denies the employee's request and the employee provides information that the requested time off is for a FMLA/CFRA qualifying purpose, the District may ~~inquire further into the reason for the absence. If the reason is FMLA/CFRA qualifying, the District may~~ require the employee to exhaust accrued leave as described above.

### **8. MEDICAL CERTIFICATION/RECERTIFICATION:**

Employees who request leave must provide a medical certification and/or recertification to support the need for the leave as described below:

(a) Employees who request leave for their own serious health condition must provide written certification from the health care provider that contains all of the following: the date, if known, on which the serious health condition commenced; the probable duration of the condition; and a statement that, due to the serious health condition, the employee is unable to work at all or is unable to perform any one or more of the essential functions of their position. Upon expiration of the time period the health care provider originally estimated that the employee needed for their own serious health condition, the employee must obtain recertification if additional leave is requested.

(b) Employees who request leave to care for a child, parent, domestic partner, spouse, grandparent, grandchild, or sibling who has a serious health condition must provide written certification from the health care provider of the family member requiring care that contains all of the following: the date, if known, on which the serious health condition commenced; the probable duration of the condition; an estimate of the amount of time which the health care provider believes the employee needs to care for the child, parent, domestic partner, spouse, grandparent, grandchild, or sibling and a statement that the serious health condition warrants the participation of the employee to provide care during a period of treatment or supervision of the child, parent, domestic partner, spouse, grandparent, grandchild, or sibling. The term "warrants the participation of the employee" includes, but is not limited to, providing psychological comfort, and arranging third party care for the covered family member, as well as directly providing, or participating in, the medical care. Upon expiration of the time period the health care provider originally estimated that the employee needed to care for a covered family member, the employer must obtain recertification if additional leave is requested.

~~(a) or to care for a child, parent or a spouse who has a serious health condition must provide written certification from the health care provider of the individual requiring care if requested by the District.~~

~~(b) If the leave is requested because of the employee's own serious health condition, the certification must include a statement that the employee is unable to work at all or is unable to perform the essential functions of his/her position.~~

~~(c)~~

(c) Employees who request [FMLA](#) leave to care for a covered service member who is a child, spouse, parent, or “next of kin” of the employee must provide written certification from a health care provider regarding the injured servicemember’s serious injury or illness. [The District will verify the certification as permitted by the FMLA regulations.](#)

(d) The first time an employee requests leave because of a qualifying exigency, [the District](#) ~~an employer~~ may require the employee to provide a copy of the ~~covered~~ military member’s active duty orders or other documentation issued by the military which indicates that the ~~covered~~ military member is on [covered](#) active duty or call to active duty status in [a foreign country](#) ~~support of a contingency operation~~, and the dates of the ~~covered~~ military member’s active duty service. A copy of new active duty orders or similar documentation shall be provided to the [District](#) ~~employer~~ if the need for leave because of a qualifying exigency arises out of a different [active duty or call to active duty status of the same or a different military member](#). [The District will verify the certification as permitted by the FMLA and CFRA regulations.](#)

### 8.1 Time to Provide a Certification

When an employee’s leave is foreseeable and at least 30 days notice has been provided, ~~if a medical certification is requested~~, the employee must provide [a medical certification](#) before the leave begins. When this is not possible, the employee must provide the requested certification to the District within the time frame requested by the District (which must allow at least 15 calendar days after the employer’s request), unless it is not practicable under the particular circumstances to do so despite the employee’s diligent, good faith efforts.

### 8.2 Consequences for Failure to Provide an Adequate or Timely Certification

If an employee provides an incomplete medical certification, the employee will be given a reasonable opportunity to cure any such deficiency.

However, if an employee fails to provide a medical certification within the time frame established [by in](#) this policy, the District may delay the taking of FMLA/CFRA leave until the required certification is provided [or deny FMLA/CFRA protections following the expiration of the time period to provide an adequate certification](#). ~~If approval of FMLA/CFRA is delayed, the interim time may be charged as leave without pay if the employee fails to provide documented justification for the absence.~~

### 8.3 [Human Resources](#) ~~Personnel Officer’s~~ [Review of the Contents of Medical Certification for Employee’s Own Serious Health Condition](#)

(a) [The employee must provide a certification for their own serious health condition that is complete and sufficient to support the request for leave. A certification is incomplete if one or more of the applicable entries on the certification form has not been completed. A certification is insufficient if the information on the certification form is vague, ambiguous, or not responsive. If the certification is incomplete or insufficient, ~~the Personnel Officer~~ \[Human Resources\]\(#\) will give the employee written notice of the deficiencies and seven days to cure, unless a longer period is necessary in light of the employee’s diligent, good faith efforts to address the deficiencies.](#)

(b) After giving the employee an opportunity to cure the deficiencies in a medical certification for the employee's own serious health condition, **Human Resources the Personnel Officer** may contact the health care provider who provided the certification to clarify and/or authenticate the certification. "Authentication" means providing the health care provider with a copy of the certification form and requesting verification that the information on the form was completed or authorized by the health care provider who signed the form. "Clarification" means contacting the health care provider to understand the handwriting on the medical certification or to understand the meaning of the response. The **Human Resources Personnel Officer** may not ask for additional information beyond that required on the certification form.

#### 8.4 Second and Third Medical Opinions for Employee's Own Serious Health Condition

If the District has a good faith, objective reason to doubt the validity of a certification for the employee's serious health condition, the District may require a medical opinion of a second health care provider chosen and paid for by the District. If the second opinion is different from the first, the District may require the opinion of a third provider jointly approved by the District and the employee, but paid for by the District. The opinion of the third provider will be binding. The District must provide the employee with a copy of the second and third medical opinions, where applicable, without cost, upon the request of the employee.

#### **Recertification**

~~—If the District has reason to doubt the validity of a certification, the District may require a medical opinion of a second health care provider chosen and paid for by the District. If the second opinion is different from the first, the District may require the opinion of a third provider jointly approved by the District and the employee, but paid for by the District. The opinion of the third provider will be binding. An employee may request a copy of the health care provider's opinions when there is a recertification.~~

## 8.54 Intermittent Leave or Leave on a Reduced Leave Schedule

If an employee requests leave intermittently (a few days or hours at a time) or on a reduced leave schedule for their own serious health condition, or to care for an immediate family member with a serious health condition, the employee must provide medical certification that such leave is medically necessary. "Medically necessary" means there must be a medical need for the leave and that the leave can best be accomplished through an intermittent or reduced leave schedule. The District may require an employee who certifies the need for a reduced schedule or intermittent leave to temporarily transfer to an alternate position of equivalent pay and benefits that better accommodates the leave schedule.

## 9. EMPLOYEE NOTICE OF LEAVE:

Although the District recognizes that emergencies arise which may require employees to request immediate leave, employees are required to give as much verbal notice or written notice as possible of their need for leave. If leave is foreseeable, at least 30 days notice is required. In addition, if an employee knows that he/she will need leave in the future, but does not know the exact date(s) (e.g., for the birth of a child or to take care of a newborn), the employee shall give oral notice and fill out and submit a leave request form to his/her department head as soon as possible that such leave will be needed. Leave request forms are attached to this policy and are available from Human Resources. If the District determines that an employee's notice is inadequate or the employee knew about the requested leave in advance of the request, the District may delay the granting of the leave until it can, in its discretion, adequately cover the position with a substitute. If approval of FMLA/CFRA is delayed, the interim time may be charged as leave without pay if the employee fails to provide documented justification for the absence. For foreseeable leave due to a qualifying exigency, an employee must provide verbal or written notice of the need for leave as soon as practicable, regardless of how far in advance such leave is foreseeable.

## 10. REINSTATEMENT UPON RETURN FROM LEAVE:

### 10.1 **Right to Reinstatement**

Upon expiration of leave, an employee is entitled to be reinstated to the position of employment held when the leave commenced, or to an equivalent position, ~~if available,~~ with equivalent employment benefits, pay, and other terms and conditions of employment. Employees have no greater rights to reinstatement, benefits and other conditions of employment than if the employee had been continuously employed and working during the FMLA/CFRA period.

If a definite date of reinstatement has been agreed upon at the beginning of the leave, the employee will be reinstated on the date agreed upon. If the reinstatement date differs from the original agreement of the employee and the District, the employee will be reinstated within two business days, where feasible, after the employee notifies the employer of his/her readiness to return.

### 10.2 **Employee's Obligation to Periodically Report on His/Her Condition**



Employees may be required to periodically report on their status and intent to return to work. This will avoid any delays ~~to-in~~ reinstatement when the employee is ready to return.

### 10.3 Fitness for Duty Certification

As a condition of reinstatement of an employee whose leave was due to the employee's own serious health condition, which made the employee unable to perform his/her job, the employee ~~must may be required to~~ obtain and present a fitness-for-duty certification from the health care provider that the employee is able to resume work. Failure to provide such certification ~~may-will~~ result in denial ~~or delay~~ ~~inof~~ reinstatement.

### ~~10.4 Reinstatement of "Key Employees"~~

~~The District may deny reinstatement to a "key" employee (i.e., an employee who is among the highest paid 10 percent of all employed by the District within 75 miles of the worksite) if such denial is necessary to prevent substantial and grievous economic injury to the operations of the District, and the employee is notified of the District's intent to deny reinstatement on such basis at the time the employer determines that such injury would occur.~~

## 11. REQUIRED FORMS:

Employees must fill out the following applicable forms in connection with leave under this policy:

- 11.1 "Request For Family or Medical Leave Form" prepared by the District to be eligible for leave. **Note: Employees will receive a District response to their request which will set forth certain conditions of the leave.**
- 11.2 ~~The appropriate Medical-medical certification for the reason for the leave. employee's own serious health condition or for the serious health condition of a child, parent or spouse (or next of kin in the case of family military leave) (OR) certification of qualifying exigency for military family leave.~~
- 11.3 Authorization for payroll deductions for benefit plan coverage continuation; and
- 11.4 Fitness for duty to return from leave form.

Employees who misuse or abuse family and medical care leave may be disciplined, up to and including termination. Employees who fraudulently obtain or use CFRA leave are not protected by the CFRA's job restoration or maintenance of health benefits provisions.

# Family Care and Medical Leave Policy

## Appendices

- A. Request for FMLA Form
- B. Notice of Eligibility and Rights and Responsibilities (FMLA/CFRA)
- C. Designation Notice (FMLA/CFRA)
- D. Authorization for Release of Medical Information
- E. Health Care Provider Certification for FMLA/CFRA Leave of Absence- Employee Serious Condition
- F. Certification of Serious Health Condition- Employee's Family Members
- G. Certification of Qualifying Exigency for Military Family Leave
- H. Certification for Serious Injury or Illness of Covered Service Member for Military Family Leave (FMLA)

## Appendix A

### Request for Family/Medical Leave

Name/Employee: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
Department: \_\_\_\_\_ Classification: \_\_\_\_\_  
Hire Date: \_\_\_\_\_

I hereby request the following period of time off from my employment: \_\_\_\_\_ (date) through \_\_\_\_\_ (date) for the reason(s) checked below. I request a Family/Medical Leave for the following reason (check one):

- \_\_\_\_\_ A. The birth of ~~a my~~ child. (Date of birth or expected birth \_\_\_\_\_) and/or in order to care for such child.
- \_\_\_\_\_ B. The placement of a child with me for adoption or foster care. (Date of placement or expected placement \_\_\_\_\_)
- \_\_\_\_\_ C. Pregnancy, childbirth or related medical condition.
- \_\_\_\_\_ D. In order to care for an immediate family member because such family member has a serious health condition.

Check one:  CHILD  SPOUSE  PARENT  
 REGISTERED DOMESTIC PARTNER  
**(Must submit "Physician Certification" within 15 days)**

- \_\_\_\_\_ ED. ~~Employee's~~ My own serious health condition that makes ~~the employee~~ me unable to perform the functions of ~~my his/her~~ position under the FMLA/CFRA. **(Must submit "Physician Certification" within 15 days)**

- \_\_\_\_\_ FE. For a "qualifying exigency" arising out of the fact that ~~my~~ spouse, son, daughter, or parent is on active military duty or has been notified of an impending call to active duty in support of a contingency operation involving the United States Armed Forces ~~status in the National guard or Reserves in support of a contingency operation~~

Check one:  CHILD  SPOUSE  PARENT  
**(Must submit "Certification" within 15 days of the qualifying exigency)**

- \_\_\_\_\_ GF. In order to care for a spouse, ~~son, daughter,~~ parent, or "next of kin", who is an injured service member under of the United States Armed Forces who has a serious injury or illness incurred in the line of duty while on active military duty or exited before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces. FMLA.

Check one:  CHILD  SPOUSE  PARENT  NEXT OF KIN\*  
(Must submit "Physician Certification" within 15 days)

\*"Next of Kin of a Covered Service-member" means the nearest blood relative other than the covered service-member's spouse, parent, son, or daughter, in the following order of priority: Blood relatives who have been granted legal custody of the covered service-member by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless the covered service-member has specifically designated in writing another blood relative as his or her nearest blood relative for purposes of military caregiver leave under the FMLA.

### Method of Leave Requested

- \_\_\_\_\_ A. Consecutive Leave
- \_\_\_\_\_ B. Intermittent or Reduced Leave Schedule (Specify Schedule Below)

Date leave is to begin: \_\_\_\_\_ Expected duration of leave: \_\_\_\_\_  
(This is estimated birth date)

~~If the duration of my family/medical leave (total of paid and unpaid time) does not exceed 12 weeks, I will be returned to my same or equivalent position. I understand that if my family/medical leave should exceed 12 weeks I will be returned to my same or equivalent position, only if available. If my same or equivalent position is not available, I understand that I may be terminated.~~

\_\_\_\_\_ Date

\_\_\_\_\_ Employee's Signature

By submitting this request, I hereby acknowledge receiving a copy of the City's leave of absence policies.

Depending on the leave request, a certification form may be provided to me to verify the leave requested. The form must be submitted to the Human Resources Department within 15 calendar days of the request.

If eligible, I understand an employee may take up to 12 workweeks of FMLA/CFRA leave (or 26 weeks of injured servicemember leave under the FMLA) during a 12-month period. A 12-month period generally begins on the date of an employee's first use of FMLA leave. Successive 12-month periods commence on the date of an employee's first use of such leave after the preceding 12-month period has ended.

I further acknowledge that leaves of absence may be concurrently charged against my entitlement to leave under all appropriate federal and state laws and that all requests are subject to approval by Human Resources Department.

I certify that the above statements are true.

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Employee's Signature

## Appendix B

### Notice of Eligibility and Rights and Responsibilities (FMLA/CFRA)

#### PART A – NOTICE OF ELIGIBILITY

Employee's Name:

\_\_\_\_\_

On \_\_\_\_\_, you informed us that you needed leave beginning on  
\_\_\_\_\_ for: \_\_\_\_\_  
(date) (date)

- \_\_\_\_\_ The birth of a child, or the placement of a child with you for adoption or foster care;
- \_\_\_\_\_ Your own serious health condition;
- \_\_\_\_\_ Because you are needed to care for your  spouse,  child,  parent,  domestic partner (CFRA only) due to his/her serious health condition.
- \_\_\_\_\_ Because of a "qualifying exigency" arising out of the fact that your  spouse,  son or daughter, or  parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves. (FMLA only)
- \_\_\_\_\_ Because you are the  spouse,  son or daughter,  parent,  next of kin of a covered service member with a serious injury or illness. (FMLA only)

This Notice is to inform you that you:

- \_\_\_\_\_ Are eligible for FMLA and/or CFRA leave (See Part B below for Rights and Responsibilities);
- \_\_\_\_\_ Are not eligible for FMLA or CFRA leave, because (only one reason need be checked, although you may not be eligible for other reasons):
  - \_\_\_\_\_ You have not met the 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately \_\_\_\_\_ months towards this requirement.
  - \_\_\_\_\_ You have not met the 1,250-hours-worked requirement.
  - \_\_\_\_\_ You do not work and/or report to a site with 50 or more employees within 75-miles.

If you have any questions, contact the Human Resources Department or view the FMLA poster located in the break room.

#### PART B – RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE

As explained in Part A, you meet the eligibility requirements for taking FMLA and/or CFRA leave and still have FMLA and/or CFRA leave available in the applicable 12-month period. However, in order for us to determine whether your absence qualifies as FMLA and/or CFRA leave, you

must return the following information to us within 15 calendar days by \_\_\_\_\_.

If sufficient information is not provided in a timely manner, your leave may be denied.

\_\_\_\_\_ Sufficient certification to support your request FMLA leave. A certification form that sets forth the information necessary to support your request  **is**/  **is not** enclosed.

\_\_\_\_\_ Sufficient documentation to establish the required relationship between you and your family member.

\_\_\_\_\_ Other information needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ No additional information requested

**If your leave does qualify** as FMLA/CFRA leave, you will have the following **responsibilities** while on FMLA/CFRA leave (only checked blanks apply):

\_\_\_\_\_ Contact the Human Resources Department to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day (or, indicate longer period, if applicable) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.

\_\_\_\_\_ You will be required to use your available paid  **sick**,  **vacation**, and/or  **other leave** during your FMLA absence. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.

\_\_\_\_\_ Due to your status within the agency, you are considered a “key employee” as defined in the FMLA. As a “key employee,” restoration to employment may be denied following FMLA/CFRA leave on the grounds that such restoration will cause substantial and grievous economic injury to us. We  **have**/  **have not** determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us.

\_\_\_\_\_ While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every \_\_\_\_\_. (Indicate interval of periodic reports, as appropriate for the particular leave situation.)

**If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on this form, you will be required to notify us at least two workdays prior to the date you intend to report for work.**

**If your leave does qualify as FMLA and/or CFRA leave you will have the following rights while on FMLA/CFRA leave:**

- You have a right under the FMLA and/or CFRA for up to 12 weeks of unpaid leave in a 12-month period calculated as a “rolling” 12-month period measured backward from the date of any FMLA leave usage.
- You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered service member with a serious injury or illness. This single 12-month period commenced on \_\_\_\_\_ (if applicable).
- Your health benefits will be maintained during any period of unpaid leave under the same terms of premium payment as apply while you were working.
- You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA/CFRA-protected leave. (If your leave extends beyond the end of your FMLA/CFRA entitlement, you do not have return rights under FMLA/CFRA.)
- If you do not return to work following FMLA/CFRA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 2) the continuation, recurrence, or onset of a covered service member’s serious injury or illness which would entitle you to FMLA/CFRA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA/CFRA leave.
- If we have not informed you above that you must use accrued paid leave while taking your unpaid FMLA/CFRA leave entitlement, you have the right to have  **sick**,  **vacation**, **and/or**  **other leave** run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policy. Applicable conditions related to the substitution of paid leave are referenced or set forth below. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA/CFRA leave.

\_\_\_\_\_ For a copy of conditions applicable to sick/vacation/other leave usage please refer to the District’s FMLA/CFRA policy, available from the Human Resources Department.



\_\_\_\_\_ Other applicable conditions for use of paid leave:

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**Once we obtain the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as FMLA and/or CFRA leave and count towards your FMLA and/or CFRA leave entitlement. If you have any questions, please do not hesitate to contact the Human Resources Department.**

## Appendix C

### ~~NOTICE THAT YOUR ABSENCE WILL RUN AGAINST YOUR FAMILY MEDICAL LEAVE ENTITLEMENT~~ Designation Notice (FMLA/CFRA)

DATE:

TO:

FROM:

SUBJECT: Designation Notice of Absence Which Qualifies as Leave Qualifying under the Federal Family and Medical ~~Care~~ Leave Act (FMLA) and California Family Rights Act (CFRA)

The District reviewed your current leave of absence and/or your request for leave under the Family and Medical Leave Act (FMLA) and/or California Family Rights Act (CFRA) and any supporting documents that you have provided. We received your most recent information on \_\_\_\_\_ and decided has received information which indicates that you are absent for one of the following reasons that qualifies under state and federal law as family and medical leave:

Your FMLA/CFRA leave request is approved. All leave taken for this reason will be designated as:

FMLA leave only    CFRA leave only    FMLA and CFRA leave

The FMLA/CFRA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement:

Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement:

Because the leave you will need will be unscheduled, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).

---

#### Please be advised (check if applicable):

You have requested to use paid leave during your FMLA/CFRA leave. Any paid leave taken for this reason will count against your FMLA/CFRA leave entitlement.

We are requiring you to substitute or use paid leave during your FMLA leave.

You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. A list of the essential functions of your position  is  is not attached. If attached, the fitness-for-duty certification must address your ability to perform these functions.

---

Additional information is needed to determine if your FMLA leave request can be approved:

The certification you have provided is not complete and insufficient to determine whether the FMLA applies to your leave request. You must provide the following information within seven (7) calendar days and no later than \_\_\_\_\_, unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied (Specify information needed to make the certification complete and sufficient):

We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.

Your FMLA/CFRA Leave request is Not Approved.

Neither the FMLA nor the CFRA apply to your leave request.

You have exhausted your FMLA/CFRA leave entitlement in the applicable 12-month period.

~~the birth of your child, or the placement of a child with you for adoption or foster care; or~~

~~a serious health condition that makes you unable to perform the essential functions of your job; or~~

~~a serious health condition affecting your  spouse,  child,  parent, \_\_\_\_\_ for which you are needed to provide care.~~

~~Effective the date of this notice, we are placing you on family and medical leave. Please note that state and federal family and medical leave run concurrently. Pursuant to the FMLA/CFRA, you have the right to up to 12 weeks of unpaid leave in a 12-month period for the reasons listed above. If the duration of your family/medical leave (total of paid and unpaid time) does not exceed 12 weeks, you will be returned to your same or equivalent position. If your family/medical leave should exceed 12 weeks you will be returned to your same or equivalent position, only if available. If your same or equivalent position is not available, you understand that you may be terminated. You previously have used \_\_\_\_\_ (days/hours) of family and medical leave and thus the total remaining family and medical leave available to you is \_\_\_\_\_ (days/hours). Also, your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work. If you do not return to work following FMLA/CFRA leave for a reason other than: (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA/CFRA leave; or (2) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA/CFRA leave. You are also informed that:~~

~~1. You  will  will not be required to furnish medical certification of a serious health condition. If required, you must furnish certification by \_\_\_\_\_ (must be at least 15 days after you are notified of his requirement).~~

~~2. \_\_\_\_\_ You may elect to substitute accrued paid leave for unpaid FMLA/CFRA leave. We  will  will not require that you substitute accrued paid leave for unpaid FMLA/CFRA leave. If paid leave will be used the following conditions will apply:~~

3. a) If you normally pay a portion of the premiums for your health insurance, these payments will continue during the period of FMLA/CFRA leave. Arrangements for payment have been discussed with you and it is agreed that you will make premium payments as follows: *(Set forth dates, e.g., the 10<sup>th</sup> of each month, or pay periods, etc. that specifically cover the agreement with the employee).*
- b) You have a minimum ~~30-day~~30-day grace period in which to make premium payments. If payment is not made timely, your group health insurance may be canceled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse.
- c) We  will  will not do the same with other benefits (e.g., life insurance, disability insurance, etc.) while you are on FMLA/CFRA leave. If we do pay your premiums for other benefits, when you return from leave you  will  will not be expected to reimburse the District for the payments made on your behalf.
- ~~4. You  will  will not be required to present a fitness for duty certificate prior to being reinstated to employment. If such certification is required but not received, your return to work may be delayed until the certification is provided.~~
- ~~5. a) You  are  are not a "key employee" as described by the FMLA/CFRA regulations. If you are a "key employee", reinstatement to employment may be denied following FMLA/CFRA leave on the grounds that such reinstatement will cause substantial and grievous economic injury to the District.~~
- ~~b) We  have  have not determined that reinstating you to employment at the conclusion of FMLA/CFRA leave will cause substantial and grievous economic harm to the District.~~
- ~~6. While on leave, you  will  will not be required to furnish Human Resources with periodic reports every \_\_\_\_\_ of your status and intent to return to work. If the circumstances of your leave change and you are able to return to work earlier than the date indicated on the reverse side of this form, you  will  will not be required to notify your department head and Human Resources at least two work days prior to the date you intend to report for work.~~
7. You  will  will not be required to furnish recertification relating to a serious health condition. *(Explain below, if necessary, including the interval between certifications).*

**Appendix D**

**Authorization for Release of Medical Information**

I, \_\_\_\_\_ (patient), hereby authorize \_\_\_\_\_ (physician/practitioner), to release personal health the information, including that required on the Certification of Physician or Practitioner, which is attached. This information will be provided to the Walnut Valley Water District for the purpose of determining the my eligibility of \_\_\_\_\_ (employee) for family/medical leave, for \_\_\_\_\_ (start date) to \_\_\_\_\_ (end date). ~~as provide by state and federal law.~~

This authorization is valid from: \_\_\_\_\_ (start date) to \_\_\_\_\_ (end date.) If I fail to specify an expiration date, this authorization expires in 90 days after the date of my signature below unless previously revoked in writing. I understand that I have the right to revoke this authorization at any time by giving a written notice to the Walnut Valley Water District or the provider/practitioner named above. Such revocation shall not apply to any information that has been released prior to revocation of this authorization.

~~(amount of time) from the date of my signature below.~~

I understand that authorizing the disclosure of my medical information is voluntary. I can refuse to sign this authorization. I further understand that I have the right to inspect and copy the information disclosed as a result of this authorization. I understand I have a right to receive a copy of this authorization for the release of medical information. If I have any questions about the disclosure or use of this information, I may contact Human Resources Department. I, \_\_\_\_\_ (employee) understand that I have a right to receive a copy of this authorization for the release of medical information.

\_\_\_\_\_  
Type or Print name of Patient or Legal Representative of Patient

\_\_\_\_\_  
Signature of Patient or Legal Representative of Patient

\_\_\_\_\_  
Date

## Appendix E

### Health Care Provider ~~PHYSICIAN OR PRACTITIONER MEDICAL~~ Certification for FMLA/CFRA Leave of Absence - Employee ~~—~~ Serious Health Condition

#### SECTION I: For completion by the EMPLOYER

Employer's name and contact person: \_\_\_\_\_

Employee's job title: \_\_\_\_\_

Employee's regular work schedule: \_\_\_\_\_

Employee's essential job functions: \_\_\_\_\_

Check if job description is attached:  \_\_\_\_\_

#### SECTION II: For completion by the EMPLOYEE

~~INSTRUCTIONS to the EMPLOYEE:~~ Please complete Section II before giving this form to ~~y~~Your health care ~~medical~~ provider. The FMLA permits an employer to require that you submit a timely, ~~complete, and sufficient medical certification to support a request for FMLA/CFRA~~ leave due to your ~~own serious health condition. Failure to provide a complete and sufficient medical~~ certification may result in a denial of your FMLA/CFRA request.

Your name: \_\_\_\_\_  
                                            First                                            Middle                                            Last

#### SECTION III: For completion by the HEALTH CARE PROVIDER

~~INSTRUCTIONS to the HEALTH CARE PROVIDER:~~ Your patient has requested leave ~~under the FMLA and/or CFRA~~. Answer, fully and completely, all applicable parts. Several questions seek a ~~response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page. **Please do not include information on diagnosis, condition or other confidential medical information.**~~

Provider's name and business address: \_\_\_\_\_

Type of practice/Medical specialty: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

**PART A: MEDICAL FACTS**

**[NOTE: THE HEALTH CARE PROVIDER IS NOT TO DISCLOSE THE UNDERLYING DIAGNOSIS]**

~~Date medical condition or need for treatment~~ ~~Approximate date condition~~ commenced: \_\_\_\_\_

Probable duration of ~~medical~~ condition ~~or need for treatment~~: \_\_\_\_\_

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

~~No~~  Yes  ~~No~~ - If ~~seyes~~, please identify dates of admission:

~~Date(s) you treated the patient for condition:~~

Will the patient need to have treatment visits at least twice per year due to the condition?

~~No~~  Yes  ~~No~~

~~Was medication, other than over-the-counter medication, prescribed?~~  ~~No~~  ~~Yes~~

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?

~~No~~  Yes  ~~No~~ - If ~~seyes~~, state the ~~nature of such treatments and~~ expected duration of treatment:

2. Is the medical condition pregnancy?  ~~No~~  Yes.  ~~No~~ - If ~~yesse~~, expected delivery date: \_\_\_\_\_

3. Is the employee able to perform work of any kind?  ~~No~~  Yes.  ~~No~~  
**(If "No", skip next question.)**

4. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions. Is the employee ~~unable to perform~~ ~~the essential any of his/her job~~ functions ~~of the employee's job due to the condition?~~

~~No~~  Yes  ~~No~~

If ~~seyes~~, identify the job functions the employee is unable to perform:

**PART B: AMOUNT OF LEAVE NEEDED**

~~5. Will the employee be incapacitated for a single continuous period of time due to employee's serious his/her medical condition, including any time for treatment and recovery?~~

No  Yes  No

If yesse, estimate the beginning and ending dates for the period of incapacity:

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**If the employee is requesting intermittent leave, please answer the following questions:**

6. Is it medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal work scheduled a reduced number of hours of work in order to deal with the employee's serious health condition?

No  Yes  No

If soyes, are the treatments or the reduced number of hours of work medically necessary?

No  Yes please indicate the

Estimate number of doctor's visits, and/or estimated duration of medical treatment, either by the health care practitioner or another provider of health services, upon referral from the health care provider schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

---

Estimate the part-time or reduced work schedule the employee needs, if any:

\_\_\_\_\_ hour(s) per day; \_\_\_\_\_ days per week from \_\_\_\_\_ through \_\_\_\_\_

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions?  No  Yes

Is it medically necessary for the employee to be absent from work during the flare-ups?

No  Yes. If so, explain:

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Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months last 1-2 days):

Frequency: \_\_\_\_\_ times per \_\_\_\_\_ week(s) \_\_\_\_\_ month (s)

Duration: \_\_\_\_\_ hours or \_\_\_\_\_ day(s) per episode

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

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SIGNATURE OF HEALTH CARE PROVIDER

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DATE

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SIGNATURE OF EMPLOYEE

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DATE

## Appendix F

### Certification of Serious Health Condition – Employee’s Family Members

1. ~~1-~~Employee’s Name: \_\_\_\_\_

2. ~~2-~~Patient’s Name: \_\_\_\_\_

~~3-~~ ~~3-~~ Does the employee’s child, parent, spouse, or domestic partner have an illness, injury, impairment,

~~4-~~ ~~3-~~ impairment, or physical or mental condition which constitutes a “serious health condition?” A “serious health condition” is described on the attached sheet identified as Exhibit A. Does the patient’s condition qualify under any of the categories described? If so, please check the applicable category:-

(1)\_\_\_ (2)\_\_\_ (3)\_\_\_ (4)\_\_\_ (5)\_\_\_ (6)\_\_\_ or None of the above\_\_\_.

~~5-~~ ~~4-~~ Date medical condition or need for treatment commenced: \_\_\_\_\_

~~6-~~ ~~5-~~ Probable duration of medical condition or need for treatment: \_\_\_\_\_

~~7-~~ ~~6-~~ Does (or will) the patient require assistance for basic medical, hygiene, nutritional needs, safety

~~8-~~ ~~6-~~ safety or transportation?

~~9-~~ ~~7-~~ After review of the employee’s signed statement (See Item 10 below), does the condition warrant

~~10-~~ ~~warrant~~ the participation of the employee? (This participation may include psychological comfort

~~7-~~ comfort and/or arranging for third-party care for the family member.)

Yes  No

~~11-~~ ~~8-~~ Estimate the period of time care needed or during which the employee’s presence would be beneficial

~~12-~~ ~~8-~~ beneficial: \_\_\_\_\_

~~13-~~ ~~9-~~ Please answer the following question only if the employee is asking for intermittent leave

9- or a reduced work schedule.

a. —

a. Is it medically necessary for the employee to be off work on an intermittent basis or to work a reduced number of hours of work in order to deal with the serious health condition of the employee or family member?  Yes  No

b. —

c. —

~~d.b.~~ If the answer to 9. ~~Is~~ yes, please indicate the estimated number of doctor's visits, and/or estimated duration of medical treatment, either by the health care practitioner or another provider of health services, upon referral from the health care provider.

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~~ITEM 10 IS TO BE COMPLETED BY THE EMPLOYEE NEEDING FAMILY LEAVE  
\*\*\*\* TO BE PROVIDED TO THE HEALTH CARE PROVIDER UNDER SEPARATE  
COVER~~

- ~~14. 10.~~ When family care leave is needed to care for a seriously ill family member, the employee ~~shall~~
- ~~15. shall~~ state the care ~~the employee~~ ~~he or she~~ will provide and an estimate of the time period during which ~~this~~
- ~~16. this~~ care will be provided, including a schedule if leave is to be taken intermittently or on a ~~reduced~~
- ~~17. 10.~~ reduced leave schedule:

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~~14.~~ Signature of Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

~~12.~~ Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Exhibit A

### “Serious Health Condition” Definitions

A “Serious Health Condition” means an illness, injury, impairment, or physical or mental condition that involves one of the following:

#### 1. ~~1~~-Hospital Care

~~Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.~~

#### 2. ~~2~~-Absence Plus Treatment

- (a) ~~(a)~~ A period of incapacity of more than three consecutive, full calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:
- ~~(1)~~ Treatment two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services within 30 days of the first day of incapacity, unless extenuating circumstances exist, by a health care provider, by a nurse, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or
  - ~~(2)~~ Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment ~~689~~ under the supervision of the health care provider. The in-person treatment visit must take place within seven days of the first day of incapacity.

#### 3. ~~3~~-Pregnancy

~~Any period of incapacity due to pregnancy, or for prenatal care.~~

(Note: An employee's own incapacity due to pregnancy is covered as a serious health condition under FMLA but not under CFRA.)

#### 4. ~~4~~-Chronic Conditions Requiring Treatments

A chronic condition which:

- ~~(a)~~ ~~(a)~~ Requires periodic visits (defined as at least twice a year) for treatment by a health ~~(b)~~ ~~(a)~~ care provider, or by a nurse;
- ~~(c)~~ ~~(b)~~ Continues over an extended period of time (including recurring episodes of a single underlying ~~(d)~~ ~~(b)~~ underlying condition); and
- ~~(e)~~ ~~(c)~~ May cause episodic rather than a continuing period of incapacity (e.g., asthma, ~~(f)~~ ~~(c)~~ diabetes, epilepsy, etc.).

#### 5. ~~5~~-Permanent/Long-term Conditions Requiring Supervision

~~A period of incapacity which is permanent or long term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider.~~

~~Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.~~

#### 6. ~~6~~-Multiple Treatments (Non-Chronic Conditions)

~~Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three full consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis).~~

## Appendix G

### Certification of Qualifying Exigency for Military Family Leave

Instructions to the EMPLOYEE: Please complete this form fully ~~and completely~~.

The FMLA permits an employer to require that you submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a qualifying exigency. Several questions in this section seek a response as to the frequency or duration of the qualifying exigency. Be as specific as you can; terms such as “unknown,” or “indeterminate” may not be sufficient to determine FMLA coverage. Your response is required to obtain a benefit. ~~While you are not required to provide this information, Your failure to provide this certification ~~do so~~ may result in a the denial of your request for FMLA leave.~~ You have 15 calendar days to return this form.

Employee Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Department: \_\_\_\_\_

Position Title: \_\_\_\_\_

Name of covered military member on active duty or call to active duty status in a foreign country:

\_\_\_\_\_

First

Middle

Last

Relationship of covered military member to you:  Spouse  Parent  Child, of any age

Period of covered military member's active duty: \_\_\_\_\_

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a covered military member's active duty or call to active duty status in a foreign country. Please check one of the following:

\_\_\_\_\_ A. A copy of the covered military member's active duty orders is attached.

\_\_\_\_\_ B. Other documentation from the military certifying that the covered military member is on covered active duty (or has been notified of an impending call to active duty) is attached.

~~\_\_\_\_\_~~ C. I have previously provided Walnut Valley Water District [name of agency] with sufficient written documentation

~~documentation~~ confirming the covered military member's covered active duty or call to active duty status.

**PART A: QUALIFYING REASON FOR LEAVE**

1. Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason you are requesting leave):

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2. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming an appointment with a counselor or school official, or a copy of a bill for services for the handling of legal or financial affairs. Available written documentation supporting this request for leave is attached.

Yes  No  ~~No~~ ~~ne~~ available

**PART B: AMOUNT OF LEAVE NEEDED:**

1. Approximate date exigency commenced: \_\_\_\_\_

2. Probable duration of exigency: \_\_\_\_\_

3. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency?  ~~Yes~~ ~~No~~  ~~Yes~~ ~~No~~

If so, estimate the beginning and ending dates for the period of absence:

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4. Will you need to be absent from work periodically-intermittently to address this qualifying exigency?  ~~Yes~~ ~~No~~  ~~Yes~~ ~~No~~

Estimate schedule of leave, including the dates of any scheduled meetings or appointments:

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Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (i.e., 1 deployment-related meeting every month lasting 4 hours):

Frequency: \_\_\_\_\_ times per \_\_\_\_\_ week(s) \_\_\_\_\_ month(s)  
Duration: \_\_\_\_\_ hours \_\_\_\_\_ day(s) per event.

**PART C: THIRD PARTY INFORMATION**

If leave is requested to meet with a third party (such as to arrange for childcare, to attend counseling, to attend meetings with school or childcare providers, to make financial or legal arrangements, to act as the covered military member's representative before a federal, state, or local agency for purposes of obtaining, arranging or appealing military service benefits, or to attend any event sponsored by the military or military service organizations), a complete and sufficient certification includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (i.e., either the telephone or fax number or email address of the individual or entity). This information may be used by [Walnut Valley Water District](#) ~~[name of agency]~~ to verify that the information contained in this form is accurate.

Name of Individual: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Describe nature of meeting: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the information I provided above is true and correct.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

## Appendix H

### **Certification for Serious Injury or Illness of Covered Service Member for Military Family Leave (FMLA)**

#### **SECTION I: For Completion by the EMPLOYEE and/or the COVERED SERVICE MEMBER for whom the Employee is Requesting Leave**

**Instructions to the EMPLOYEE or COVERED SERVICEMEMBER:** Please complete Section I before having Section II completed. The FMLA permits an employer to require that an employee submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a serious injury or illness of a covered service member. If requested by the employer, your response is required to obtain or retain the benefit of FMLA-protected leave. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to do so may result in a denial of an employee's FMLA request. 29 C.F.R. § 825.310(f). The employer must give an employee at least 15 calendar days to return this form to the employer.

#### **SECTION II: For Completion by a UNITED STATES DEPARTMENT OF DEFENSE ("DOD") HEALTH CARE PROVIDER or a HEALTH CARE PROVIDER who is either:**

- (1)** a United States Department of Veterans Affairs ("VA") health care provider;
- (2)** a DOD TRICARE network authorized private health care provider; or
- (3)** a DOD non-network TRICARE authorized private health care provider; or
- (4)** a Health care provider as defined in 29 CFR 825.125.-

**Instructions to the HEALTH CARE PROVIDER:** The employee listed on Page 2 has requested leave under the FMLA to care for a family member who is either (1) a current member of the Regular Armed Forces, the National Guard, or the Reserves who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness.

~~or (2) a veteran who is undergoing medical treatment, recuperation, or therapy, for a serious injury or illness and who was a member of the Armed Forces, including a member of the National Guard or Reserves) within five years preceding the date on which the veteran undergoes that medical treatment, recuperation or therapy.~~ For purposes of FMLA leave, a serious injury or illness is one that was incurred in the line of active duty (or existed before the beginning of the member's active duty and was aggravated by service in the line of duty) that may render the service member medically unfit to perform the duties of his or her office, grade, rank, or rating.

A complete and sufficient certification to support a request for FMLA leave due to a covered service member's serious injury or illness includes written documentation confirming that the covered service member's injury or illness was incurred in the line of duty on active duty and that the covered service member is undergoing treatment for such injury or illness by a health care provider listed above. Answer fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave.



**SECTION I: For Completion by the EMPLOYEE and/or the COVERED SERVICE MEMBER for whom the Employee is Requesting Leave:**

(This section must be completed first before any of the below sections can be completed by a health care provider.)

**PART A: EMPLOYEE INFORMATION**

Name and Address of Employer (this is the employer of the employee requesting leave to care for covered service\_member):

---

Name of Employee Requesting Leave to Care for Covered Service\_member:

First Middle Last

Name of Covered Service\_member (for whom the employee is requesting leave to care):

First Middle Last

Relationship of Employee to Covered Service\_member Requesting Leave to Care:

SPOUSE  PARENT  SON  DAUGHTER  NEXT OF KIN

**PART B: COVERED SERVICE MEMBER INFORMATION**

(1) Is the Service\_member a Current Member of the Regular Armed Forces, the National Guard or Reserves?  Yes  No

If yes, please provide the Service\_member's military branch, rank and unit currently assigned to:

---

Is the service member assigned to a military medical treatment facility as an outpatient or to a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients (such as a medical hold or warrior transition unit)?

Yes  No

If yes, please provide the name of the medical treatment facility or unit:

---

(2) If no, is the Service\_member on the Temporary Disability Retired List (TDRL)?

Yes  No

**PART C: CARE TO BE PROVIDED TO THE SERVICE MEMBER**

Describe the Care to Be Provided to the Current Service member and an Estimate of the Leave Needed to Provide the Care:

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If no, please go to Question No. (2)

(2) Is the Covered Servicemember a veteran of the Armed Forces, National Guard or

~~Reserves?  Yes  No~~

~~If yes, please provide the covered servicemember's last military branch, rank and unit assigned to:~~

~~\_\_\_\_\_~~

~~What was last date of service in the Armed Forces, National Guard or Reserves? \_\_\_\_\_~~

**SECTION II: For Completion by a United States Department of Defense (“DOD”) Health Care Provider or a Health Care Provider who is either: (1) a United States Department of Veterans Affairs (“VA”) health care provider; (2) a DOD TRICARE network authorized private health care provider; or (3) a DOD non-network TRICARE authorized private health care provider. If you are unable to make certain of the military-related determinations contained below in Parts B or C, you are permitted to rely upon determinations from an authorized DOD representative (such as a DOD recovery care coordinator).**

(Please ensure that Section I above has been completed before completing this section. → Please be sure to sign the form on the last page.)

**PART A: HEALTH CARE PROVIDER INFORMATION**

Health Care Provider's Name and Business Address:

\_\_\_\_\_

Type of Practice/Medical Specialty: \_\_\_\_\_

Please state whether you are either: [\(Check One of the Appropriate Boxes\):](#)

       ~~(1)~~ a DOD health care provider;

       ~~(2)~~ a VA health care provider;

       ~~(3)~~ a DOD TRICARE network authorized private health care provider; or

       ~~(4)~~ a DOD non-network TRICARE authorized private health care provider:  
       [a health care provider as defined in 29 CFR 825.125](#)

\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**PART B: [MEDICAL STATUS CARE TO BE PROVIDED TO THE COVERED SERVICEMEMBER](#)**

~~(1) (1) If the current Service member's medical condition is~~ is a current member of the Armed Forces, National Guard or

~~(2) Reserves, or is otherwise on the temporary disability retired list, is the Servicemember undergoing medical treatment, recuperation, or therapy, or is otherwise in outpatient status~~

~~(1) for a serious injury or illness?  Yes  No~~

[\(VSI\) Very Seriously Ill/Injured](#) – Illness/Injury is of such a severity that life is imminently endangered. Family members are requested at bedside immediately. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

[\(SI\) Seriously Ill/Injured](#) – Illness/injury is of such severity that there is cause for immediate concern, but there is no imminent danger to life. Family members are requested at bedside. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

[OTHER Ill/Injured](#) – a serious injury or illness that may render the service member medically unfit to perform the duties of the member's office, grade, rank, or rating.

[NONE OF THE ABOVE](#) (Note to Employee: If this box is checked, you may still be eligible to take leave to care for a covered family member with a "serious health condition" under § 825.113 of the FMLA. If such leave is requested, you may be required to complete DOL FORM WH-380-F or an employer-provided form seeking the same information.)

~~(2) Is the current Service member being treated for a condition which was incurred or aggravated by~~ service in the line of duty on active duty in the Armed Forces? Yes  No

~~(3) Approximate date condition commenced:~~ \_\_\_\_\_

~~(4) Probable duration of condition and/or need for care:~~ \_\_\_\_\_

(5) Is the service member undergoing medical treatment, recuperation, or therapy for this condition?  
Yes  No

If yes, please describe medical treatment, recuperation or therapy:  
\_\_\_\_\_

**Part C: SERVICE MEMBER'S NEED FOR CARE BY FAMILY MEMBER**

(1) Will the service member need care for a single continuous period of time, including any time for treatment and recovery? Yes  No

If yes, estimate the beginning and ending dates for this period of time:  
\_\_\_\_\_

(2) Will the service member require periodic follow-up treatment appointments? Yes  No

If yes, estimate the treatment schedule: \_\_\_\_\_

(3) Is there a medical necessity for the service member to have periodic care for these follow-up treatment appointments? Yes  No

(4) Is there a medical necessity for the service member to have periodic care for other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of medical condition)? Yes  No

If yes, please estimate the frequency and duration of the periodic care:  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Health Care Provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_

~~If yes, was the serious injury or illness incurred by the Servicemember in the line of duty on active duty in the Armed Forces or is the serious injury or illness the result of a condition that existed before the Servicemember's active duty, but which was aggravated by service in the line of duty on active duty in the Armed Forces?  Yes  No~~

~~If yes, does the serious injury or illness render the Servicemember medically unfit to perform the duties of the Servicemember's office, grade, rank, or rating?  Yes  No~~

~~(2) If the Servicemember is currently a veteran of the Armed Forces, National Guard or Reserves, is the Servicemember undergoing medical treatment, recuperation, or therapy for a serious injury or illness?  Yes  No~~

~~If yes, was the serious injury or illness incurred by the Servicemember in the line of duty on active duty in the Armed Forces, or is the serious injury or illness the result of a condition that existed before the Servicemember's active duty but which was aggravated by service in the line of duty on active duty in the Armed Forces and, that manifested itself before or after the Servicemember became a veteran?  Yes  No~~

~~If yes, what is (are) the date(s) on which the veteran is undergoing the aforementioned medical treatment, recuperation, or therapy? \_\_\_\_\_~~

**PART C: MEDICAL STATUS**

~~(1) Covered Servicemember's medical condition is classified as (Check One of the Appropriate Boxes):~~

~~**(VSI) Very Seriously Ill/Injured** — Illness/Injury is of such a severity that life is imminently endangered. Family members are requested at bedside immediately. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)~~

**(SI) Seriously Ill/Injured** — Illness/injury is of such severity that there is cause for immediate concern, but there is no imminent danger to life. Family members are requested at bedside. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

**OTHER Ill/Injured** — a serious injury or illness that may render a current servicemember medically unfit to perform the duties of the member's current office, grade, rank, or rating; or a serious injury or illness of a veteran.

**NONE OF THE ABOVE** — (Note to Employee: If this box is checked, you may still be eligible to take leave to care for a covered family member with a "serious health condition" under § 825.113 of the FMLA. If such leave is requested, you may be required to complete DOL FORM WH-380 or an employer-provided form seeking the same information.)

(2) Approximate date condition commenced: \_\_\_\_\_

(3) Probable duration of condition and/or need for care: \_\_\_\_\_

**PART D: COVERED SERVICEMEMBER'S NEED FOR CARE BY FAMILY MEMBER**

(1) Will the covered servicemember need care for a single continuous period of time, including any time for treatment and recover?  Yes  No

(2) Will the covered servicemember require periodic follow-up treatment appointments?  
 Yes  No. If yes, estimate the treatment schedule: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(3) Is there a medical necessity for the covered servicemember to have periodic care for these follow-up treatment appointments?  Yes  No

(4) Is there a medical necessity for the covered servicemember to have periodic care for other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of medical condition)?  Yes  No. If yes, please estimate the frequency and duration of the periodic care: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Health Care Provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WALNUT VALLEY WATER DISTRICT  
FITNESS FOR DUTY/MEDICAL EXAMINATION POLICY**

**1. STATEMENT OF DISTRICT POLICY:**

It is ~~the policy of the~~ District policy to provide service to its consumers in a safe, efficient, and cost-effective manner. In this endeavor, the District will strive to maintain a physically able and mentally alert work force.

**2. POLICY:**

**Applicants**

After the District extends a conditional offer of employment to an applicant, the District may require the applicant to submit to a fitness for duty examination that is job-related, necessary for efficient operations of the agency, and required of all applicants for the job classification. The District will notify an applicant or employee who is required to pass a medical and/or psychological examination of their right to obtain a second opinion at their expense and that he/she may submit such second opinions to the District for consideration.

**Current Employees**

The District requires that employees report for duty at the beginning of their assigned work shift physically and mentally prepared to perform all the duties of their position, or any other duties which the employee may be assigned to perform either on a temporary or permanent basis.

The District may require an employee to submit to a fitness for duty examination in order to determine whether the employee has a disability and is able to perform the essential functions of their job when there is significant evidence of the following:

- (a) The employee has difficulty performing one or more essential functions of their job;
- (b) The employee's behavior could cause a reasonable person to question whether an employee is still capable of performing one or more of their essential job duties, or is still capable of performing those duties in a manner that does not pose a risk of harm to themselves or others; or
- (c) To determine if the employee has a disability and needs a reasonable accommodation.

**3. PROCEDURE:**

The District may request an applicant's or employee's health care provider to conduct a fitness for duty examination on the applicant or employee, or may request a District-selected health care provider to do so at the District's expense. In the event the District determines that an employee is unable to perform the essential functions of his or her job with or without reasonable accommodation, the District may require the employee to submit to a medical examination by a physician or physicians designated by the District as authorized to evaluate the employee's ability to safely and competently perform his/her work. Failure of the employee to submit to such examination when so instructed will result in disciplinary action up to and including discharge or for an applicant to be rejected for further consideration for employment.

Fees for an examination performed at the request of the District and for services of a medical specialist or technician, if necessary, shall be paid by the District. ~~The employee may submit medical or other evidence pertinent to his/her physical or mental well being to the District for further consideration prior to the District sending the employee for an examination, or t~~The employee may submit such information to the health care provider attending physician at the time of examination. The District will provide the health care provider with a letter requesting a fitness for duty examination and a written description of the essential functions of the job. The examination will be limited to determining whether the applicant or employee can perform the essential functions of their position and any work restrictions and/or functional limitations that apply to the applicant or employee. The health care provider will examine the applicant or employee and provide the District with non-confidential information regarding whether:

- (a) The applicant or employee has a disability within the meaning of the FEHA;
- (b) The applicant or employee is fit to perform essential job functions;
- (c) Workplace restrictions or functional limitations apply to the applicant or employee, and the duration of the work restrictions or functional limitations;
- (d) There are any accommodations that would enable the employee to perform essential job functions; and
- (e) The employee's continued employment poses a threat to the health and safety of themselves or others.

~~Upon review of the District's work rules, the employee job description, and any other pertinent information provided by the District pertaining to the employee's assigned work, the attending physician shall make a determination of the employee's fitness for duty and~~The health care provider must provide the District with a written report of such examination prior to the employee being allowed to return to work. A copy of the ~~physician's medical~~health care provider's report will be provided to the employee or the employee's ~~physician~~health care provider.

Should the District conclude from the ~~physician's~~health care provider's report that the employee is unable to perform the essential functions of his or her job with or without reasonable accommodation, then the employee may be terminated from employment after he or she has exhausted his or her sick leave, ~~or~~an authorized temporary medical leave of absence in accordance with the District's Terms and Conditions of Employment, or any other state or federal entitled leave or benefits. ~~The District may take such actions without requiring the employee to submit to a medical examination by a District designated physician when the District has been provided with verifiable medical information from the employee's physician that is acceptable to the District. The District will attempt to reasonably accommodate employees in accordance with the District's obligations under the Americans with Disabilities Act (ADA) and California Fair Employment and Housing Act (FEHA), and as set forth in the District's Reasonable Accommodation Policy.~~

~~An employee who subsequently recovers fully from his/her medical condition, and who is terminated from employment because he/she could not perform the essential functions of his/her position with or without reasonable accommodation, or an employee who voluntarily accepted a demotion or transfer to a lesser position, may seek re-employment or~~



~~advancement with the District for any position for which the employee is qualified by reason of education, training, and experience, when such a vacancy occurs. In either instance, the applicant/employee must fully complete the District's required application or promotion process, including probation.~~

## WALNUT VALLEY WATER DISTRICT

### FITNESS FOR DUTY TO RETURN FROM LEAVE CERTIFICATION

Employee: You must present this release to the Human Resources department before or on the day you return to work. You may not work without this release.

To: Treating Physician or Practitioner

Our employee began a period of medical care leave for his/her serious health condition on:

\_\_\_\_\_ *(date employee commenced leave)*

As a condition of returning to work, the employee must take a physical examination and have his/her physician complete this form. This form must be completed before the employee is allowed to resume his/her job duties. The District seeks only information regarding the employee's functional limitations, if any, that may entitle him or her to leave from work or that may limit fitness to perform his or her present employment. **Do not provide any information regarding medical cause, ~~or~~ medical history, diagnosis, or other confidential medical information.** The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we request that you not provide any genetic information when responding to this request. Your discussion should be limited to the employee's limitations or need for accommodations, if any, that you may identify.

1. Employee Name: \_\_\_\_\_
2. Employee's Job Title: \_\_\_\_\_
3. Date of Physical Examination: \_\_\_\_\_
4. With respect to your understanding as to what are the employee's essential job functions, please check the source(s) where you received your information:  
 District job description  
 Discussion with the employee's supervisor  
 Discussion with the employee  
 Other - please explain: \_\_\_\_\_
5. Please indicate the status of the employee's release for duty:  
 Fully, unrestricted duty. Please *skip* question 6 and proceed to question 7.  
 Return to work with accommodations. You must complete question 6.  
 Not released for any type of duty.
6. If you are releasing the employee to return to work but with need of accommodations, you must complete this section thoroughly.

a. Does employee have a mental impairment or physical impairment that limits his or her ability to engage in a major life activity, such as the ability to work, care for [himself or herself], perform manual tasks, walk, see, hear, eat, sleep, or engage in social activities? A condition can be said to "limit" one, under the FEHA amendments that went into effect on January 1, 2001, if the condition makes the achievement of the major life activity more difficult.

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

b. If the answer to question number 6(a) is yes, does the impairment currently affect employee's ability to perform the essential functions of his or her job?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

c. If the answer to question number 6(b) is yes, is there an accommodation(s) that can be made that would enable the employee to perform his essential job functions? Please identify the accommodation(s) that are necessary in order to allow the employee to perform the essential functions of his or her job as indicated on the District job description or other source of information about the essential functions of this position?

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d. Does the employee's continued assignment to the job pose a significant current risk of substantial harm to the health and safety of the employee or others?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

e. If the answer to question number 6(d) is yes, identify the duration, nature, severity, likelihood, and imminence of each specific risk.

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f. If the answer to question number 6(d) is yes, identify any specific accommodations that would reduce or eliminate the risk(s) described in question number 6(e).

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g. Do you anticipate that the need for accommodations indicated in 6(c) or 6(f) will be permanent? \_\_\_\_\_ Temporary? \_\_\_\_\_ If you believe the need for these accommodations is temporary, please estimate the date that you believe the employee will be able to return to full, unrestricted duty, if applicable. \_\_\_\_\_

h. Date of your next evaluation of the employee: \_\_\_\_\_

7. I hereby certify that the foregoing facts are true and correct, and are executed under penalty of perjury in \_\_\_\_\_, California, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Treating Physician or Practitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Treating Physician or Practitioner

\_\_\_\_\_  
Phone Number

**WALNUT VALLEY WATER DISTRICT  
JUDICIAL LEAVE POLICY**

**1. STATEMENT OF DISTRICT POLICY:**

~~It is the policy of the District to provide~~ employees Judicial Leave in compliance with federal and state law, in the manner required by law. A District n employee ~~of the District~~ may be granted leave with pay to serve as a juror subject to the limitations set forth below. ~~;~~ however, ~~the District may require the employee to request postponement to a date and time when the employee's absence has the least impact on District operations.~~

**2. POLICY:**

~~With the exception of FLSA-exempt employees,~~ the law does not require an employer to compensate an employee who is required to serve on a jury, is subpoenaed or ordered to be a witness. All FLSA-exempt employees will continue to receive their normal salary while on jury duty or as serving as a witness only for any workweek in which they perform any work duties. The District will offset the amount from pay the employee receives from the Court for jury fees.

~~The law does require leave with pay when an employee is subpoenaed to appear in court in a matter regarding an event or transaction in the course of their District job duties. Subpoenaed employees must give their supervisor as much advance notice as possible. The District will determine whether the matter involves an event or transaction in the course of the employee's District job duties. The District will offset the amount from pay the employee receives for witness fees, unless the appearance is in a case in which the employee is a party or an expert and the case is not related to his/her employment. The law prohibits an employer, however,~~ from discharging or discriminating against an employee in any manner if required to serve on a jury, is subpoenaed or ordered to appear as a witness.

If the proposed absence of the employee presents a hardship to the District, the employee will be requested by the District to ask for a postponement of jury service to a date which better meets the District's needs. However, if the request for postponement is denied by the Court, the employee will be permitted to attend jury duty as required by law.

An employee serving on jury duty shall receive full pay at ~~his or her~~their current rate provided that during such paid leave of absence, ~~the employee remits to the District,~~ all monies received for jury service excluding reimbursement for mileage, lodging or meals provided during the time served as a juror. The time spent on jury duty is not work time for purposes of calculating overtime compensation. An employee released from jury service prior to the end of their scheduled work hours must report to work unless otherwise authorized by their supervisor.

An employee, who is subpoenaed to appear, or appears in court because of civil or administrative proceedings that they initiated or non-work related matter, is not entitled to receive compensation for time spent related to those proceedings. An employee may request to receive time off without pay, or may use any accrued leave other than sick leave for time spent related to those proceedings.

### 3. RESPONSIBILITIES:

An employee receiving a jury duty summons shall notify his or her supervisor on the first workday following receipt of the summons. A copy of the summons shall be submitted to their supervisor and Human Resources to determine if a conflict in scheduled District operations or hardship exists.

Employees are required to call in to their supervisor or Human Resources daily when serving on jury duty to review their jury duty schedule. Employees may be required to report to work daily, before and after jury duty, when their jury service schedule so allows.

If an employee elects to use accrued vacation leave for unpaid jury duty, while on jury duty, the employee is not required to remit jury fees or be subject to the call-in requirements set forth in this policy.

Violation of any provision of this policy may result in disciplinary action, according to District policies, practices and procedures.

### 4. LEAVE PROVISIONS:

4.1 General Unit Employees – FLSA nNon-exempt employees will only be granted a maximum of 10 days paid jury service leave in any 12-month period. FLSA eExempt employees shall receive pay for all days on jury service leave.

4.2 Staff/Mid-Management Employees – FLSA nNon-exempt employees will only be granted a maximum of 5 days paid jury service leave in any 12-month period. FLSA eExempt employees shall receive pay for all days on jury service leave.

**WALNUT VALLEY WATER DISTRICT  
LACTATION POLICY**

**1. STATEMENT OF DISTRICT POLICY:**

It is the policy of the District to provide a lactation accommodation ~~in conjunction with the California Lactation Accommodation Law~~, to an employee desiring to express breast milk for the employee's infant child.

**2. POLICY:**

The District will provide a reasonable amount of break time to accommodate an employee desiring to express breast milk for the employee's infant child each time the employee has the need to express milk. ~~If possible, the break time shall, if possible, run concurrently should coincide~~ with any break time already provided to the employee. ~~If the employee takes lactation breaks at times other than their provided break times, then the lactation break shall be unpaid or the employee may choose to use accrued leave. If not, the time spent away from work during lactation may not be paid.~~

The District will ~~make reasonable efforts to~~ provide employees with the use of a room or other location in close proximity to the employee's work area, for the employee to express milk in private. A lactation room or location shall not be a bathroom and shall be in close proximity to the employee's work area, shielded from view, and free from intrusion while the employee is expressing milk.

A lactation room or location ~~shall will meet comply with all of~~ the following requirements:

1. Be shielded from view and free from intrusions while being used to express milk;
- ~~4.2.~~ Be safe, clean, and free of hazardous materials;
- ~~2.3.~~ Contain a surface on which to place a breast pump and personal items;
- ~~3.4.~~ Contain a place to sit; and
- ~~4.5.~~ Have access to electricity or alternative devices, including, but not limited to, extension cords or charging stations, needed to operate an electric or battery-powered breast pump.

An employee occupying such private area shall either secure the door or otherwise make it clear to others through signage that the area is occupied and should not be disturbed. All other employees should avoid interrupting an employee during an authorized break under this section, except to announce an emergency or other urgent circumstance.

The District will provide access to a sink with running water and a refrigerator suitable for storing milk in close proximity to the employee's workspace.

**3. LACTATION ACCOMMODATION**

An employee may make a request for lactation accommodation, either orally or in writing, to the Human Resources Officer.

Following receipt of a request for lactation accommodation, the District will provide a timely written response to the employee in which the District will indicate if it is unable to

provide the requested break time or a requested location for the purposes of expressing breast milk.

An employee who does not believe that the District is providing an appropriate lactation accommodation should immediately inform the Human Resources Department.

An employee who does not believe that the District is providing an appropriate lactation accommodation, as required by state law, has the right to file a complaint with the California Division of Labor Standards Enforcement/Labor Commissioner.



## WALNUT VALLEY WATER DISTRICT

### LIMITATIONS ON POLITICAL ACTIVITY POLICY

#### 1. **STATEMENT OF DISTRICT POLICY**

This policy establishes clear standards on the limitation on political activity during working hours and while representing the District.

#### 2. **NO SOLICITATION DURING WORK HOURS OR DISTRICT OFFICES**

No District officer or employee may, during the working hours of its officers and employees, or in District offices solicit or receive political funds or contributions to promote the passage or defeat of any ballot measure that would affect working conditions.

#### 3. **NO TARGETED SOLICITATION OF DISTRICT OFFICERS OR EMPLOYEES**

No officer or employee of the District, or candidate for District elective office, may, directly or indirectly solicit political contributions from other officers or employees of the District unless the solicitation is part of a solicitation made to a significant segment of the public which may incidentally include officers from and employees of the District.

#### 4. **NO POLITICAL ACTIVITY IN UNIFORM**

No District employee or official shall participate in political activities of any kind while in District uniform or other District-issued clothing.

#### 5. **NO POLITICAL ACTIVITY ON DISTRICT PROPERTY OR WORK HOURS**

District employees and officials are prohibited from engaging in political activity during working hours or on District property.

## WALNUT VALLEY WATER DISTRICT

### ORGAN DONATION LEAVE POLICY

#### 1. **STATEMENT OF DISTRICT POLICY:**

The District provides employees paid and unpaid leave time for the purpose of organ donation. The District will not discharge, demote, or discriminate against an employee who takes leave under this policy.

#### 2. **POLICY:**

The District will grant an employee, who has exhausted all available sick leave, the following leaves of absence with pay:

1. A leave of absence, not exceeding 30 business days in a one-year period, to an employee who is an organ donor, for the purpose of donating the employee's organ to another person.
2. A leave of absence, not exceeding five business days in a one-year period, to an employee who is a bone marrow donor, for the purpose of donating the employee's bone marrow to another person.

The District will grant an additional unpaid leave of absence, not exceeding 30 business days in a one-year period, to an employee who has exhausted all available sick leave and is an organ donor for the purpose of donating the employee's organ to another person.

In order to receive a leave of absence, an employee shall provide written verification to Human Resources that the employee is an organ or bone marrow donor and that there is a medical necessity for the donation of the organ or bone marrow.

**WALNUT VALLEY WATER DISTRICT  
OUTSIDE EMPLOYMENT POLICY**

**1. STATEMENT OF DISTRICT POLICY:**

~~The~~ ~~It is the policy of the~~ District ~~to~~ provides high quality service to its consumers. The following policy establishes the guidelines regarding outside employment to ensure that such external interests are not in conflict with the employee's performance as a representative of the District in compliance with state law.

**2. POLICY:**

A District employee shall not engage in any paid or self-employment enterprise, or outside activity which is in conflict with his/her duties, functions, responsibilities, or the department in which he/she is employed, nor shall the employee engage in any outside employment which will directly, or indirectly, interfere with his/her effectiveness as a District employee.

In order to avoid perceived or actual conflicts of interest that may arise from outside employment, all employees must obtain written approval from their Department Head prior to undertaking any outside employment as described in this policy.

**3. AUTHORIZATION:**

3.1 Any employee wishing to engage in an occupation or outside activity for compensation shall inform his/her ~~D~~department ~~H~~head of such desire in writing. The written request must include: (1) ~~and provide information in writing as to~~ the work hours or time required; (2) ~~job title or,~~ the nature of ~~such the~~ activity; (3) the work location; and (4) the supervisor, manager and name of the employer or activity. ~~such other information as may be required.~~ The ~~D~~department ~~head~~ Head shall review the employee's request and determine whether or not such outside activity is compatible with the employee's ~~District~~ employment at the District.

3.2 If the ~~D~~department ~~H~~head determines such activity is compatible, or would be with any conditions or restrictions applied, they will authorize the activity and specify the conditions/restrictions in writing, and provide the request to ~~with the employee's District employment, he/she may, upon approval of the~~ the General Manager for final approval. Approval shall not be unreasonably denied. If approved by the General Manager, the written authorization will be provided to the employee with any conditions/restrictions. A copy of the written authorization will be placed in the employee's personnel file. ~~authorize the activity in writing.~~ Such authorization is subject to revocation or suspension at any time by the ~~D~~department ~~head~~ Head, General Manager, ~~and/or his/her~~ or designee if (1) the employee's work performance declines; or (2) the employee's conduct or outside employment conflicts with the conditions of the outside work authorization or is incompatible with the employee's work for the District. -

3.3 An outside employment authorization is valid only for up to one (1) year. Should the employee continue the outside employment or activity for a longer duration, they must make another request following the process in this policy.  
~~Said authorization shall be valid only for the work and period prescribed therein.~~

#### **4. DETERMINATION OF INCONSISTENT ACTIVITIES:**

An employee's outside employment or activity may be prohibited if it: ~~In making a determination as to the consistency or inconsistency of outside activities, the department head shall consider, among other pertinent factors, whether the activity:~~

- 4.1 Involves the use, for private gain or advantage, of District time, facilities, equipment, and supplies, or the employee's ID badge, uniform, prestige, or influence of ~~the one's District office or employment at the District;~~ or
- 4.2 Involves receipt or acceptance by the employee of any money or other consideration from anyone other than the District for the performance of an act which the employee, ~~if not performing such act,~~ would be required or expected to render in the regular course of his/her District employment or as a part of his/her duties as a District employee; ~~or~~
- 4.3 Involves the performance of an act that is not within their capacity as a District employee, but that may later be subject directly or indirectly to the control, inspection, review, audit, or enforcement by such employee or the department by which the employee is employed; or
- 4.4 Involves time demands that would render the employee's performance of their regular District employment less efficient or dangerous to the employee. ~~conditions or factors which might directly or indirectly, interfere with the efficiency of the employee in his/her regular District employment.~~

#### **5. USE OF DISTRICT EQUIPMENT PROHIBITED:**

- 5.1 No District-owned equipment, autos, trucks, instruments, tools, supplies, machines, or District property shall be used by an employee ~~while said employee is~~ engaged in any outside employment or activity for compensation or for personal purposes unrelated to the employee's District job functions.
- 5.2 No employee shall allow any unauthorized person to rent, borrow, or use any of the items discussed in section (5.1) above.

#### **6. VIOLATIONS AND PENALTIES:**

Any violation of the provisions herein contained ~~respecting~~ regarding outside employment or activity and use of District property shall constitute grounds for disciplinary action, up to and including termination.

#### **7. CHANGES IN OUTSIDE EMPLOYMENT STATUS:**

The employee must promptly report, in writing, to their Department Head and the General Manager any of the following changes that may occur during the year of any

authorized outside employment: the outside employment ends; or the authorized employment changes as to the number of work hours, location, or types of duties.

# WALNUT VALLEY WATER DISTRICT

## PERSONNEL FILE ACCESS POLICY

### 1. STATEMENT OF DISTRICT POLICY:

~~It is the policy of the Walnut Valley Water~~The District ~~to~~ maintains a complete personnel file for each employee. ~~Such~~The personnel files ~~will are be~~ retained in the Human Resources Department. Every effort will be made to safeguard the files and to limit ~~actual~~ access to the employee and his/her supervisor, or as required by law.

### 2. POLICY:

Pursuant to California Labor Code Section 1198.5, all current District employees ~~may inspect have the right of access to~~ certain contents of their personnel files upon advance written notice to the Human Resources staff. Former District employees ~~are entitled to inspect their file one time per year and must provide advance written notice to also have the right to review their personnel file the Human Resources staff.~~ Employee personnel files are kept for at least three years after separation of employment. Files are destroyed pursuant to the District's Record Retention Policy. ~~until the statute of limitations on any claims they may have against the District expire.~~

Access to personnel files shall be allowed only in the presence of an authorized Human Resources employee during regular office hours. No part of the personnel file may be removed from the Human Resources office by the employee ~~or their representative.~~

Managers and supervisors may have limited access to ~~their~~ subordinate's personnel file in ~~their department. Managers and supervisor may inspect the subordinate's personnel file in~~ the presence of a Human Resources employee, but in no event shall the file be removed from the Human Resources office. ~~by the manager or supervisor.~~ A copy of the complete contents of the General Manager's personnel file shall also be kept at the offices of the District's legal counsel.

Employment records of a current or former employee may also be subpoenaed by a third party. If such employment records are subpoenaed, the employee or former employee will be notified of the subpoena at the earliest possible time in accordance with state law. Notification to a former employee shall be accomplished by sending such notification to the former employee's last known address. Further, pursuant to the Code of Civil Procedure Section 1985.6(f), the employee shall also have the right to object to the production of such records by following the required statutory procedures.

### 3. PROCEDURE:

A current or former District employee who wishes to review his/her own personnel ~~records~~ file shall submit a written request to review such file to the Human Resources staff. Such request for access by the employee to his/her file will be granted within ~~30~~30 days of the date in which the written request was received.

Pursuant to California Labor Code Section 1198.5 and the regulations set forth by the California Department of Industrial Relations, categories of records that are generally considered to be "personnel records" are those that are used or ~~have could been~~ used to

determine an employee's qualifications for promotion, additional compensation, or disciplinary action, including termination.

The following are some examples of “**personnel records**”:

- Application for employment
- Performance Evaluations
- Recommendations for appointment or promotion
- Notices of commendation
- Education and training notices and records
- Discharge or any disciplinary action including, but not limited to, reprimands, warnings, suspensions, performance improvement plans, etc.

**Documents exempt from review include:**

- Letters of reference
- Portions of test documents
- Records relating to the investigation of a possible criminal offense
- Records or reports that were obtained prior to employment
- Records relevant to pending litigation
- Any document that would violate the confidentiality of another employee including, but not limited to, medical documents and workers' compensation documents.

A current or former employee who wishes to receive a copy of his/her personnel file should contract the Human Resources Department in writing. The District may charge a fee for the actual cost of copying. Photocopies of the file, or portions of the file, may be requested by the employee. Within reason, the Human Resources staff will provide photocopies. For extensive copying, the employee will be required to pay for the photocopies.

No person inspecting a personnel file is permitted to add or remove any document or other item to/from the personnel file. If an employee disagrees with any information contained in the file, removal or correction of that information may be mutually agreed upon by the employee and the District. If agreement cannot be reached, if an employee does not agree with the content in his/her personnel file, the employee may submit a written statement explaining his/her position and the District will attach the statement to the disputed portion of the personnel file. This does not imply the District's consent or agreement with the counter-statement.

If the current or former employee wishes to have another person/representative inspect their personnel file, they must provide the person/representative with written authorization. The Human Resources Department Manager or their designee will notify the employee and/or representative of the date, time, and place of the inspection in writing.

Prior to making a copy of personnel records or allowing inspection, the District may redact the names of nonsupervisory employees. Under no circumstances will the District provide access or copying of the following categories of personnel file documents: records relating to the investigation of a possible criminal offense; letters of reference; ratings, reports, or records that were obtained prior to employment, prepared by identifiable examination committee members, or obtained in connection with a promotional examination.

All medical information about an employee or applicant is kept in separate medical files and is treated as confidential. Access to employee or applicant medical information shall be strictly limited to only those with a legitimate need to have such information for District

business reasons, or if access is required by law, subpoena or court order. In the case of an employee with a disability, managers and supervisors may be informed regarding necessary restrictions on the work or duties of the employee and necessary accommodations.



## WALNUT VALLEY WATER DISTRICT

### POLICY AGAINST SUBSTANCE ABUSE IN THE WORKPLACE DOT DRUG AND ALCOHOL PROGRAM

#### 1. STATEMENT OF DISTRICT POLICY:

~~Walnut Valley Water~~The District recognizes that the use of alcohol, drugs, and controlled substances in the workplace is not conducive to safe working conditions. In order to promote a safe, healthy, and productive work environment for all employees and the public, it is the District's objective is to have a work force that is free from the influence of substance abuse.

This policy is also intended to comply with all applicable federal regulations governing workplace anti-drug programs and safety sensitive employees. The federal Drug-Free Workplace Act of 1988 and, similarly, the California Drug-Free Workplace Act of 1990 requires the establishment of drug free workplace policies and the reporting of certain drug-related offenses to the federal Department of Transportation (DOT). The Federal Motor Carrier Safety Administration (FMSCA) of the DOT has enacted regulations that mandate urine drug testing and breathalyzer alcohol testing for safety sensitive positions and prevent performance of safety sensitive functions where there is a positive test result. The DOT also has set standards for the collection and testing of urine and breath specimens.

This policy complies with 49 CFR Part 655, as amended, 49 CFR Part 382, as amended, and 49 CFR Part 40, as amended. Copies of Parts 655, 382, and 40 are available in Human Resources office and can be found on the internet at the DOT Office of Drug and Alcohol Policy and Compliance website <http://www.dot.gov/odapc>.

All employees must sign a statement certifying the employee has received a copy of this policy and understands its contents. Any questions regarding rights and obligations under this policy shall be referred to the employee's supervisor, Department Head, or Human Resources staff.

#### 2. POLICY:

~~It is the policy of the~~ District policy is to prevent substance abuse or alcohol abuse from having an adverse effect on its employees. The District will be firm in identifying and disciplining those employees who do not voluntarily seek assistance and who continue to abuse alcohol or use controlled substances in violation of the following:

No employee who is on duty or on standby for duty will:

1. Use, possess, or be under the influence of illegal or unauthorized drugs or other illegal mind-altering substances, including, but not limited to, marijuana, as defined in Section ~~19~~XVIII, herein; or
2. Use or be under the influence of alcohol to any extent that would impede the employee's ability to perform his or her duties safely and effectively.

All covered employees, as defined in this policy, are required to submit to drug and alcohol tests as a condition of employment in accordance with this policy.

No employee will perform duties while under the influence of legal prescriptions, if the employee that, because of drugs taken under a legal prescription, cannot be perform their job duties ed without posing a threat to the health or safety of the employee or others. This includes medications that may impair the employee's ability to operate machinery or motor vehicles.

Employees will be subject to drug and alcohol testing when there is reasonable suspicion that the employee has violated the rules expressed herein. In addition, when such an employee has already been found in violation through the adverse action or medical examination process under this policy, as a result of drug or alcohol testing under this policy, or by the employee's own admission, the employee will be required to submit to periodic substance testing as a condition of remaining in or returning to District employment.

~~This policy also is intended to comply with all applicable federal regulations governing workplace anti-drug programs and safety sensitive employees. The federal Drug-Free Workplace Act of 1988 and, similarly, the California Drug-Free Workplace Act of 1990 requires the establishment of drug free workplace policies and the reporting of certain drug-related offenses to the federal Department of Transportation (DOT). The Federal Motor Carrier Safety Administration (FMSCA) of the DOT have enacted regulations that mandate urine drug testing and breathalyzer alcohol testing for safety sensitive positions and prevent performance of safety sensitive functions where there is a positive test result. The DOT also has set standards for the collection and testing of urine and breath specimens.~~

~~This policy complies with 49 CFR Part 655, as amended, 49 CFR Part 382, as amended, and 49 CFR Part 40, as amended. Copies of Parts 655, 382, and 40 are available in Human Resources office and can be found on the internet at the Department of Transportation (DOT) Office of Drug and Alcohol Policy and Compliance website <http://www.dot.gov/odape>.~~

~~All employees must sign a statement certifying the employee has received a copy of this policy and understands its contents. Any questions regarding rights and obligations under this policy shall be referred to the employee's supervisor, department head, or Human Resources staff.~~

### **3. DESIGNATED EMPLOYER REPRESENTATIVES (DER):**

The Designated Employer Representatives (DERs) who are available to answer employee questions about drug and alcohol policies and procedures are: Director of Administrative Services and Human Resources/Risk Management Coordinator.

### **4. APPLICABILITY:**

This policy applies to all employees when they are on District property or when performing any District-related business. It also applies to employees operating District vehicles or equipment. It applies to off-site lunch periods and breaks when an employee is scheduled to return to work.

For the purpose of this policy, the District has three categories of employees as defined below:

- General (Non-Safety/Security Sensitive)
- Safety/Security Sensitive
- Safety Sensitive (DOT)

**A. General (Non-Safety/Security Sensitive)**

This category of employees includes Positions not addressed in the other two categories. This employment category is subject to reasonable suspicion, return-to-duty, and follow-up controlled substance and/or alcohol testing.

**B. Safety/Security Sensitive**

Job positions which the District determines are safety or security sensitive in their nature. This employment category is subject to pre-employment, reasonable suspicion, return-to-duty, and follow-up controlled substance and/or alcohol testing.

These positions include the following functions:

1. Their duties involve a greater than normal level of trust, responsibility for or impact on the health and safety of others; and
2. Errors in judgment, inattentiveness or diminished coordination, dexterity or composure while performing their duties could clearly result in mistakes that would endanger the health and safety of others; and
3. Employees in these positions work with such independence or perform such tasks that it cannot be safely assumed that mistakes such as those described in (2) could be prevented by a supervisor or another employee.

**C. Safety-Sensitive (DOT Covered Employee)**

Job positions requiring the use of a Commercial Drivers License (CDL). A safety-sensitive employee is considered to be performing a safety-sensitive function during any period in which that employee is actually performing, ready to perform, or immediately available to perform any safety-sensitive function. Safety-sensitive employees are subject to pre-employment, reasonable suspicion, random, post-accident, return-to-duty, and follow-up controlled substance and/or alcohol testing as covered under Title 49 Code of Federal Regulations (CFR), Part 382.

**5. PROPER APPLICATION OF THE POLICY:**

The District is dedicated to assuring fair and equitable application of this policy. Therefore, supervisors are required to administer all aspects of the policy in an unbiased and impartial manner. Any supervisor who knowingly disregards the requirements of this policy, or who is found to deliberately misuse the policy with respect to their subordinates may be subject to disciplinary action, up to and including termination.

**6. PROHIBITED SUBSTANCES:**

Prohibited substances addressed by this policy include the following:

**A. Illegal Drugs**

Illegal drugs are controlled substances listed in federal and California statutes, which drugs that include, but are not limited to, marijuana, amphetamines, opiates, phencyclidine (PCP), and cocaine.

**B. Alcohol**

Alcohol is defined as the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohol, including methyl and isopropyl alcohol.

**7. PROHIBITED CONDUCT:**

Use of illegal drugs is prohibited at all times. No employee will report to any work site or will work impaired by any drug or alcohol, lawful or unlawful.

No employee at any work site will use or possess any quantity of any drug or alcohol, lawful or unlawful, except for authorized drugs.

No employee at any work site shall manufacture, dispense, distribute, or sell any drug or alcohol, lawful or unlawful.

No employee may perform or continue to perform security-sensitive or safety-sensitive functions if the employee is using alcohol.

~~No DOT covered employees~~ ~~No employee~~ shall consume alcohol for eight (8) hours following involvement in an accident or until he/she submits to the post-accident drug/alcohol test, whichever occurs first.

No DOT covered employee shall consume alcohol within four (4) hours prior to the performance of safety-sensitive job functions.

~~No employee shall be a~~ ~~Absent~~ ~~ee~~ or tardiness as a result of having been under the influence of alcohol, drugs, or controlled substances during non-work time.

**8. NOTIFICATION OF CRIMINAL DRUG OR DRIVING UNDER THE INFLUENCE CONVICTION:**

All employees must, as a condition of employment, abide by the terms of this policy and report any conviction under a criminal drug statute for violations occurring on or off District premises while conducting District business, or for any conviction for driving under the influence of drugs or alcohol. A report of conviction must be made to the ~~H~~ Human Resources ~~D~~ Department within five (5) days after conviction, as mandated by the Federal Drug-Free Workplace Act of 1988 and the California Drug-Free Workplace Act of 1990. Failure to report such convictions may subject the employee to disciplinary action, up to and including dismissal. A plea of no contest shall constitute a conviction for purposes of this policy, and for purposes of imposing discipline under District rules and regulations governing employee conduct. Upon conviction of a crime involving alcohol or drugs as specified above, the employee shall be referred to a Substance Abuse Professional (SAP) for rehabilitation assessment. The SAP will evaluate the employee to determine what assistance, if any, the employee needs in resolving problems associated with prohibited substance abuse or misuse.

**9. PRESCRIPTION AND NON-PRESCRIPTION SUBSTANCES:**

Using or being under the influence of any legally obtained drug by an employee while performing District business, while on District property, or while on standby is prohibited if such use or influence may affect the safety of the employee, co-workers, members of the

public, the employee's job performance, or the safe or efficient operation of the District's business.

Employees are required to notify his or her supervisor/manager, before beginning work, when taking any medications or drugs, prescription or non-prescription, which may interfere with the safe and effective performance of duties or operation of District equipment.

Failure to report the use of such drugs or failure to provide proper evidence of medical authorization may result in disciplinary action. In the event there is a question regarding an employee's ability to safely and effectively perform assigned duties while using such medications or drugs, clearance from a qualified physician may be required.

#### **10. VOLUNTARY ADMITTANCE:**

Employees who believe they may have a substance abuse problem are encouraged to seek assistance for resolving that problem. An employee voluntarily seeking help can make a confidential request for assistance to their supervisor. The employee will be referred to a ~~Substance Abuse Professional (SAP)~~ for assessment and rehabilitation recommendations.

Prior to the assessment, the employee must sign a release of information that will enable the DER to receive the results of the assessment, and to receive subsequent reports related to the assessment, and the employee's successful completion of all recommendations for assistance.

Employees may use accumulated sick leave, vacation time, or compensatory time to participate in a rehabilitation program. The District will not be responsible for program costs.

~~DOT e~~Employees who admit to alcohol misuse or controlled substances use are not subject to disciplinary measures provided that the employee does not self-identify in order to avoid testing or to avoid disciplinary action under the requirements of this program and agrees to enter a bona fide rehabilitation program acceptable to the District.

After approval from the SAP, the employee may return to work and may be subject to unannounced follow-up testing as stipulated by the District. Any employee failing to complete the program will be subject to termination.

NOTE: Health insurance plans may provide coverage for rehabilitation costs. Health benefits information can be obtained from the District's human resources department.

The following conditions must apply to the DOT employee's self-admission:

1. The employee's admission cannot be made during his/her on-duty time. It must occur prior to the employee's reporting for duty on any particular day.
2. The employee's admission cannot be made in an attempt to avoid a required drug and/or alcohol test or to avoid disciplinary action.
3. Under 49 CFR Part 382.121, FMCSA requires the employee be removed from safety-sensitive functions, including driving.
4. When the DER is satisfied that the employee has successfully complied with the SAP's recommendations for assistance, the employee's supervisor may return the employee to duty, including safety-sensitive functions, provided that:

- a. Prior to returning to safety-sensitive functions, the employee will be required to provide a negative DOT drug and/or alcohol test result, and
- b. An employee who self-identifies under this policy, and who then fails to comply with the SAP's recommendations will be considered to have engaged in conduct prohibited by this policy.

The District will adhere to the following terms, in accordance with its policy and 49 CFR Part 382.121:

1. No adverse action will be taken against an employee who admits to drug and/or alcohol use under the terms above, provided he/she cooperates with the assessment and recommendations for treatment.
2. An employee who self-identifies under this program will be given reasonable time to obtain the required assessment and assistance.
3. An employee, who complies with all requirements and the SAP's recommendations for assistance, may be permitted to return to duty.
4. A safety-sensitive employee who cooperates and successfully complies with this program will not be considered to have had an [Federal Motor Carrier Safety Administration \(FMCSA\)](#) violation of prohibited conduct under 49 CFR Part 382, Subpart B.
5. An employee who fails to comply with treatment recommendations, either under this provision, or as recommended by a SAP, will be subject to disciplinary action up to and including termination of employment.

## **11. TESTING FOR PROHIBITED SUBSTANCES:**

Testing will be conducted in a manner to assure a high degree of accuracy and reliability, using techniques, equipment, and laboratory facilities approved by the Department of Health and Human Services (DHHS).

Controlled substance testing includes marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP). An initial controlled substance screen will be conducted on each specimen. For specimens that test above initial screening thresholds, a confirmatory Gas Chromatography/Mass Spectrometry (GC/MS) test will be performed. The test will be considered positive if the controlled substance levels are above the minimum thresholds established in the DOT guidelines (49 CFR, Part 40).

Tests for alcohol concentration will be conducted utilizing an approved Evidential Breath Testing (EBT) device operated by a trained Breath Alcohol Technician (BAT). If the initial test indicates an alcohol concentration of 0.02 or greater, a confirmation test will be performed to confirm the result of the initial test. An employee who has a confirmed alcohol concentration of 0.02 but less than 0.04 will be removed from their position for at least 24 hours. A breath alcohol concentration of 0.04 or greater will be considered a positive alcohol test.

### **A. ALL EMPLOYEES**

#### **1. Reasonable Suspicion Testing**

The District shall conduct a drug and/or alcohol test when a manager or supervisor has reasonable suspicion to believe that an employee has used a prohibited drug and/or engaged in alcohol misuse.

The determination that reasonable suspicion exists shall be based on objective factors such that a reasonable person would believe that the employee is under the influence of drugs or alcohol at work.

~~specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, and/or body odors of the covered employee.~~

Reasonable suspicion determinations must be made by a manager or supervisor who is trained to detect the signs and symptoms of controlled substance and alcohol use, and who reasonably concludes that an employee may be adversely affected or impaired in his/her work performance due to prohibited substance abuse or misuse.

A written record shall be made of the observations leading to an alcohol or controlled substances reasonable suspicion test, and signed by the supervisor or District representative who made the observations, within 24 hours of the observed behavior or before the results of the alcohol or controlled substances tests are released, whichever is earlier.

Reasonable suspicion objective factors include, but are not limited to: ~~testing may be based upon, among other things:~~

- a. Observable phenomena, such as direct observation of drug use or possession and/or the physical symptoms of being under the influence of a drug.
- b. A pattern of abnormal conduct or erratic behavior.
- ~~c. Arrest or conviction for a drug-related offense, or the identification of an employee as the focus of a criminal investigation into illegal drug possession, use, or trafficking.~~
- ~~d. Adequate documentation of unsatisfactory work performance or on-the-job behavior.~~
- e.c. Physical signs and symptoms consistent with prohibited substance use, such as, slurred or altered speech, body odor, red or watery eyes, unkept appearance, unsteady gait, lack of coordination, sleeping on the job, puncture marks or sore on skin, runny nose, dry mouth, dilated or constricted pupils, agitation, hostility, confused or incoherent behavior, paranoia, euphoria or disorientation.
- ~~f. Occurrence of a serious or potentially serious accident that may have been caused by human error.~~
- d. Fights (to mean physical contact), assaults and flagrant disregard or violations of established safety, security, or other operation procedures.

If the District suspects drugs or alcohol may have played a role in an accident involving District property or equipment that will also constitute reasonable suspicion.

The manager or supervisor requesting an employee to submit to a drug or alcohol test based on reasonable suspicion must document facts constituting reasonable suspicion in writing (See Appendix F – “Reasonable Suspicion Documentation Form”).

Following a reasonable suspicion determination, a supervisor or manager will take the following actions immediately:

- a. Confront the employee involved, and keep the employee under direct observation until the situation is resolved.
- b. Secure the DER's concurrence to observations; feedback on job performance and District policy violations must be specific.
- c. After discussing the circumstances with the supervisor/manager or department head, the DER will arrange to observe or talk with the employee. If he/she believes, after observing or talking to the employee, that the conduct or performance problem could be due to substance abuse, the employee will be immediately informed of the need to undergo a drug or alcohol test and that refusal to undergo such a test will result in disciplinary measures, up to and including termination.
- d. Employees will be asked to release any evidence relating to the observation for further testing. Failure to comply may subject the employee to subsequent discipline or suspension from duties. All confiscated evidence will be receipted with signatures of both the receiving supervisor and the provider.
- e. If upon confrontation by the supervisor or manager, the employee admits to use but requests assistance, the DER will arrange for assessment by an appropriate SAP.

Employees reasonably believed to be under the influence of drugs or alcohol will not be permitted to engage in further work. In addition, such employees will not be permitted to drive themselves from the worksite. A supervisor will see that the employee is transported to the designated collection center.

A controlled substance test is considered positive when a verified confirmation test indicates specimens have concentrations of a particular class of drug above the specified concentration levels. Drug classes and threshold concentration levels are listed in the "Controlled Substance (Drug) Test" Definition Section of this policy.

An alcohol test is considered positive when a verified confirmation test indicates a breath alcohol content greater than 0.04. "Alcohol Concentration Level" is defined in the Definition Section of this policy.

~~Following a reasonable suspicion determination, a supervisor or manager will take the following actions immediately:~~

- ~~a. Confront the employee involved, and keep the employee under direct observation until the situation is resolved.~~
- ~~b. Secure the DER's concurrence to observations; feedback on job performance and District policy violations must be specific.~~
- ~~c. After discussing the circumstances with the supervisor/manager or department head, the DER will arrange to observe or talk with the employee. If he/she believes, after observing or talking to the employee, that the conduct or performance problem could be due to substance abuse, the employee will be immediately informed of the need to undergo a drug or alcohol test and that refusal to undergo such a test will result in disciplinary measures, up to and including termination.~~



- ~~d. Employees will be asked to release any evidence relating to the observation for further testing. Failure to comply may subject the employee to subsequent discipline or suspension from duties. All confiscated evidence will be receipted for with signatures of both the receiving supervisor, as well as the provider.~~
- ~~e. If upon confrontation by the supervisor or manager, the employee admits to use but requests assistance, the DER will arrange for assessment by an appropriate Substance Abuse Professional (SAP).~~

## ~~2. Manager / Supervisor Training~~

~~Reasonable suspicion determinations should be made by a manager or supervisor who is trained to detect the signs and symptoms of controlled substance and alcohol use and who reasonably concludes that an employee may be adversely affected or impaired in his/her work performance due to prohibited substance abuse or misuse.~~

## **B. SAFETY/SECURITY SENSITIVE EMPLOYEES (DOT and NON-DOT)**

-Employees in this classification are subject to the testing provisions set forth above in addition to the provisions listed in this section.

### **1. Covered Employees**

See Appendix A – “Covered Positions by Job Title.”

### **2. Pre-Placement/Post Offer Controlled Substance (Drug) Testing**

A negative pre-employment drug test result is required before an employee can first perform safety-sensitive duties. All testing will be conducted as required in 49 CFR Parts 40 and 382, as amended.

An applicant for a safety-sensitive position with the District will be required to undergo a drug screening analysis after an offer of employment has been made but before the applicant begins work for the District. Any offer of employment will be conditioned upon compliance with this policy. The applicant will be requested to execute a consent form which includes a waiver and release. The applicable documentation will be completed by the applicant and collection center at the time of collection.

A positive test indicating the presence of controlled substances as defined in this policy may constitute disqualification of the applicant for the position for a period of six months. The District will notify disqualified applicants of the results of a drug test conducted under the DOT regulations if the employee requests the result within 60 days of being notified of the disposition of the employment application.

## **C. SAFETY-SENSITIVE / DOT-COVERED EMPLOYEES**

The adverse impact of substance abuse by drivers has been recognized by the federal government. The Federal Motor Carrier Safety Administration (FMCSA) has issued regulations which may require the District to implement a controlled

substance testing program. The District will comply with these regulations and is committed to maintaining a drug-free workplace. All drivers are advised that remaining drug-free and medically qualified to drive are conditions of continued employment with the District.

## 1. Covered Employees

In addition to the testing provisions set forth in the sections above, this section of the policy applies to every employee whose position requires the possession of a Commercial Driver's License (CDL); every employee performing a "safety-sensitive function" as defined herein, and any person applying for such positions.

Under FMCSA (49 CFR Part 382), you are a covered employee if you operate (i.e., drive) a Commercial Motor Vehicle (CMV) with a gross vehicle weight rating of 26,001 or more pounds; or is designed to transport 16 or more occupants (to include the driver); or is of any size and is used in the transportation of hazardous materials that require the vehicle to be placarded.

Safety-sensitive functions under Part 382 means all time from the time a driver begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibilities for performing work. Under FMCSA, an employee is performing a s~~Safety~~-sensitive function if they a~~re~~shall include:

- a. Driving a commercial motor vehicle which requires the driver to have a commercial driver's license (CDL)
- b. Inspecting, servicing, or repairing any commercial motor vehicle
- c. Waiting to be dispatched to operate a commercial motor vehicle
- d. Performing all other functions in or upon a commercial motor vehicle
- e. Loading or unloading a commercial motor vehicle, supervising or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments being loaded or unloaded
- ~~f. Performing driver requirements associated with an accident.~~
- f. Repairing, obtaining assistance, or remaining in attendance upon a disabled commercial motor vehicle.

~~a.—~~

## 2. Pre-Placement/Post Offer Controlled Substance (Drug) Testing

- a. Safety-Sensitive/DOT Covered Employees shall be subject to the Pre-Placement/Post Offer Controlled Substance (Drug) Testing provisions set forth in Section ~~X~~11.B outlined above.
- b. If a covered employee in this section has not performed a safety-sensitive function for 90 consecutive calendar days and has not been in the random testing pool during that time, the employee must take and pass a pre-employment test before he or she can return to a safety-sensitive (DOT) function.

- c. An employer is not required to administer a pre-employment controlled substances test if:
  1. The driver has participated in a controlled substances testing program that meets the requirements of this part within the previous 30 days; and
  2. While participating in that program, either:
    - a) Was tested for controlled substances within the past 6 months (from the date of application with the ~~employer~~District), or
    - b) Participated in the random controlled substances testing program for the previous 12 months (from the date of application with the employer); and
  3. The ~~employer-District can~~ ensures that no prior employer of the employee of whom the employer has knowledge has records of a violation of this part or the controlled substances use rule of another DOT agency within the previous six (6) months.
  
- d. Pre-placement controlled substances tests will also be required for:
  1. Existing District employees who newly obtain a Commercial Drivers License or a Hazardous Materials Endorsement to haul hazardous materials (e.g., gaseous chlorine, propane) and will be using these licenses to perform safety sensitive functions within their job description;
  2. Existing District employees who are promoted to positions that require a Commercial Drivers License or a Hazardous Materials Endorsement to haul hazardous materials (e.g., gaseous chlorine, propane) and will be using these licenses to perform safety sensitive functions within their job description; and
  3. Applicants whose job descriptions include safety sensitive functions that are subject to DOT guidelines and have not been part of a drug program that complies with the FMCSA regulations for the previous 30 days; ~~and~~ ~~Existing District employees who are newly subject to a recently implemented District program and have not been tested for controlled substances in the previous six months or have not participated in a random drug and/or alcohol testing program for the previous 12 months.~~
  
- e. Prior Employment Drug and Alcohol Testing Records

The District will make a good faith effort to obtain previous test information from the last two years from an applicant's previous employers. In this context, a good faith effort includes completing the **"Request for Past Test Results Form" (Appendix C)**, enclosing the **"Report of Past Driver Drug and/or Alcohol Test Results Form" (Appendix D)**, and sending the forms to each of the employers listed on the application in order to obtain the information from the previous two years. All requests will be documented and kept on file.

The District will review previous test information collected from prior employers for the following:

1. Alcohol test results with a breath alcohol concentration of 0.04 or greater;
2. Positive drug test results; and
3. Refusals to submit to a required alcohol or drug test.

If the District learns that the applicant tested positive for drugs, had an alcohol test result of 0.04 or greater, or refused to be tested, the applicant will not be allowed to perform safety sensitive functions until the District has evidence that the driver has met the return-to-duty requirements. The District will obtain evidence that the applicant was evaluated by a SAP, completed any required counseling, passed a return-to-duty test, and was subject to any required follow-up testing.

### 3. Random Testing

Random drug and alcohol tests are unannounced and unpredictable, and the dates for administering random tests are spread reasonably throughout the calendar year.

Random testing must be conducted at all times of day when safety-sensitive functions are performed.

The selection of employees for random drug and alcohol testing shall be made by a scientifically valid method, such as a random number table or a computer-based random number generator that is matched with employees' Social Security numbers, payroll identification numbers, or other comparable identifying numbers. Under the selection process used, each covered employee shall have an equal chance of being tested each time selections are made.

Annually, at least 50% of the pool will be randomly tested for drugs, and at least 10% of the pool will be tested for alcohol, in accordance with DOT regulations. Testing rates will meet or exceed the minimal annual percentage rate set each year by the DOT Administrator.

The pool administrator will notify the District's DER at the beginning of the quarter if any District employees are selected with the computerized random number generator. The supervisor then has ~~the entire quarter~~ to immediately send the selected employee to the designated collection center or arrange for an on-site collection.

~~Each employee selected for testing shall be tested during the selection period.~~ A covered employee shall only be randomly tested for alcohol misuse while the employee is performing safety-sensitive functions; just before the employee is to perform safety-sensitive functions; or just after the employee has ceased performing such functions. A covered employee may be randomly tested for prohibited drug use anytime while on duty.

Each covered employee who is notified of selection for random drug or random alcohol testing shall proceed to the test site immediately.

In the event an employee, who is selected for a random test, is on vacation or on an extended medical absence during the quarter of selection, an alternate employee will be randomly selected, and the unavailable employee will be put back into the pool for the next quarter. When this occurs, the District will keep documentation that the driver was ill, injured, or on vacation and that the employee was in the random selection pool for that cycle.

#### 4. Post Accident Testing

Covered employees shall be subject to FMCSA post-accident drug and alcohol testing under the following circumstances:

A supervisor shall be notified immediately following an accident to ensure proper post-accident instructions. The supervisor will determine if a test is necessary **(See Appendix E – Post-Accident Drug and Alcohol Testing Decision Form)**. If a test is necessary, the supervisor will see that the driver is transported to the appropriate collection center.

##### Fatal Accidents

As soon as practicable following an occurrence involving a commercial motor vehicle operating on a public road in commerce, and involving the loss of a human life, drug and alcohol tests will be conducted on each surviving covered employee who was performing safety-sensitive functions with respect to the vehicle.

##### Non-fatal Accidents

As soon as practicable following an occurrence involving a commercial motor vehicle operating on a public road in commerce, and not involving the loss of a human life, an alcohol test will be conducted on each driver who receives a citation within eight (8) hours of the occurrence under State or local law for a moving traffic violation arising from the accident, if:

- (1) The accident results in injuries requiring immediate medical treatment away from the scene; or
- (2) One or more motor vehicles incur disabling damage and must be transported away from the scene by a tow truck or other motor vehicle.

As soon as practicable following an occurrence involving a commercial motor vehicle operating on a public road in commerce, and not involving the loss of a human life, a drug test will be conducted on each driver who receives a citation within thirty-two (32) hours of the occurrence under State or local law for a moving traffic violation arising from the accident, if:

- The accident results in injuries requiring immediate medical treatment away from the scene; or
- One or more motor vehicles incur disabling damage and must be transported away from the scene by a tow truck or other motor vehicle.

A covered employee subject to post-accident testing must remain readily available, or it is considered a refusal to test. Nothing in this section shall be construed to require the delay of necessary medical attention for the injured following an accident or to prohibit a covered employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care.

In lieu of administering a post-accident test, the District may substitute a test administered by on-site police or public safety officials under separate authority. The District may substitute a blood or breath alcohol test and a urine drug test performed by such local

officials, using procedures required by their jurisdictions. The District will obtain a copy of these test results and keep them on file.

An employee who knowingly, willingly, or purposely evades a post-accident alcohol or controlled substance test will be subject to termination under "Refusal to Submit" guidelines as outlined under definitions in this policy.

### **Manager / Supervisor Training**

Supervisors and managers will receive at least 60 minutes of training on alcohol misuse and at least 60 minutes of training on controlled substances use. The training will be used by the supervisors and/or managers to identify possible use ~~of~~of illegal drugs and alcohol in the workplace and to determine whether reasonable suspicion exists to require an employee to undergo testing.

## **12. CLEARINGHOUSE**

Any commercial motor vehicle driver for the District who is subject to the FMCSA'S drug and alcohol testing regulations in 49CFR Part 382 must also comply with the CDL Driver Drug & Alcohol Clearinghouse regulations in Part 382, Subpart G.

The District is prohibited from allowing any driver that has committed a testing violation and has not completed the return-to-duty process as outlined in this ~~p~~Policy to perform safety-sensitive functions. Drivers will be notified by FMCSA when the District obtains information from the Clearinghouse regarding their violation, or when information concerning the driver is added, revised, or removed.

### **A. REPORTING**

The following violations or milestones, ~~on or after January 6, 2020,~~ will be reported to the Clearinghouse for any Drivers who are subject to the Clearinghouse rules. The District, its service providers, its Medical Review Officer(s), and/or its Substance Abuse Professional(s) as required by FMCSA directive to report:

- Any verified positive, adulterated, or substituted DOT drug test
- Any validated DOT alcohol test result of 0.04 or higher
- Any refusal to submit to a DOT required drug or alcohol test
- Any confirmed and recorded "actual knowledge" that the driver violated the DOT drug or alcohol rules, including:
  - Any on-duty alcohol use, including any citation for driving under the influence of alcohol (DUI/DWI) while driving a commercial motor vehicle
  - Any alcohol use within 4 hours before going on duty
  - Any alcohol use within 8 hours of an accident or before a post-accident test is complete (whichever occurs first)
  - Any prohibited drug use while on duty
- Successful completion of the return-to-duty process following treatment
- Any negative DOT return-to-duty test\*
- Successful completion of follow-up testing\*

~~\*Only reported if the primary violation occurred on or after January 6, 2020.~~

### **B. GRANTING OF CONSENT**

Drivers must grant consent for the District to purchase Clearinghouse reports:

- Prior to employment with the District, all drivers must create a Clearinghouse account and log in to permit the District consent to acquire a "full" report.
- Drivers must sign a separate Consent "for Limited Queries" form allowing the District access to "limited" queries each year. Drivers may limit the length of time that such consent is valid but making it valid for the duration of employment with the District is recommended.
- The District will notify the driver that they must immediately log in to the Clearinghouse to provide permission so the District may obtain the driver's full Clearinghouse record if a limited query exposes information about the driver. Such record will be acquired within 24 hours of the limited query.

A driver who refuses to grant the consent described above will not be allowed to perform any safety-sensitive duties as defined in §382.107. The driver will not be allowed to resume the safety-sensitive duties until the driver has granted the mandatory consent, the District then obtains the report, and the Clearinghouse query shows that the driver is eligible to carry out safety-sensitive duties.

### **C. DRIVER ACCOUNTS**

Drivers are required to have an online account at *clearinghouse\_fmcsa.dot.gov* and are highly encouraged to provide an email address so they may be contacted. Drivers are permitted to see their own Clearinghouse records free of charge and may challenge the accuracy of information reported to the Clearinghouse, but not the accuracy of test results or refusals using the procedures listed in §.382.717.

### **D. QUERIES**

The District will purchase reports (a.k.a. queries) from the Clearinghouse at these times:

- Once a year for all drivers, and
- Preceding employment of any new drivers.

Reports to the Clearinghouse will include:

- the driver's name
- date of birth
- commercial driver's license number and state of issuance
- violation and/or testing data

### **E. NOTICE OF VIOLATIONS**

Drivers are required to notify the District in writing if they have violated the drug and/or alcohol prohibitions of 49 CFR Parts 40 or 382 while employed with the District. The statement must be received before the end of the business day the day after the driver received notification of the violation or prior to performing any safety-sensitive duties, whichever comes first.

### **F. USE OF INFORMATION**

The District will only use the information obtained from the Clearinghouse to determine if the driver is prohibited from performing safety-sensitive duties. The District will not divulge, nor permit any other person or entity to divulge, any driver-specific information from the Clearinghouse to any person or entity not directly involved in making such determination.

### **13. REFUSAL TO SUBMIT:**

Any employee who refuses to submit to a drug or alcohol test immediately when requested by a supervisor or law enforcement personnel will be treated in the same manner as an employee who has failed an alcohol or controlled substance test, as defined in this policy. No applicant who refuses to be tested will be extended an offer of employment. Attempts to alter or substitute the specimen provided will be deemed a refusal to take the drug test when required.

### **14. FAILURE TO APPEAR FOR TESTING:**

Failure to appear for testing without a deferral will be considered a refusal to participate in testing, and will subject an employee to the range of disciplinary actions, including termination, and an applicant to the cancellation of an offer of employment. If an individual fails to appear at the collection site at the assigned time, the collector will contact the Designated Employer Representative (DER).

### **15. VIOLATION OF POLICY AND DISCIPLINARY CONSEQUENCES:**

An employee may be found to use illegal drugs or alcohol on the basis of any appropriate evidence including, but not limited to:

- Direct observation;
- Evidence obtained from an arrest or criminal conviction;
- A verified positive test result; or
- An employee's voluntary admission.

The District will refer an employee found to use illegal drugs or alcohol to a Substance Abuse Professional (SAP) and immediately remove the employee from their position. Disciplinary action taken against an employee found to use illegal drugs or alcohol may include the full range of disciplinary actions, including termination. The severity of the action chosen will depend on the circumstances of each case. At the discretion of the District, and as part of SAP counseling, an employee may return to duty if the employee's return would not endanger public health or safety.

The terms and conditions of the disciplinary consequences, if any, utilized by the District will not expand the rights and limitations of the employee under the District's Terms and Conditions of Employment.

A rehabilitation program may be available for those employees having a positive controlled substance and/or alcohol test. A second verified positive test under any circumstances might constitute cause for immediate termination. Failure to complete a treatment program provided by the Substance Abuse Professional (SAP) will be treated as a second positive test.

The employee will pay rehabilitation program costs and subsequent controlled substance and/or alcohol testing costs related to return-to-work and follow-up testing. When recommended by the SAP, participation in and completion of the rehabilitation program is mandatory. Prior to return-to-duty testing, an employee must follow the rehabilitation program recommended by the SAP and agree to sign a return-to-duty agreement. The duration and frequency of follow-up testing will be determined by the SAP but will not be shorter than one year or longer than five years.



NOTE: Health insurance plans may provide coverage for rehabilitation costs. Health benefits information can be obtained from the District's ~~H~~human ~~resources~~-Resources contact.

## **16. EMPLOYEE RIGHTS:**

Upon request, the employee will receive a full copy of any test results and related documentation of the testing process.

All confirmed positive samples will be retained by the testing laboratory in secure frozen storage for one year following the test or until the sample is no longer needed for appeal proceedings or litigation, whichever is longer.

## **17. REHABILITATION / RETURN-TO-DUTY:**

Following a positive drug or alcohol (BAC at or above 0.04) test result or test refusal, the employee is immediately removed from their duties, referred to a substance abuse professional (SAP), and may be subject to disciplinary action up to and including termination.

Following a BAC of 0.02 or greater, but less than 0.04 – the employee is immediately removed from duties until the start of the next regularly scheduled duty period, but not less than 24 hours following administration of the test.

### **A. Rehabilitation**

After a verified positive test result, a conference will be conducted between the employee and a ~~H~~human ~~resources~~-Resources contact. If warranted, the employee will be requested to participate in a substance abuse rehabilitation program developed by a SAP chosen by the District. Details will be outlined in a Return-to-Duty/Conditional Letter of Employment Agreement.

Employees may use accumulated sick leave, vacation time, or compensatory time to participate in a rehabilitation program. Program costs and subsequent controlled substance and/or alcohol-testing costs will be paid by the employee. Failure to participate in and complete such a program may result in employment termination.

### **B. Return-to-Duty**

Employees who have violated the prohibition set forth in this policy will be required to submit to a return-to-duty test before returning to their position. The test result must indicate an alcohol concentration of less than 0.02 and/or a verified negative result on a controlled substance test.

### **C. Follow-Up Testing**

After the return-to-duty test, employees will be subject to unannounced follow-up testing. A SAP will determine the number and frequency of tests, but at least six tests will be performed during the first 12 months following the employee's return to duty. Follow-up testing may be extended up to 60 months from the date of the employee's return to duty, but the SAP can terminate the requirement after the first six tests, if they determine that testing is no longer necessary. The SAP, in coordination with the DER, will conduct tracking and monitoring of follow-up tests.

## 18. RECORDKEEPING:

### A. Maintenance of Records

The District will maintain records of its alcohol misuse and controlled substances use prevention programs. The records will be maintained in a secure location with controlled access. The District will maintain the records in accordance with the following schedule:

One Year – Records of negative and cancelled controlled substances test results and alcohol test results with a concentration of less than 0.02.

Two Years – Records relating to the alcohol and controlled substances collection process.

Five Years – The following records will be maintained for a minimum of five years:

- Alcohol results indicating an alcohol concentration of 0.02 or greater.
- Records of verified positive controlled substances test results.
- Documentation of refusals to take required alcohol and/or controlled substances tests.
- Driver evaluation and referrals.
- A copy of each annual calendar year summary.

### B. Confidentiality

The District will maintain records of the circumstances and results of any employee testing under this policy. These records, and any other information pertaining to an employee's drug or alcohol test, will be considered confidential and will be released only to:

1. The employee who was tested or other individuals designated in writing by that employee;
2. The Medical Review Officer; or
3. Individuals who need the records or information to:
  - a. Properly supervise or assign the employee;
  - b. Determine, or assist in determining, what action the District should take in response to the test results; or
  - c. Respond to appeals or litigation arising from the drug or alcohol test or related actions.

## 19. DEFINITIONS:

**Alcohol** means the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohol including methyl or isopropyl alcohol.

**Alcohol Concentration** means the alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by an evidential breath test under this regulation. For example, 0.02 means 0.02 grams of alcohol in 210 liters of expired deep lung air. Blood tests will not be used to determine alcohol concentration, unless administered by on-site police or public safety officials in a post accident situation.

**Applicant** means any individual tentatively selected—

1. For employment with the District; or
2. For a Safety-Sensitive Position, and who has not, immediately prior to the selection, been subject to random testing.

**Breath Alcohol Technician (BAT)** means a person trained to operate the Evidential Breath Testing (EBT) device that the technician is using in the alcohol testing procedures. BATs are the only qualified personnel to administer the EBT tests.

**Chain of Custody** means the procedures to account for the integrity of each urine specimen by tracing its handling and storage from point of collection to final disposition.

**Collection Center** means a place designated by the District where individuals present themselves for the purpose of providing a specimen of either urine and/or breath. (For purposes of this program and policy, the District's Collection Center shall be the following:)

**Pomona Valley Health Centers at Chino Hills Crossroads  
Occupational Medicine  
3110 Chino Avenue, Suite 150  
Chino Hills, CA 91709**

**Confirmation Test** for alcohol testing means a second test, following a screening test with a result of 0.02 or greater that provides quantitative data of alcohol concentration. For controlled substances testing, it means a second analytical procedure to identify the presence of a specific drug or metabolite which is independent of the screen test and which uses a different technique and chemical principle from that of the screen test, in order to ensure reliability and accuracy. Gas Chromatography/Mass Spectrometry (GC/MS) is the only authorized confirmation method of cocaine, marijuana, opiates, amphetamines, and phencyclidine.

**Consortium/Third-Party Administrator (C/TPA)** is a service agent that provides or coordinates the provision of a variety of drug and alcohol testing services to employers. C/TPAs typically perform administrative tasks concerning the operation of the employer's drug and alcohol testing programs. This term includes, but is not limited to, groups of employers who join together to administer, as a single entity, the DOT drug and alcohol testing programs of its members.

**Controlled Substance (Drug) Test** is a method of detecting and measuring the presence of controlled substances, whether legal or illegal, in a person's body. A controlled substance test may be either an initial test or a confirmation test. An initial controlled substance test is designed to identify specimens having concentrations of a particular class of drug above a specific concentration level. It eliminates negative specimens from further consideration. A confirmation drug test is a second analytical procedure to detect the presence of a specific drug or its metabolite. The confirmation procedure is conducted independent of the initial test and uses a different technique and chemical principal in order to confirm reliability and accuracy.

Controlled substances will be tested under the [U.S.](#) Department of Health and Human Service guidelines. The cutoff concentrations below are for initial and confirmation drug tests:

| Initial Test Analyte                         | Initial Test Cutoff Concentration | Confirmatory Test Analyte    | Confirmatory Test Cutoff Concentration |
|----------------------------------------------|-----------------------------------|------------------------------|----------------------------------------|
| Marijuana metabolites<br>(THCA) <sup>1</sup> | 50 ng/mL <sup>2</sup>             | THCA                         | 15 ng/mL.                              |
| Cocaine metabolite<br>(Benzoylecgonine)      | 150 ng/mL <sup>2</sup>            | Benzoylecgonine              | 100 ng/mL.                             |
|                                              |                                   |                              |                                        |
| Codeine/Morphine                             | 2000 ng/mL                        | Codeine                      | 2000 ng/mL.                            |
|                                              |                                   | Morphine                     | 2000 ng/mL.                            |
| Hydrocodone/<br>Hydromorphone                | 300 ng/mL                         | Hydrocodone<br>Hydromorphone | 100 ng/mL.<br>100 ng/mL.               |
| Oxycodone/<br>Oxymorphone                    | 100 ng/mL                         | Oxycodone<br>Oxymorphone     | 100 ng/mL.<br>100 ng/mL.               |
| 6–Acetylmorphine                             | 10 ng/mL                          | 6–Acetylmorphine             | 10 ng/mL.                              |
| Phencyclidine                                | 25 ng/mL                          | Phencyclidine                | 25 ng/mL.                              |
|                                              |                                   |                              |                                        |
| Amphetamine                                  | 500 ng/mL                         | Amphetamine                  | 250 ng/mL.                             |
| Methamphetamine                              |                                   | Methamphetamine <sup>5</sup> | 250 ng/mL.                             |
| MDMA <sup>3</sup> / MDA <sup>4</sup>         | 500 ng/mL                         | MDMA                         | 250 ng/mL.                             |
|                                              |                                   | MDA                          | 250 ng/mL.                             |
|                                              |                                   |                              |                                        |

<sup>1</sup> For grouped analytes (i.e., two or more analytes that are in the same drug class and have the same initial test cutoff):  
Immunoassay: the test must be calibrated with one analyte from the group identified as the target analyte. The cross-reactivity of the immunoassay to the other analyte(s) within the group must be 80 percent or greater; if not, separate immunoassays must be used for the analytes within the group.  
Alternate technology: Either one analyte or all analytes from the group must be used for calibration, depending on the technology. At least one analyte within the group must have a concentration equal to or greater than the initial test cutoff or, alternatively, the sum of the analytes present (i.e., equal to or greater than the laboratory's validated limit of quantification) must be equal to or greater than the initial test cutoff.

<sup>2</sup> An immunoassay must be calibrated with the target analyte, Δ-9-tetrahydrocannabinol-9-carboxylic acid (THCA).<sup>2</sup>

<sup>3</sup> Alternate technology (THCA and Benzoylecgonine): When using an alternate technology initial test for the specific target analytes of THCA and Benzoylecgonine, the laboratory must use the same cutoff for the initial and confirmatory tests (i.e., 15 ng/mL for THCA and 100ng/mL for Benzoylecgonine).<sup>3</sup>

<sup>4</sup> Methylenedioxymethamphetamine (MDMA).<sup>4</sup>

<sup>5</sup> Methylenedioxyamphetamine (MDA).<sup>5</sup>

**Department of Transportation (DOT) Guidelines** means the controlled substances and alcohol testing procedures in all transportation industries (49 CFR, Part 40) and for the Federal Motor Carrier Safety Administration (49 CFR, Part 382).

**Employee Assistance Program (EAP)** means a counseling program that offers assessment, short-term counseling, and referral services to employees for a wide range of drug, alcohol, and mental health problems, and monitors the progress of employees while in treatment.

**Evidential Breath Testing Device (EBT)** means the device to be used for breath alcohol testing.

**Medical Review Officer** means the individual responsible for receiving laboratory results generated from the District's Drug and Alcohol Program who is a licensed physician with knowledge of substance abuse disorders and the appropriate medical training to interpret and evaluate all positive test results together with an individual's medical history and any other relevant biomedical information.

**Illegal Drugs** means a controlled substance included in Schedule I or II, as defined by section 802(6) of Title 21 of the United States Code, the possession of which is unlawful under chapter 13 of that Title. The term "illegal drugs" does not mean the use of a controlled substance pursuant to a valid prescription or other uses authorized by law.

**Performing Safety Sensitive Function** means an employee is considered to be performing a safety sensitive function in any period in which they are actually performing, ready to perform, or immediately available to perform such functions.

**Post Accident Alcohol and/or Controlled Substance Testing** is testing performed on safety-sensitive employees following an accident involving a commercial motor vehicle where:

1. The accident involved a fatality; or
2. The driver receives a citation under state or local law for a moving traffic violation arising from an accident that involved:
  - a. injury requiring medical treatment away from the scene; or
  - b. one or more vehicles having to be towed from the scene.

**Pre-Employment Controlled Substance Testing** is conducted before applicants begin work, but after an offer to hire. It is also conducted when existing District employees in a non-safety sensitive position are transferred to or promoted into a safety sensitive position.

**Random Controlled Substance and/or Alcohol Testing** means a system of testing imposed without individualized suspicion that a particular individual is using illegal drugs. Testing is conducted on a random, unannounced basis for safety sensitive employees just before, during, or just after performing a safety sensitive function.

**Reasonable Suspicion Controlled Substance and/or Alcohol Testing** is conducted when a trained supervisor has a good faith belief based on specific, contemporaneous, and articulable facts or evidence that an employee may have violated the prohibitions set forth this policy.

**Refusal to Submit** means failing to provide an adequate breath or urine sample for testing without a valid medical explanation or engaging in conduct that clearly obstructs the testing process (i.e., verbal declarations, obstructive behavior, or physical absence resulting in the inability to conduct the test.)

**Safety-Sensitive Employee** is defined as an employee possessing a commercial driver's license and as a part of their job description may operate any of the following vehicles:

1. A vehicle with a gross vehicle weight rating (GVWR) of at least 26,001 pounds;

2. A vehicle with a gross combination weight of at least 26,001 pounds inclusive of a towed unit with a gross vehicle weight rating (GVWR) of more than 10,000 pounds;
3. A vehicle designed to transport 16 or more passengers, including the driver; or
4. A vehicle used to transport a hazardous material that requires placards.

**Substance Abuse Professional (SAP)** means a licensed physician (medical doctor or doctor of osteopathy), or a licensed or certified psychologist, social worker (with knowledge of and clinical experience in the diagnosis and treatment of drug and alcohol related disorders (the license alone does not authorize this), Certified Employee Assistance Professional (CEAP), or addiction counselor certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NAADAC) with knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substances related disorders.

**Trained Supervisor** means a person in authority who received at least one hour of training on the signs and symptoms of alcohol abuse and at least one hour of training on the signs and symptoms of controlled substance abuse.

# **Policy Against Substance Abuse in the Workplace**

## **Appendices**

- A. Covered Positions by Job Title
- B. Search/Evidence (Discrepancy) Documentation Form
- C. Request for Past Test Results
- D. Report of Past Driver Drug and/or Alcohol Test Results
- E. Post-Accident Drug and Alcohol Testing Decision Form
- F. Reasonable Suspicion Documentation Form
- G. Drug and Alcohol Testing Program Acknowledgment Form
- H. Certificate of Receipt of Policy Against Substance Abuse in the Workplace/DOT Drug and Alcohol Program

## Appendix A

### Covered Positions by Job Title

#### **Safety/Security Sensitive Positions (Non-DOT)**

Construction Inspection Series  
Cross Connection Series  
Facility Maintenance Worker Series  
Field Supervisor  
General Services & Procurement Manager  
Instrumentation/Electrical System Technician  
Operations Intern  
Production Lead  
Production Supervisor  
Pump Operator Series  
Utility Service Lead  
Utility Service Worker Series  
Water Quality Specialist Series

#### **Safety/Security Sensitive Positions (DOT)**

Construction Inspection Series (DOT)  
Construction Inspection Supervisor (DOT)  
Cross Connection Series (DOT)  
Field Manager (DOT)  
Pump Operator Series (DOT)  
Senior Pump Operator (DOT)  
Utility Service Lead (DOT)  
Utility Service Worker Series (DOT)



**Appendix B**

**Search/Evidence (Discrepancy) Documentation Form**

Employee name: \_\_\_\_\_ Position: \_\_\_\_\_

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

Investigated by: \_\_\_\_\_

Location of search: \_\_\_\_\_

Reason for search:     Routine         Periodic         Contractual  
                                  Reasonable Suspicion (or cause)

Location of evidence or prohibited items: \_\_\_\_\_

Description of evidence, items or substances (continue on back, if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were local authorities called? \_\_\_\_\_

Time: \_\_\_\_\_

|                                 |               |
|---------------------------------|---------------|
| _____<br>Supervisor's signature | _____<br>Date |
| _____<br>Witness' signature     | _____<br>Date |
| _____<br>Employee's signature   | _____<br>Date |

## Appendix C

### Request for Past Test Results

To:  
From: DER Coordinator  
Subject: **Request to Obtain Past Drug and Alcohol Test Results**  
Date:

\_\_\_\_\_ has advised us that he/she worked for your company as a driver, or that he/she applied to your company for work as a driver, during the previous two (2) years.  
(Insert applicant's name)

Regulations of the Federal Motor Carrier Safety Administration (FMCSA) require us to obtain from your company, and require your company to provide to us, information concerning the above-named driver's past drug and alcohol test results (including refusal to be tested).

In accordance with FMCSA regulations, therefore, we are providing you with the driver's written authorization directing your company to provide us with the following information concerning this driver:

- (1) Alcohol tests with a result of 0.04 or higher alcohol concentration;
- (2) Verified positive drug tests;
- (3) Refusals to be tested (including verified adulterated or substituted drug test results);
- (4) Other violations of DOT agency drug and alcohol testing regulations; and
- (5) With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests).

Please send this information to:

Human Resources at fax # (909) 595-2248

**The information which you furnish will be treated as strictly confidential.** Thank you for your cooperation.

Sincerely,

(Your Name)  
DER Coordinator

## Appendix D

### Report of Past Driver Drug And/Or Alcohol Test Results

**INSTRUCTIONS:** Motor carriers for whom a driver previously worked are required to provide the following information concerning the results of a driver's drug and alcohol tests to a motor carrier to whom the driver has applied for work, if provided with the driver's written authorization to release those results:

- (1) Alcohol tests with a result of 0.04 or higher alcohol concentration;
- (2) Verified positive drug tests;
- (3) Refusals to be tested (including verified adulterated or substituted drug test results);
- (4) Other violations of DOT agency drug and alcohol testing regulations; and
- (5) With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests).

(i) all verified positive and negative drug and alcohol tests during the previous two (2) years; (ii) all alcohol test results of 0.04 or greater during the previous two (2) years; (iii) all alcohol test results of 0.02 or greater but less than 0.04 during the previous two (2) years; (iv) all instances in which the driver refused to submit to a drug and/or alcohol test during the previous two (2) years. This form should be used for that purpose.

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To: \_\_\_\_\_ (*name of Company requesting results*)

In accordance with your Company's request, the following are the results of drug and alcohol tests conducted by \_\_\_\_\_ during the period \_\_\_\_\_ to \_\_\_\_\_. These test results are being provided to you as a result of your Company having provided us with the written authorization of the driver to release these test results for the period of time specified above.

**Past Drug Test Results:**       No Drug Test Conducted During Period Specified

|                     |                                   |                                   |                                               |
|---------------------|-----------------------------------|-----------------------------------|-----------------------------------------------|
| Date of Test: _____ | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive | <input type="checkbox"/> Refused to be Tested |
| Date of Test: _____ | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive | <input type="checkbox"/> Refused to be Tested |
| Date of Test: _____ | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive | <input type="checkbox"/> Refused to be Tested |
| Date of Test: _____ | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive | <input type="checkbox"/> Refused to be Tested |

**Past Alcohol Test Results:**       No Alcohol Test Conducted During Period Specified

|                     |                                   |                                          |                                               |
|---------------------|-----------------------------------|------------------------------------------|-----------------------------------------------|
| Date of Test: _____ | <input type="checkbox"/> Negative | <input type="checkbox"/> 0.04 or greater | <input type="checkbox"/> Refused to be Tested |
| Date of Test: _____ | <input type="checkbox"/> Negative | <input type="checkbox"/> 0.04 or greater | <input type="checkbox"/> Refused to be Tested |
| Date of Test: _____ | <input type="checkbox"/> Negative | <input type="checkbox"/> 0.04 or greater | <input type="checkbox"/> Refused to be Tested |
| Date of Test: _____ | <input type="checkbox"/> Negative | <input type="checkbox"/> 0.04 or greater | <input type="checkbox"/> Refused to be Tested |

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Person Completing Form

\_\_\_\_\_  
Title

## Appendix E

### Post-Accident Drug and Alcohol Testing Decision Form

#### Accident Information:

Date of Accident \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Location of Accident \_\_\_\_\_

Employee Name: \_\_\_\_\_

#### Decision Questions:

1. Was the employee operating a commercial motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, the test should not proceed under FMCSA testing rules. Local administrative rules may apply.

2. Was there a **fatality**? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, DOT drug and alcohol testing required**

If there was **NO fatality**, answer the following questions:

3. Did the person performing safety-sensitive functions with respect to the vehicle **receive a citation** under State or local law for a moving traffic violation arising from the accident?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Did the accident involve **bodily injury** to any person who, as a result of the injury, immediately received medical treatment away from the scene of the accident?

Yes \_\_\_\_\_ No \_\_\_\_\_

Did one or more motor vehicles incur **disabling damage** as a result of the accident **requiring transportation away from the scene** by a tow truck or other motor vehicle?

Yes \_\_\_\_\_ No \_\_\_\_\_

- If there was **NO fatality AND you checked YES for QUESTION 3 AND checked YES to either or both of the answers to QUESTION 4**, a FMCSA Post-Accident DRUG and ALCOHOL test IS REQUIRED.
- If there was **NO fatality AND you checked NO for QUESTION 3**, a FMCSA Post-Accident DRUG and ALCOHOL test should not be administered.

If **ALCOHOL testing is not conducted within 2 hours after the accident**, document the reason for the delay on the reverse side of this form. If no alcohol test is administered **within 8 hours**, cease all efforts to have the test administered and **update the documentation**.

If **DRUG test is not conducted within 32 hours after the accident**, cease all efforts to administer the drug test and document the reason why the test was not administered.

Reason the **ALCOHOL test was not conducted within 2 hours** of the accident.  
Update this statement if no test conducted within 8 hours.

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Reason the **DRUG test was not conducted within 32 hours** of the accident.

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Supervisor Name: \_\_\_\_\_

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

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

Testing Clinic Location: \_\_\_\_\_

Date Arrived At Clinic: \_\_\_\_\_ Time: \_\_\_\_\_

## Appendix F Reasonable Suspicion Documentation Form

Employee is reporting for duty

Employee is already on duty

|                                                                 |                                                                                                                                                             |                                                                                                                                                |                                                                                                                                                |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| EMPLOYEE NAME:                                                  |                                                                                                                                                             | DATE OF OBSERVATION:                                                                                                                           |                                                                                                                                                |
| LOCATION:                                                       |                                                                                                                                                             | TIME OF OBSERVATION<br>FROM                      AM                      AM<br>PM                      TO                      PM              |                                                                                                                                                |
| <b>OBSERVED PERSONAL BEHAVIOR (CHECK ALL APPROPRIATE ITEMS)</b> |                                                                                                                                                             |                                                                                                                                                |                                                                                                                                                |
| BREATH:<br>(Odor of alcoholic beverage)                         | <input type="checkbox"/> Strong<br><input type="checkbox"/> None                                                                                            | <input type="checkbox"/> Faint                                                                                                                 | <input type="checkbox"/> Moderate                                                                                                              |
| EYES:                                                           | <input type="checkbox"/> Bloodshot<br><input type="checkbox"/> Clear<br><input type="checkbox"/> Dilated Pupils                                             | <input type="checkbox"/> Glassy<br><input type="checkbox"/> Heavy Eyelids                                                                      | <input type="checkbox"/> Normal<br><input type="checkbox"/> Fixed Pupils                                                                       |
| SPEECH:                                                         | <input type="checkbox"/> Confused<br><input type="checkbox"/> Slurred<br><input type="checkbox"/> Stuttering<br><input type="checkbox"/> Not Understandable | <input type="checkbox"/> Mumbling<br><input type="checkbox"/> Good<br><input type="checkbox"/> Cotton Mouthed                                  | <input type="checkbox"/> Thick Tongued<br><input type="checkbox"/> Fair<br><input type="checkbox"/> Mush Mouthed                               |
| ATTITUDE:                                                       | <input type="checkbox"/> Excited<br><input type="checkbox"/> Indifferent<br><input type="checkbox"/> Care Free<br><input type="checkbox"/> Cooperative      | <input type="checkbox"/> Combative<br><input type="checkbox"/> Talkative<br><input type="checkbox"/> Cocky<br><input type="checkbox"/> Profane | <input type="checkbox"/> Hilarious<br><input type="checkbox"/> Insulting<br><input type="checkbox"/> Sleepy<br><input type="checkbox"/> Polite |
| UNUSUAL ACTION:                                                 | <input type="checkbox"/> Hiccoughing<br><input type="checkbox"/> Fighting<br><input type="checkbox"/> Other:                                                | <input type="checkbox"/> Belching<br><input type="checkbox"/> Crying                                                                           | <input type="checkbox"/> Vomiting<br><input type="checkbox"/> Laughing                                                                         |
| BALANCE:                                                        | <input type="checkbox"/> Falling<br><input type="checkbox"/> Swaying                                                                                        | <input type="checkbox"/> Needs Support<br><input type="checkbox"/> Other:                                                                      | <input type="checkbox"/> Wobbling                                                                                                              |
| WALKING:                                                        | <input type="checkbox"/> Falling<br><input type="checkbox"/> Swaying                                                                                        | <input type="checkbox"/> Staggering                                                                                                            | <input type="checkbox"/> Stumbling                                                                                                             |
| TURNING:                                                        | <input type="checkbox"/> Falling<br><input type="checkbox"/> Swaying                                                                                        | <input type="checkbox"/> Staggering<br><input type="checkbox"/> Hesitant                                                                       | <input type="checkbox"/> Stumbling                                                                                                             |
| ANY OTHER UNUSUAL ACTIONS OR STATEMENTS:                        |                                                                                                                                                             |                                                                                                                                                |                                                                                                                                                |

SIGNS OR COMPLAINTS OF ILLNESS OR INJURY:

| SUPERVISOR'S OPINION                 |                                                                   |                                                                  |
|--------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------|
| EFFECTS OF ALCOHOL/DRUG INTOXICATION | <input type="checkbox"/> NONE<br><input type="checkbox"/> EXTREME | <input type="checkbox"/> SLIGHT <input type="checkbox"/> OBVIOUS |
| OPERATION OF EQUIPMENT               | <input type="checkbox"/> YES<br><input type="checkbox"/> NO       | COMMENTS:                                                        |
| ADDITIONAL COMMENTS:                 |                                                                   |                                                                  |

Reasonable Suspicion Test Refused Yes  No  Date \_\_\_\_\_ Time \_\_\_\_\_  
 Reasonable Suspicion Test Performed Yes  No  Date \_\_\_\_\_ Time \_\_\_\_\_

Clinic: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Signature of Supervisor \_\_\_\_\_  
 Date \_\_\_\_\_ Time \_\_\_\_\_

Witness: \_\_\_\_\_ Signature \_\_\_\_\_  
 (if available and trained in Reasonable Suspicion)

Date \_\_\_\_\_ Time \_\_\_\_\_

## Appendix G

### Drug and Alcohol Testing Program Acknowledgement Form

I, \_\_\_\_\_, have received a copy, read and understand the Drug and Alcohol Testing Program policy and its supporting documents. I consent to submit to the drug and alcohol testing program as required by the Drug and Alcohol Program policy, its supporting documents and the law.

(FOR SAFETY-SENSITIVE CLASSIFICATIONS) I hereby certify that I have received, read and understand the materials listed above regarding the DOT/FMCSA 49 CFR Part 40 & Part 382 Regulations on Controlled Substances and Alcohol Use and Testing and all other applicable operating administration rules.

**ANY EMPLOYEE WHO REFUSES TO COMPLY WITH THE REQUIREMENTS OF THE DRUG & ALCOHOL TESTING POLICY MAY BE SUBJECT TO DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.**

**DO NOT SIGN THIS ACKNOWLEDGEMENT FORM UNTIL YOU HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE POLICY PROVISIONS LISTED ABOVE.**

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Appendix H

### Certificate of Receipt of DOT Drug and Alcohol Program

I certify that I have received, read and understand the Walnut Valley Water District's policies, procedures and education materials required by the Department of Transportation with respect to drug and alcohol use. Specifically, I certify that I have received detailed information setting forth:

- (1) The identity of the person designated to answer questions about these materials;
- (2) Who is covered by the regulations;
- (3) Information on what period of the work day I am required to be in compliance with the regulations;
- (4) Specific information concerning what is prohibited by the regulations and by District policy;
- (5) The circumstances under which I will be tested for alcohol and/or controlled substances under the regulations;
- (6) The procedures that will be used to testing for the presence of alcohol and controlled substances;
- (7) The requirement that I must submit to alcohol and/or controlled substances testing as required by the regulations and District policy;
- (8) An explanation of what constitutes a refusal to submit to an alcohol or controlled substances test and the consequences for refusing to submit to testing;
- (9) The consequences under the regulations and the consequences as a matter of District policy if I violate the regulations, refuse to be tested and/or test positive, including the requirement that I be removed immediately from safety-sensitive functions;
- (10) The consequences if I test positive for alcohol at the level of 0.02 or greater but less than 0.04; and
- (11) Information concerning the effects of alcohol and controlled substances use on my health, work and personal life, and signs and symptoms of alcohol or controlled substances problems.

I understand that if I am concerned about my use of alcohol and controlled substances or the use of alcohol or controlled substances by a co-worker, I can and should seek assistance from District's EAP or from any assistance program in my community. I further certify that as a condition of employment, I will comply with and abide by District's policies, including the substance-abuse prevention policies and materials which I have received. I understand that I may have a copy of this Certificate if I so request.

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Employee's Signature and date

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Employee's Printed Name

---

Witness' Signature and date

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Witness' Printed Name



**WALNUT VALLEY WATER DISTRICT  
POLICY AND COMPLAINT PROCEDURE AGAINST HARASSMENT,  
DISCRIMINATION, & RETALIATION**

**1. PURPOSE:**

~~It is the~~ District is committed to 's intent and the purpose of this Policy to provide a work environment that is free from any form of harassment, discrimination ~~or and~~ retaliation as defined in this ~~p~~Policy. ~~Theis Policy is intended to establish the District's is~~ strong committedment to ~~prohibit and~~ preventing discrimination, harassment, and retaliation in employment. ;This policy establishes a complaint procedure by which the District will investigate and resolve complaints of discrimination, harassment, and retaliation by and against District-covered individuals.

The District expressly prohibits any retaliation against an employee because they filed or supported a complaint or because they participated in the investigation or complaint resolution process. Individuals found to have retaliated against an employee in violation of this policy will be subject to appropriate sanction or disciplinary action, up to and including termination.

~~to define those terms; and to set forth a procedure for investigating and resolving internal complaints.—~~This policy covers the following individuals: aApplicants for employment at the District; District employees; elected or appointed officials of the District; unpaid interns; volunteers; and contractors. The District encourages all covered individuals to report any conduct that they believe violates this policy as soon as possible.

This policy applies to all terms and conditions of employment, internships, and volunteer opportunities, including, but not limited to, selection, hiring, placement, promotion, disciplinary action, layoff, recall, transfer, leave of absence, compensation, and training. ~~The employer requires all employees, unpaid interns, and applicants to report — as soon as possible — any conduct that is believed to violate this Policy.~~

**2. POLICY:**

The District has zero tolerance for any conduct that violates this ~~p~~Policy. Conduct need not ~~arise to the level of a violat~~ion either federal or state of law in order to constitute a violat~~ion of this Policy~~policy. is— Instead ~~a~~A single act by a District employee may constitute a can~~violation of e~~-this pPolicy and provide sufficient grounds for discipline. If you are in doubt as to whether or not any particular conduct may violate this ~~p~~Policy, do not engage in the conduct, and seek guidance from a supervisor or representative of Human Resources.

~~Harassment or discrimination on the basis of sex (including pregnancy, childbirth, breastfeeding, or related medical conditions), race, religion (including religious dress and grooming practices), color, sex/gender (including pregnancy, childbirth, breastfeeding or related — medical — conditions), — sex — stereotype, — gender — identity/gender expression/transgender (including whether or not you are transitioning or have transitioned), sexual orientation, national origin (including language or use, restrictions, and possession of a driver's license issued under Vehicle Code §12801.9), ancestry,~~

~~physical or mental disability, medical condition, genetic information, marital status, registered domestic partner status, age, sexual orientation, military and veteran status, or any other basis protected by federal, state, or local law, ordinance, or regulation will not be tolerated.~~

~~Disciplinary action or other appropriate sanctions up to, and including, termination will be instituted for prohibited behavior as defined below.~~

### **3. DEFINITIONS:**

~~3.1 Protected Classification: This Policy prohibits harassment, discrimination, and retaliation, and disrespectful or other unprofessional conduct because of (1) an individual's protected classification; (2) the perception that an individual has a protected classification; or (3) the individual associates with a person who has or is perceived to have a protected classification. "Protected classification" includes based on race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age (40 and over), sexual orientation, or military and veteran status, or any other basis protected by law. sex (including pregnancy, childbirth, breastfeeding, or related medical conditions), race, religion (including religious dress and grooming practices), color, gender (including gender identity and gender expression), national origin (including language or use, restrictions, and possession of a driver's license issued under Vehicle Code §12801.9), ancestry, physical or mental disability, medical condition, genetic information, marital status, registered domestic partner status, , age, sexual orientation, military and veteran status, or any other basis protected by federal, state, or local law, ordinance, or regulation. It also prohibits discrimination, harassment, disrespectful or unprofessional conduct based on the perception that anyone has any of these characteristics, or is associated with a person who has, or is perceived as having, any of those characteristics.~~

~~3.2 Policy Coverage: The District's policy prohibiting harassment, discrimination, and retaliation applied to all persons involved in the operation of the District. The District prohibits harassment, discrimination, retaliation, disrespectful or unprofessional conduct by any supervisor, manager, co-worker, or non-employee third parties with whom District workers come into contact with vendors and customers.~~

~~3.2 Protected Activity: This policy prohibits discrimination, harassment, and retaliation because of an individual's protected activity. Protected activity includes, but is not limited to, the following activities: (1) making a request for an accommodation for a disability; (2) making a request for accommodation for religious beliefs; (3) making a complaint under this policy; (4) opposing violations of this policy; or (5) participating in an investigation under this policy.~~

~~3.3 Discrimination: The District is committed to compliance with all applicable laws providing equal employment opportunities. This commitment applies to all persons involved in District operations. The District prohibits unlawful discrimination against any job applicant, employee, or unpaid intern by any employee of the District, including supervisors and co-workers treating a covered individual differently and adversely because of the individual's actual or perceived protected classification; because the individual associated with a person who is or is perceived to be a~~

member of a protected classification; or because the individual participates in a protected activity as defined in this policy.

Pay discrimination between employees of the opposite sex performing substantially similar work, as defined by the California Fair Pay Act and federal law, is prohibited. Pay differentials may be valid in certain situations defined by law. Employees will not be retaliated against for inquiring about or discussing wages. However, the District is not obligated to disclose the wages of other employees except as provided by law.

~~Discrimination can also include failing to reasonably accommodate religious practices or qualified individuals with disabilities where the accommodation does not pose an undue hardship.~~

~~— To comply with applicable laws ensuring equal employment opportunities to qualified individuals with a disability, the District will make reasonable accommodations for the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee unless undue hardship would result. Any job applicant or employee who requires an accommodation in order to perform the essential functions of the job should contact Human Resources to discuss the need for an accommodation. The District will engage in an interactive process with the employee to identify possible accommodations, if any that will help the applicant or employee perform the job.~~

~~— An applicant, employee, or unpaid intern who requires an accommodation of a religious belief or practice (including religious dress and grooming practices, such as religious clothing or hairstyles) should also contact Human Resources to discuss the need for an accommodation. If the accommodation is reasonable and will not impose an undue hardship, the District will make the accommodation.~~

~~— The District will not retaliate against you for requesting a reasonable accommodation and will not knowingly tolerate or permit retaliation by management, employees, or co-workers.~~

3.4 Harassment: This policy prohibits Prohibited harassment of a covered individual because of the individual's actual or perceived classification. is not just sexual harassment but harassment based on any protected category.

~~HProhibited harassment, disrespectful or unprofessional conduct~~ includes, but is not limited to, the following behavior:

- Derogatory, offensive, or inappropriate speech, Verbal conduct such as epithets, derogatory jokes, or comments, slurs or stereotypical comments, verbal propositions made on the basis of the individual's protected classification. This includes, but is not limited to, comments, stories, and jokes about appearance, dress, physical features, gender identification, and race.
- unwanted sexual advances, invitations, comments, posts, or messages Visual displays acts, such as derogatory, offensive or

~~inappropriate, and/or sexually oriented~~ posters, photography, cartoons, pictures or drawings related to a protected classification.

- Physical ~~conduct acts, such as including~~ assault, ~~offensive unwanted~~ touching, ~~intentionally impeding or~~ blocking ~~normal~~ movement, or ~~physical interference ing~~ with ~~normal work or movement~~. This includes, but is not limited to, ~~punching, grabbing, patting, or making explicit or implied threats or promises in return for submission to physical acts. because of sex, race, or any other protected basis;~~
- Unwanted sexual advances, request for sexual favors and other acts of a sexual nature, 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 working environment.
- Communication via electronic media of any type that includes any conduct that is prohibited by state and/or federal law or by District policy.

Sexual harassment does not need to be motivated by sexual desire to be unlawful or to violate this policy. For example, hostile acts toward an employee because of his/her gender can amount to sexual harassment, regardless of whether the treatment is motivated by sexual desire.

By definition, sexual harassment is not within the course and scope of an individual's employment with the District.

Romantic or sexual relationships between supervisors and subordinate employees are ~~discouraged~~prohibited. There is an inherent imbalance of power and potential for exploitation in such relationships. The relationship may create an appearance of impropriety and lead to charges of favoritism by other employees. ~~A welcome sexual relationship may change, with the result that sexual conduct that was once welcome becomes unwelcome and harassing.~~

### 3.4.1 Other Examples of Conduct that Might Constitute Harassment

Harassment includes conduct that another reasonable individual who is a member of the protected classification would find unwelcomed or unwanted. Harassment may include the following:

- Conduct that is not intended to harass. Conduct may violate this policy if the conduct is directed at, or implicates a protected classification and the recipient finds the conduct to be offensive or inappropriate, even if its well-intentioned conduct (e.g., gifts, over-attention, endearing nicknames, hugs).
- Conduct to which the recipient appears to have consented. The District does not recognize as a defense that the recipient appeared to have consented to the conduct at issue by failing to protest about the conduct. A recipient may not protest offensive or inappropriate conduct for many legitimate reasons,

including, but not limited to, the need to avoid being perceived as insubordinate or to avoid being ostracized or subjected to retaliation.

- Conduct about which no employees previously complained. The fact that no employee previously complained about the same or substantially similar conduct does not mean that the conduct is inoffensive or appropriate nor does that fact preclude an employee from complaining about such conduct if it is repeated.
- Conduct witnessed by a third party or about which a third party learns, even if they did not witness such conduct. Visual, verbal, or physical conduct between two (2) people who do not find such conduct to be offensive or inappropriate may constitute harassment of a third party who witnesses such conduct or learns about the conduct later and finds the conduct to be offensive or inappropriate. Conduct can constitute harassment even if it is not explicitly or specifically directed at a particular individual.

3.5 Retaliation: Retaliation occurs when The-the District takes adverse action against a covered individual because of the individual's protected activity as defined in this policy.

Adverse action may include, prohibits any retaliation including, but is not limited to, the following actions: (1) disciplinary action; (2) counseling; (3) taking sides because an individual has reported harassment or discrimination; (4) spreading rumors about a complainant or about someone who supports or assists the complainant or who participates in the investigation; (5)- shunning or avoiding an individual who reports harassment or discrimination; (6) -making real or implied threats of intimidation to prevent or deter an individual from reporting harassment or discrimination; retaliation based on any protected classification, against individuals who raise complaints of discrimination or harassment, who participate in workplace investigations, and who request accommodations. Retaliation can include, but is not limited to: (71) singling a person out for harsher treatment; (82) lowering a performance evaluation without justification; (93) failing to hire, failing to promote; (104) withholding pay increases; (115) assigning more onerous work; or (12) any action that a reasonable person would find to be a negative employment action such as assigning an employee to an undesirable work location. (6) demotion or discharge; or (7) real or implied threats of intimidation to prevent an individual from reporting harassment or discrimination.

#### **4. COMPLAINT PROCEDURE:**

4.1 Requirement of Complaints: Any person-covered individual who believes he or she has been harassed, discriminated against or retaliated against in violation of this pPolicy should report the conduct immediately as outlined below. -so that the complaint can be resolved quickly and fairly. All employees involved in the complaint procedure may be represented by a person of their choosing and at their own expense.

4.2 Object to the Behavior: Any person who feels they are being harassed, discriminated against, or retaliated against in violation of the pPolicy can tell the person who is engaging in the conduct harassing them, discriminating against them, or retaliating

~~against them~~ to stop the offending behavior. The ~~employee individual~~ should also report the behavior orally or in writing as stated below. If the ~~employee individual~~ does not feel comfortable confronting the offender, the ~~employee individual~~ can make an oral or written complaint as stated below.

- 4.3 Oral Complaint: An individual who believes that this ~~p~~Policy has been violated is required to report the conduct to either (1) his or her immediate supervisor; (2) any supervisor or manager within or outside of the department; (3) ~~D~~department ~~head~~Head; or (4) Human Resources. ~~The complaint may be made in writing to any of these persons. If the employee's complaint is against an individual within the employee's chain of command, the employee may report to management without regard to the chain of command.~~ The individual may also seek the advice, assistance or consultation of a supervisor, ~~D~~department ~~H~~head, or any District management employee. Any supervisor, ~~manager~~ or ~~D~~department ~~head~~Head who receives a complaint is required to notify Human Resources immediately.
- 4.4 Written Complaint: An individual who believes that this ~~p~~Policy has been violated is required to report the conduct to either (1) his or her immediate supervisor; (2) any supervisor or manager within or outside of the department; (3) ~~D~~department ~~head~~Head; or (4) Human Resources. The complaint may be made in writing to any of these persons. ~~If the employee's complaint is against an individual within the employee's chain of command, the employee may report to management without regard to the chain of command.~~ The individual may also seek the advice, assistance, or consultation of a supervisor, department head, or any District management employee. Any supervisor or department head who receives a complaint is required to notify Human Resources immediately.
- 4.5 Contents of Complaint: When making a complaint, please provide all known details of the incident or incidents, the names of all individuals involved, and the names of any and all witnesses.
- 4.6 Investigation of Complaint: Upon receiving ~~notification of a harassment, discrimination, or retaliation~~a complaint, the Director of Administrative Services ~~or designee~~ shall immediately ~~complete and/or delegate the following steps:~~
- 4.6.1 Authorize and supervise the investigation of, and/or investigate, the complaint. ~~The investigation will usually include interviews with the following individuals: (1) the complainant; (2) the accused (i.e., the subject of the investigation); (3) witnesses to the conduct at issue in the complaint; and (4) other persons who have relevant knowledge concerning the allegations in the complaint. In appropriate cases, an outside professional investigator may conduct the investigation.~~
- 4.6.2 Review the factual information gathered ~~through~~during the investigation to determine whether the alleged conduct ~~violated the policy constitutes harassment, discrimination or retaliation~~ giving consideration to all factual information, ~~including, but not limited to,~~ the totality of the circumstances, ~~including~~ the nature of the conduct, and the context in which ~~the~~ alleged incidents occurred.

4.6.3 Report a summary of the determination as to whether ~~the conduct a~~-violated ~~ion of this pPolicy~~ and provide such report to the appointing authority. ~~occurred to appropriate persons, including the supervisor and the department head, and notify the complainant and accused of the general conclusion(s) of the investigation.~~ If discipline or sanctions are ~~is~~-imposed, the level of discipline or sanctions will not be communicated to the complainant.

4.6.4 If conduct in violation of this pPolicy occurred, take ~~and~~/or recommend to the appointing authority prompt and effective remedial action. The action will ~~be~~ commensurate with the severity of the offense. Any employee determined to have violated this pPolicy will be subject to disciplinary action, up to and including, termination. Employees should also know that if they engage in unlawful harassment, they can be held personally liable for the misconduct. Disciplinary action may also be taken against any supervisor or manager who condones or ignores potential violations of this pPolicy, or who otherwise fails to take appropriate action to enforce this pPolicy. Any covered ~~person~~ individual found to have violated this pPolicy will be subject to appropriate sanctions.

4.6.5 Take reasonable steps to protect the complainant from further harassment, discrimination or retaliation.

~~4.6.6 Take reasonable steps to protect the complainant from retaliation as a result of communicating the complaint.~~

~~4.6.7 Complete the investigation in a timely manner.~~

4.76 The District takes a proactive approach to potential pPolicy violations and will conduct an investigation if its ~~officers, supervisors, or managers~~supervisory or management employees become aware that harassment, discrimination or retaliation occurred or may be occurring, regardless of whether the recipient or third party reports a potential violation.

4.87 Option to Report to Outside Administrative Agencies: An individual has the option to report harassment, discrimination or retaliation to the U.S. Equal Employment Opportunity Commission (EEOC) or the California Department of Fair Employment and Housing (DFEH). These administrative agencies offer legal remedies and a complaint process. The nearest EEOC or DFEH offices can be found at the following websites: <https://www.eeoc.gov/field-office> and <https://www.dfeh.ca.gov> ~~are listed in the government section of the telephone book~~ or employees can check the posters that are located on ~~employer~~ the District's bulletin boards for office locations and telephone numbers.

## 5. **CONFIDENTIALITY:**

~~The District will make every~~ Every possible effort ~~will be made~~ to assure the confidentiality of complaints made under this pPolicy to the greatest extent allowed by law. ~~However, Complete-complete~~ confidentiality ~~cannot~~ may not be possible because of the District's occur, however, due to the need to fully investigate and to take effective remedial action.

The District expressly prohibits an employee who is interviewed during the course of an investigation from attempting to influence other employees, including employees who may have witnessed the underlying conduct at issue, while the investigation is open and ongoing.

~~As a result, confidentiality will be maintained to the extent possible. An individual who is interviewed during the course of an investigation is prohibited from discussing the substance of the interview or anything they may learn relating to the complaint, except as otherwise directed by a supervisor or the Director of Administrative Services. Any individual who discusses the content of an investigatory interview, or anything they learned about the complaint made, will be subject to disciplinary action up to, and including, termination. An employee may discuss their interview with the employee's legal representative.~~ The employer-District will not disclose a completed investigation report except as it deems necessary to support a disciplinary action, to take remedial action, to defend itself in adversarial proceedings, or to comply with the law or court order.

## 6. RESPONSIBILITIES

**Managers and Supervisors are responsible for:**

1. Informing employees under their supervision of this ~~Policy~~policy.
2. Modeling appropriate behavior.
3. Taking all steps necessary to prevent harassment, discrimination, ~~and/or~~ retaliation from occurring, including but not limited to, monitoring the work environment and taking immediate and appropriate action to stop violations (e.g., removing inappropriate pictures or correcting inappropriate language).
4. Receiving and responding to complaints in a uniformly fair and serious manner, and documenting steps taken to resolve complaints.
- ~~5. Monitoring the work environment and taking immediate, appropriate action to stop potential violations, such as removing inappropriate pictures or correcting inappropriate language.~~
- ~~6-5.~~ 6-5. Following up with those who have complained to ensure that the ~~behavior~~ offensive conduct about which they complained has stopped and that there have been ~~are no reprisals or retaliation or threats of reprisals or retaliation.~~
- ~~7-6.~~ 7-6. Informing those who complain of harassment and/or discrimination of his or her option to contact the EEOC or DFEH ~~regarding alleged Policy violations and file a complaint about such activity.~~
- ~~8-7.~~ 8-7. Assisting and/or, advising , ~~or consulting with~~ employees and Human Resources regarding this ~~p~~Policy, and Complaint Procedure.
8. Assisting in the investigation of complaints involving subordinate employee(s) ~~in their departments and, if the complaint is substantiated, recommending appropriate corrective or disciplinary action in accordance with employer Personnel Rules up to, and including, discharge.~~



9. Where a complaint is substantiated, assisting in the development of a recommendation concerning an appropriate corrective or disciplinary action in accordance with these policies.
10. Implementing appropriate corrective and disciplinary ~~and remedial~~ actions.
11. Reporting any ~~and all~~ potential violations of this pPolicy to Human Resources or their Department Head, of which he or she becomes aware, regardless of whether a complaint has been made, ~~to Human Resources or the department head.~~
12. Participating in periodic training and scheduling employees for training.

**Each ~~applicant, employee, and unpaid intern~~non-supervisory or non-management is responsible for:**

1. Treating all ~~others~~ individuals in the workplace or on District worksites with respect and consideration.
2. Modeling behavior that conforms to this policy. ~~appropriate behavior.~~
3. Participating in periodic training on personnel matters, ~~if so required.~~
4. Fully cooperating with the ~~employer's~~ District's investigations pursuant to this policy by responding fully and truthfully and in a timely manner to all questions posed during the investigation.
5. ~~Maintaining the confidentiality of any investigation that the employer conducts by not disclosing the substance of any investigatory interview or anything learned about the complaint, except as directed by the department head or Human Resources. Taking no actions to influence the complainant or any potential witness while the District's investigation is ongoing.~~
6. Reporting any act he or she believes in good faith constitutes harassment, discrimination, or retaliation as defined in this pPolicy, to his or her immediate supervisor, or Ddepartment head~~Head~~, or Human Resources.

## **7. DISSEMINATION OF POLICY:**

All employees shall receive a copy of this pPolicy when they are hired. The pPolicy may be updated from time to time and redistributed.

## WALNUT VALLEY WATER DISTRICT

### PREGNANCY DISABILITY LEAVE (PDL)

#### 1. **STATEMENT OF DISTRICT POLICY:**

This policy provides the eligibility requirements for Pregnancy Disability Leave (“PDL”) available to a full or part-time employee who is disabled by pregnancy, childbirth, or a related medical condition. This policy provides how requests are made and the leave period of the unpaid leave.

#### 2. **EMPLOYEE ELGIBILTY CRITERIA AND LEAVE:**

To be eligible for PDL, the employee must be disabled by pregnancy, childbirth, or related medical condition.

An eligible employee is entitled to an unpaid leave for up to the number of hours she would normally work within four calendar months (one-third of a year or 17 1/3 weeks). An employee is disabled by pregnancy if for example, in the opinion of the employee’s health care provider:

1. The employee is unable to work at all or is unable to perform any one or more of the essential functions of her job or is unable to perform any one or more of the essential functions of her job without undue risk to herself, the successful completion of her pregnancy, or to other persons because of pregnancy or childbirth or because of any medically recognized physical or mental condition that is related to pregnancy or childbirth (including severe morning sickness); or
2. The employee needs to take time off for prenatal care.

#### 3. **LEAVE PERIOD:**

PDL may be taken in one or more periods, but may not exceed four months total. For a full-time employee who works 40 hours per week, “four months” means 693 hours of leave entitlement, based on 40 hours per week times 17 1/3 weeks. PDL may be taken intermittently or on a reduced leave schedule when medically advisable, as determined by the employee’s health care provider.

An employee who is regularly scheduled and in fact works less than 40 hours per week will receive a pro rata or proportional amount of leave. Employees who take time off for pregnancy disability leave and who are eligible for FMLA will also be placed on FMLA. FMLA and PDL will run concurrently.

#### 4. **PAY:**

1. PDL is leave without pay. However, the employee must first use sick leave, if any. Once sick leave is depleted, the employee may elect to use vacation time and holiday leave or any accrued and unused compensatory time off at the beginning of any otherwise unpaid leave period.

2. When PDL is taken concurrently with FMLA, employees will continue to accrue vacation, sick leave, and holidays during any period of unpaid FMLA leave only until the end of the month in which unpaid leave began. Sick, vacation leave and holidays do not accrue while an employee is on unpaid pregnancy disability leave.

#### **5. BENEFITS DURING LEAVE:**

1. An employee on pregnancy disability leave may continue to receive health, vision, dental coverages and life insurance benefits that were provided before her leave, beginning on the date the pregnancy disability leave begins and continuing for up to four (4) months in a 12-month period, at the same level and under the same conditions that coverage would have been provided if the employee had continued in employment continuously for the duration of the leave. If the employee wishes to continue health, vision, dental coverage and life insurance after the four-month period or accrued leave period has expired, the employee will need to pay the District premiums by the due date, and must fill out the forms to apply for COBRA (Consolidated Omnibus Budget Reconciliation Act). The forms are available in the Human Resources department upon request.
2. The District may recover premiums it paid to maintain health coverage if an employee does not return to work following pregnancy disability leave, unless the reason for the failure to return is a circumstance beyond her control or the use of the separate right to 12 weeks of bonding leave under the FMLA.
3. The employee retains employee status during the leave. The leave is not a break in service for purposes of longevity or seniority under any collective bargaining agreement or employee benefit plan. Benefits will be resumed upon the employee's reinstatement in the same manner and at the same levels as provided when the leave began, without any new qualification period, physical exam, or other qualifying provisions.

#### **6. NOTIFICATION PROCESS:**

1. An employee requesting PDL must notify their supervisor and Human Resources in writing with reasonable advance notice of the medical need for the leave. If foreseeable, the employee shall provide notice of the need for leave at least 30 days in advance. All leaves must be confirmed in writing, and have an agreed-upon specified date of return.
2. The request for pregnancy disability leave must be supported by a written certification from the attending physician stating that: (1) the employee is disabled from working by pregnancy, childbirth or a related medical condition; (2) the date on which the employee became disabled by pregnancy, childbirth or a related medical condition; and (3) the estimated duration or end date of the leave.
3. Re-certifications are required if leave is sought after expiration of the time estimated by the health care provider. Failure to submit required re-certifications can result in termination of the leave.

**7. RETURN TO WORK:**

1. On timely return at the expiration of the PDL period, an employee is entitled to the same position or a comparable position, so long as it was eliminated for a legitimate business reason during the leave.
2. If the employee's original position is no longer available, the employee will be assigned to a comparable, open position.
3. If upon return from a leave an employee is unable to perform the essential functions of her job because of a physical or mental disability, the District will initiate an interactive process with the employee in order to identify a potential reasonable accommodation in accordance.
4. Before an employee will be permitted to return from a PDL of three days or more, the employee must obtain a certificate from her health care provider that she is able to resume work.

**8. EMPLOYMENT DURING LEAVE:**

An employee on (PDL) may not accept employment with any other employer without the District's written permission. An employee who accepts such employment will be deemed to have resigned from employment at the District.

**WALNUT VALLEY WATER DISTRICT  
REASONABLE ACCOMMODATION POLICY**

**1. STATEMENT OF DISTRICT POLICY:**

Absent undue hardship or direct threat to the health and safety of employee(s) or others, the District provides employment-related reasonable accommodations where possible in compliance with qualified individuals with disabilities within the meaning of the California Fair Employment and Housing Act and the Americans with Disabilities Act to the following employees or applicants for employment:

(a) Qualified individuals with disabilities, both applicants and employees, to enable them to perform essential job functions; and

(a)(b) Employees who request reasonable accommodations to address a conflict between religious belief or observations and any employment requirement. -

**2. PROCEDURE:**

**2.1 Request for Accommodation**

An employee or applicant with a known physical or mental disability or medical condition in need of who desires a reasonable accommodation in order to perform essential job functions shall make the ~~ould make such a~~ request in writing to the Human Resources Department. The request must identify: a) the job-related functions at issue; and b) the desired accommodation(s). Following the receipt of a request for accommodation, the Human Resources Department will conduct an interactive process meeting. The Human Resources Department will promptly arrange for a discussion or discussions, in person or via conference telephone call, with the applicant or employee and their designated representative, (if any). The purpose of the interactive communications will be to discuss in good faith all feasible potential reasonable accommodations. The Human Resources Department will document these communications in writing.

**2.2 Reasonable Documentation of Disability**

If the disability or the need for reasonable accommodation is not obvious, the Human Resources Department may require the individual requesting such accommodation to provide reasonable medical documentation confirming the existence of the disability and the need for reasonable accommodation, along with the name and credentials of the individual's health care provider. If the individual provides insufficient documentation, the Human Resources Department will do the following: (1) explain the insufficiency of the documentation provided; (2) allow the employee or applicant to supplement the documentation in order to remedy the issue with the documentation provided; and (3) pursue the interactive process only to the extent that the request for reasonable accommodation is supported by the medical documentation provided.

### 2.3 Supporting Documentation or Certification for Religious Accommodation Request

The employee must provide sufficient documentation or certification to support the employee's requested religious accommodation is because of the employee's religious belief. The Human Resources Department may request additional information if the employee's accommodation request does not have enough information to enable the Human Resources Department to make a determination.

~~Following receipt of the request, the Human Resources Department may require additional information, such as reasonable documentation of the existence of a disability.~~

### 2.34 Fitness for Duty Examination

The District may require an employee to ~~undergo~~ submit to a fitness for duty examination at the District's expense, to determine whether the employee has a disability and is able to ~~can~~ perform the essential functions of their job when there is significant evidence of the following:

(a) The employee's ability to perform one or more essential functions of their job has declined; or

(b) Could cause a reasonable person to question whether an employee is still capable of performing one or more of their essential job duties, or is still capable of performing those duties in a manner that does not harm themselves or others.

~~with or without reasonable accommodation. The District may also require that a District-approved physician conduct the examination.~~ Please see the District's Fitness for Duty Examination policy for more details.

### 2.45 Interactive Process Discussion

After receipt of reasonable documentation of disability, ~~and/or~~ a fitness for duty report, or religious belief, the District will arrange for a discussion, in person or via telephone conference call, with the applicant or employee, and his or her representative(s), if any. The purpose of the discussion is to work in good faith to fully consider all feasible potential reasonable accommodations. The Human Resources Department will document these communications in writing.

# WALNUT VALLEY WATER DISTRICT

## RETURN TO WORK PROGRAM

### 1. STATEMENT OF DISTRICT POLICY:

~~The Walnut Valley Water District recognizes that our employees are a critical part of our operation, and even if an employee becomes injured, on or off the job or has a temporary disability as a result of surgery or an illness, they remain a valuable part of our staff. A Return to Work Program (RTW) is beneficial to both the District and District employees and is a part of the District's is a proven essential cost containment element of our overall risk management program. In conjunction with our Safety Program, the RTW provides employees with temporary disabilities the opportunity for modified and light duty assignments, whenever available, to assist them in their return to work. it is an effective tool in returning employees to productive work in the shortest time possible, while maintaining high morale and keeping costs to a minimum.~~

### 2. POLICY:

~~The District has established the RTW program to provide employees the opportunity to work a modified or alternative assignment when they have been released by their treating medical professional to return to work under work restrictions that can be accommodated. It covers non-industrial and industrial disabilities, injuries, and illnesses and under the conditions established below.~~

~~It is Walnut Valley Water District's goal to bring an employee back to work in a useful capacity as soon as possible. We are looking at transitional duty from the positive point of view that our employees want to work. Each employee must recognize that this Program is set up as a benefit for them.~~

~~If you are injured on or off the job, or have a temporary disability as a result of surgery or illness, the Program will look at ways to bring you back to work as soon as the doctor determines that you are medically ready. This may mean making temporary modifications to your job duties or work hours to accommodate your recovery.~~

~~Co-workers to the employee entering the RTW Program may need to pick up some of the duties, but must know that you would be willing to do the same for them if they found themselves in a similar situation.~~

~~If the employee does not report to work (modified duty or regular work) after when the doctor has releases the employee or if leave has expired, the employee may not be eligible for temporary disability payments, workers' compensation payments, or regular wages, and the employee could be subject to disciplinary action, up to and including termination.~~

### 3. PROCEDURE:

#### **RTW Team**

An internal RTW team has been established to facilitate this program. This team consists of the following people:

Assistant General Manager

Director of Administrative Services

## Human Resources/Risk Management Coordinator

The Director of Administrative Service has been designated as the RTW Coordinator. This person will act as a liaison between the employee, supervisor, doctor, and the JPIA Claims representative (if workers' compensation is involved).

### Modified or Alternate Duty

~~The District RTW team We~~ will consider the following when attempting to identify modified or alternate ~~ive~~ duties:

- The first priority should be to return the employee to the employee's regular ~~same~~ job, if possible, based on the medical restrictions, as prescribed by the treating physician. Building on existing work experience and working relationships avoids adding stresses of adjusting to new tasks and surroundings.
- If this is not possible, the ~~returned~~ employee should be provided modified work in the same department. Job or work ~~site~~ modifications may include a temporarily reduced work schedule, changed duties, trading heavier parts of the job with co-workers, altering the way duties are performed, making physical changes in the workstation, and or providing the employee with specialized tools or adaptive devices.
- As a last alternative, the employee may be returned to work in a different department. Transferable employment skills will be emphasized and on-the-job training will be provided to supplement these skills.

Regardless of the accommodations made, ~~the we want our~~ transitional employment ~~should~~ be productive and ~~will be~~ tailored to the employee's individual abilities in order to facilitate recovery. The duties will be flexible, so that they can be easily altered to meet the requirements of the employee's medical program ~~restrictions~~ or ~~our the District's~~ internal needs.

~~The We must remember that our~~ RTW Program is designed to accommodate temporary disability. The time in the program should typically not exceed 90 calendar days. As healing occurs, the employee's work duties will be changed and frequently modified to reflect increased work capacity of the recovering employee, as ~~dictated~~ provided by the physician's restrictions.

For workers' compensation claims, if the employee is not going to reach full duty within the 90 calendar-day period, the RTW team will work with the JPIA Claims representative and the doctor on an alternative plan of action. In the case of a non-industrial claim or disability, RTW Coordinator ~~may~~ will contact the doctor to discuss an alternative plan of action.

### Designated Industrial Medical Provider for ~~on the Job~~ On-The-Job ~~injuries~~ Injuries/illnesses ~~illnesses~~

For workers' compensation, the RTW team or representatives ~~of this team~~ will meet with the doctor to discuss the RTW program. The success of the program will depend on good communication between the RTW Coordinator, the doctor, the injured worker and the JPIA claims representative.

When an injury occurs, ~~the District will we~~ want to get immediate medical attention for ~~the~~ our injured worker. Depending on the seriousness of the injury, 911 will be contacted or the employee's supervisor will drive the employee to ~~our the District's~~ industrial medical



provider. If the employee has to go to the hospital, the ambulance should be directed to take the employee to:

-Pomona Valley Hospital Medical Center.  
1798 N Garey Ave.  
Pomona, CA 91767

If possible, ~~we the District~~ should request ~~our-its~~ industrial medical clinic to have an arrangement with the designated hospital to refer the employee back to Pomona Valley Health Center after their release from the hospital. ~~We The District~~ may need to redirect the employee to the clinic after release from the hospital.

The RTW Coordinator will assure that Pomona Valley Health Center has a copy of the employee's job description. If the employee's supervisor takes the employee to the clinic, they will take a copy of the job description with them.

~~If the supervisor accompanies the employee to the clinic, a discussion should be held with the doctor at the conclusion of the appointment regarding what restrictions the doctor is placing on the employee's job duties.~~

~~Our The~~ RTW team will then discuss what modifications can be made to accommodate the restrictions. ~~Once determined, RTW Coordinator will contact the doctor and discuss.~~

### **Employee Eligibility**

All regular full-time employees are eligible to participate in the RTW, however, under certain situations, it may not be offered.

### **Management Orientation**

The management team will be held accountable for the effective implementation of the RTW Program.

Being a small organization, the management team plays an essential role in helping and injured or ill employee transition back to work. Their training, dedication, and commitment are essential to the success of ~~our the~~ RTW program.

A member of the RTW team will meet with the injured employee when the employee returns with restrictions from the doctor. The RTW team, with the assistance of the employee's supervisor/manager will determine what work ~~restrictions-modifications~~ will be imposed to meet the doctor's restrictions. A Transitional Duty Assignment Form will be completed and signed by the employee, supervisor, and RTW Coordinator.

### **Employee Orientation**

~~All employees will be notified of the RTW Program at the time the Program is implemented.~~ New hires will be informed of the RTW Program at ~~the time of~~ their Employee Orientation.

All employees will be held accountable for providing assistance with the RTW Program if called upon. The success of this Program will be judged on the collective effort of all ~~District of our~~ employees.

### **Monitoring an Injury/Illness**

The RTW Coordinator or his/her designee will give the ~~injured/ill worker~~ employee all the pertinent forms and information, and will review the employee's as well as reviewing with the employee their responsibilities for the RTW Program.

If an employee is not returned to full or modified duty immediately, the RTW Coordinator may need to follow-up with the doctor to see if there are any restrictions that could be imposed that might allow the worker to return. The RTW Coordinator will ask the doctor to complete the Physician's Report / Employee Work Status form. The RTW Coordinator or a member of the RTW team will meet with the employee's supervisor and the employee to determine what assignment modifications, if any, ~~can~~ be made to meet the doctor's restrictions. For non-workers' compensation cases, a Fitness for Duty Exam may be warranted.

### **Employee's Responsibilities**

If the doctor releases the employee to full duty with no restrictions, the employee will provide a copy of the Physician's Report / Employee Work Status form to Human Resources as soon as possible and then return to full duty.

If the employee is not released to return to work, it is the employee's responsibility to attend each scheduled doctor's appointment.

If the doctor releases the employee with restrictions, the employee will provide a copy of the Physician's Report / Employee Work Status form to Human Resources. The employee will then participate in a meeting with his or her supervisor and the RTW Coordinator or a member of the RTW team regarding if how the employee's job duties will can be modified to meet the restrictions imposed by the doctor. A Transitional Duty Assignment form will be completed at this time and signed by the employee, supervisor, and RTW Coordinator.

Once this form has been signed, it will be the employee's responsibility to:

- Work within the physical limitations set by the physician at all times and to perform only those temporary duties assigned to the employee by their supervisor.
- Advise your their supervisor if you they are having difficulties performing the assigned tasks.
- Communicate and coordinate in any required medical and physical therapy appointments in advance with their supervisor. Tell your supervisor in advance if you must miss work for a medical appointment. The District We requests that the employee you make every effort to schedule medical appointments at the beginning or end of the work day to minimize ~~the~~ disruption.
- Employee is responsible for providing their supervisor any documentation related to changes to their work restrictions. On future visits to the doctor, make sure that your supervisor is advised of any changes in your work restrictions. Provide Human Resources with an updated copy of the Physician's Report / Employee Work Status form.

### **Supervisor Responsibilities**

The Department Head/Supervisor responsibilities shall include, but not be limited to:

- Assisting in the placement of disabled, injured, or ill employees in either their usual place of employment or another area or department within the District. Informing

other supervisors of the employee's knowledge, skills, and abilities. No assignment will be made for which an employee is not qualified;

- Monitoring and managing the work schedule of the employee assigned to Modified or Alternative Duty;
  - Periodically apprising the Department Manager of the status and performance of the employee assigned to Modified or Alternative Duty;
  - Notifying the Department Manager and ensuring the required medical documentation is received from the employee; and
  - Ensuring employees on Modified or Alternative Duty are working within their medical restrictions.
- It is the supervisor's responsibility to ensure the employee is following the restrictions and directions provided. If they are not, then appropriate action will be taken after consultation with the RTW Coordinator.

### **Medical Examination**

Prior to returning to full-duty status, employees shall be required to provide certification from their treating medical professionals stating that they are medically cleared to perform the essential functions of their jobs with or without reasonable accommodation.

The Department may require a fitness for duty examination prior to returning an employee to full duty status, in accordance with the Fitness for Duty Policy.

# **Return to Work Program**

## **Appendices**

- A. Return to Work Program – Transitional Duty Assignment
- B. Worker's Responsibilities
- C. Letter to Medical Provider Regarding Return to Work Program
- D. Authorization for Release of Medical Information
- E. Physician's Report/Employee Work Status

**Appendix A**

**Return to Work Program - Transitional Duty Assignment**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_

I understand that I am temporarily assigned to: \_\_\_\_\_

My duties will include: \_\_\_\_\_

My pay rate for this work will not change from my current status.

I also understand that the following limitations have been prescribed by the physician and I will not exceed these limitations:

\_\_\_\_\_  
\_\_\_\_\_

My next doctor's appointment is scheduled for: \_\_\_\_\_

I am to notify my supervisor of any changes in my work restrictions after each doctor visit.

I understand that all rules and policies apply to employees working in a transitional duty position—either modified or alternate duty.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of RTW Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix B

### Worker's Responsibilities

If the doctor releases you to full duty with no restrictions, you will need to provide a copy of the Physician's Report / Employee Work Status form to Human Resources and then return to full duty. If you are not released to return to work, then you need to attend each scheduled doctor's appointment.

If the doctor releases you with restrictions, you will need to provide a copy of the Physician's Report / Employee Work Status form to Human Resources. You will then participate in a meeting with your supervisor and the RTW Coordinator or a member of the RTW team, regarding how if your job duties will may be modified to meet the restrictions imposed by the doctor. A RTW Program - Transitional Duty Assignment form will be completed at this time and signed by you, your supervisor, and RTW Coordinator.

Once this form has been signed, it will be your responsibility to:

- Work within the physical limitations set by the physician at all times and to perform only those temporary duties assigned to the employee by their supervisor.
- Advise your supervisor if you are having difficulties performing the assigned tasks.
- Communicate and coordinate in any required medical and physical therapy appointments in advance with their supervisor. The District requests that the employee make every effort to schedule medical appointments at the beginning or end of the work day to minimize disruption.
- ~~Tell your supervisor in advance if you must miss work for a medical appointment. We request that you make every effort to schedule medical appointments at the beginning, end, or outside of employee work schedule to minimize the disruption.~~
- ~~On future visits to the doctor, make sure that Human Resources is advised of any changes in your work restrictions. Provide Human Resources with an updated copy of the Physician's Report / Employee Work Status form.~~
- Employee is responsible for providing their supervisor any documentation related to changes to their work restrictions. Provide Human Resources with an updated copy of the Physician's Report / Employee Work Status form.

Please note that if you do not report to work (transitional duty or regular work) when the doctor releases you, you may not be eligible for temporary disability payments, workers' compensation payments, or regular wages, and you could be subject to disciplinary action.

It is the intention of Walnut Valley Water District to attempt to provide transitional duty, either modified or alternative work, based on the work restrictions provided by the doctor, for all employees who are injured, on or off the job or has a temporary disability as a result of surgery or an illness. This Program is considered temporary, and generally, should not exceed 90 calendar days. We encourage our employees to participate in this program as soon as it is medically appropriate for them to do so.

## Appendix C

### Letter to Medical Provider Regarding Return to Work Program

Date

Medical Provider  
Address  
City, State, Zip Code

Dear (Doctor's Name):

Walnut Valley Water District is committed to the return to work of its industrially injured/ill employees. We will provide restricted and alternative job opportunities to allow for healing on the job, in line with your medical restrictions.

Our injured/ill employees will be returned to transitional duty assignments, which will not aggravate or stress the injured body part. This should prevent long-term temporary disability with absences from work, and lessen the loss of productivity for both the employer and employee.

We request that you complete the attached Physician's Report / Employee Work Status form, after each visit. At the time an injured or ill worker comes to your office for the first time, you will receive a copy of their specific Job Description. The Job Description should help to clarify the physical requirements of their position. Once I receive your restrictions, I will discuss with our RTW Team, what temporary modifications can be made to the employee's current job, or what alternate duty positions may be available. I may need to clarify some things with you regarding the restrictions and the temporary positions we have available. DO NOT PROVIDE ANY MEDICAL DIAGNOSIS OR OTHER MEDICAL INFORMATION ABOUT THE EMPLOYEE'S HEALTH CONDITION, PROGNOSIS, OR OTHER MEDICAL INFORMATION. PLEASE ONLY ANSWER THE SPECIFIC QUESTIONS ASKED.

This Program has been created as a benefit to our employees from a financial and employment standpoint. If you have any questions regarding a certain aspect of the program or tasks on the list, please contact me immediately.

Thank you in advance for your support and cooperation.

Sincerely,

(Your Name)  
RTW Coordinator

Enclosures  
(Physician's Report / Employee Work Status form)

## Appendix D

### Authorization for Release of Medical Information

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
(physician/practitioner), to release the information on the Certification of Physician or  
Practitioner, which is attached. This information will be provided to the Walnut Valley Water  
District for the purpose of determining the eligibility of \_\_\_\_\_ (employee)  
for family/medical leave, as provide by state and federal law.

This authorization is valid for \_\_\_\_\_ (amount of time) from the date of  
my signature below.

I, \_\_\_\_\_ (employee) understand that I have a right to receive a copy of  
this authorization for the release of medical information.

\_\_\_\_\_  
Type or Print name of Patient or Legal Representative of Patient

\_\_\_\_\_  
Signature of Patient or Legal Representative of Patient

\_\_\_\_\_  
Date



**Appendix E**

**PHYSICIAN'S REPORT / EMPLOYEE WORK STATUS**

**Physician:** Please fax a copy of the completed form to **Human Resources at fax # (909) 595-2248 employer**

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

FAX: \_\_\_\_\_

INJURY OR ILLNESS WAS:  WORK RELATED  NOT WORK RELATED  UNDETERMINED

MEDICATION: \_\_\_\_\_

Please list any medications prescribed for use during working hours that may affect alertness or ability to respond to an emergency:

|  |
|--|
|  |
|  |
|  |

PHYSICAL THERAPY AT: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_ DURATION: \_\_\_\_\_

RETURN TO WORK REGULAR DUTY \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date)

RETURN TO WORK RESTRICTED WORK \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date) TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date)

**EMPLOYEE CAN:** NEVER OCCASIONAL FREQUENT CONTINUOUS

|           |                          |                          |                          |                          |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 To 10#  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 To 25# | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 To 35# | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36 To 50# | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                             |                          |                          |                          |                          |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Reach Above Shoulder        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Push/Pull                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Squat/Kneel/Stoop           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bending                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can Use Left/Right Hand for | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Simple Grasping             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Firm Grasping               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fine Manipulation           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Torquing                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**KEY**

OCCASIONAL: UP TO 33%

FREQUENT: 34% TO 66%

CONTINUOUS: 67% TO 100%

WORK HOURS: \_\_\_\_\_ FULL SHIFT \_\_\_\_\_ PARTIAL SHIFT OR \_\_\_\_\_ HRS/DAY (RESTRICTED)

NO. OF HOURS PER DAY \_\_\_\_\_ SITTING \_\_\_\_\_ STANDING \_\_\_\_\_ WALKING

MODIFICATIONS APPLY TO: \_\_\_\_\_ WORK \_\_\_\_\_ HOME \_\_\_\_\_ LEISURE

**THIS PATIENT'S EMPLOYER HAS A "RETURN-TO-WORK PROGRAM" AND IS COMMITTED TO PROVIDING ACCOMMODATING WORK WITHIN ANY RESTRICTIONS WHEN POSSIBLE**

UNABLE TO WORK FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date) TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date)

ADDITIONAL COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

RETURN TO CLINIC ON: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date)

REFERRAL TO:

\_\_\_\_\_

PHYSICIANS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ CLINIC: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**WALNUT VALLEY WATER DISTRICT  
SMOKING POLICY**

**1. STATEMENT OF DISTRICT POLICY:**

~~It is the policy of t~~The District ~~to~~ provides a healthy work environment for all employees. ~~The Surgeon General has concluded that cigarette smoking is the single most preventable cause of death and disability in the United States and smoking has many adverse effects on health. It has been determined that tobacco pollutants cause irritation and other medical problems in non-smokers when in a closed area.~~

**2. POLICY:**

Employees shall not smoke cigarettes, electronic cigarettes or similar devices, pipes or cigars in any District building, enclosed work area or while in a District vehicle. Employees with public contact shall not smoke on or near District property where the public is present.

**3. RESPONSIBILITIES:**

Each District supervisor ~~or~~and manager is responsible for being alert to smoking in the workplace and is directed to report any violation of this policy to Human Resources. Any employee who violates this policy shall be subject to disciplinary action.

## WALNUT VALLEY WATER DISTRICT SOCIAL MEDIA POLICY

### 1. STATEMENT OF DISTRICT POLICY:

It is ~~District the~~ policy ~~of the District~~ to maintain a positive and professional relationship with the customers it serves and to provide clear and effective outreach efforts in the local community and throughout the District's service area.

### 2. POLICY:

The District views social media as a significant form of public communications. In general, "social media" encompasses various networks such as web-based discussion or conversation pages and other forms of social networking such as Instagram, Facebook, Twitter, LinkedIn, etc., ~~as significant forms of public communication.~~ As such, all District employees who engage in social media networking are held to the same standards that apply to any public communications. Therefore, all employees have an obligation to the District to ensure that any public communication they make, including social ~~network media~~ communications, must not negatively impact the reputation of the District or bring disrepute in any way to the District, members of the Board of Directors, ~~the~~ employees, customers, vendors, contractors, etc.;

~~provided, however, that n~~Nothing in this policy is intended to prohibit, or infringe upon any communication, speech, or expression that is protected or privileged under the law. This includes speech and expression protected under state and federal constitutions as well as labor or other applicable laws. ~~to be interpreted to interfere with, restrain or prevent employee communications regarding wages, hours or other terms and conditions of employment, and employees have the right to engage in or refrain from such activities.~~

Employees are expressly prohibited from making any representation on behalf of the District unless the employee is authorized in writing to communicate. Further, only employees expressly approved by management are authorized to publicly speak or otherwise communicate on behalf of the District.

Violations of this policy will result in discipline, which may include termination, depending upon the severity of the situation and its impact on the District.

Employees are encouraged to consult with their supervisor regarding any questions arising from the application or potential application of this policy.

### 3. GENERAL GUIDELINES AND EXAMPLES OF PROHIBITED COMMUNICATIONS:

Identified below are general guidelines and examples of prohibited communications. Please note that The this list below shows examples only and is not intended to be, nor is it, an and is not an exhaustive list of prohibited communications. The absence of, or lack of, explicit

reference to a specific site does not limit the extent of the application of this policy. Where no policy or guideline exists, employees should use their professional judgment and common sense and take the most prudent action possible. Employees should consult their supervisor, manager, and/or department head if they are uncertain about any communication.

- If ~~your employees'~~ posts on social media mention the District, its services, Board of Directors, employees, customers, vendors, contractors, etc, the employee must make clear that any opinions expressed are the individual's own opinions you are an employee of the District and that the views posted are yours and do not represent the views of the District. Be clear and write in the first person. ~~Make your writing clear that you are speaking for yourself and not on behalf of the District.~~
- Except as may be necessary to further an employee's rights as discussed in the policy above, employees are not to mention the names of other District employees, members of the Board of Directors, customers, vendors, contractors, etc., without their express prior consent. Information published on social networks or blog(s) should comply with all District policies and procedures.
- Employees may not use the District's logo on their posts unless given prior written consent by the General Manager. Employees should Respect copyright laws and reference cite sources appropriately.
- Employees are responsible for their what they write on social media posts and ~~have~~ no expectation of privacy. ~~Employees are personally responsible for the content they post.~~ Employees' posts may subject the employee to civil and/or criminal liability, if -can be sued by other employees, Directors, customers and any individual that views the social media posts are -as defamatory, pornographic, proprietary, harassing, ~~libelous~~libelous, or createsing a hostile work environment.
- Employees should Do-not link to the District's website or post confidential District material on a social media site without written permission from the General Manager.
- All District policies that regulate off-duty conduct apply to social media activity including, but not limited to, policies relating to harassment, violence and threats of violence, code of conduct, and protecting confidential customer and trade secret information.

# WALNUT VALLEY WATER DISTRICT

## UNIFORM AND DRESS CODE POLICY

### 1. STATEMENT OF DISTRICT POLICY:

It is the policy of the District to provide high quality service and to maintain a professional image to the consumers it represents.

### 2. POLICY:

The District ~~requests~~requires that all employees observe good grooming and personal hygiene habits. District employees are ~~expected~~required to project a professional business image to the community. **Employees should dress professionally, and use good judgment in their appearance.** The lists set forth in this policy are intended to provide general guidelines for the dress code. Employees are ~~reminded~~to dress in good taste professionally and according to the requirements of their positions. Specific fashion trends in attire will be addressed on an as-needed basis to determine acceptability in the workplace. Any employee who has questions regarding what constitutes proper attire within their department should contact their ~~D~~department ~~head~~Head.

### 3. NON-UNIFORMED PERSONNEL:

#### 3.1 Acceptable Attire

- Board Meeting, Committee Meeting, and Special Workshop Days  
Professional clothing (i.e. bBusiness suits, dresses, ~~pant suits~~pantsuits, dress slacks, sports/suit jackets, dress shirts, sweaters, and blouses)
- Year-Round (Conservation Casual)  
Dockers, khakis, jeans, and ankle or crop length pants and District conservation shirts. Sweaters, turtlenecks, summer dresses, dress shirts, District T-shirts/polo's, and blouses with sleeves are also acceptable.
- Footwear  
Dress shoes, dress boots, loafers, and flats are acceptable. Open toed dress shoes are also acceptable as long as they are in keeping with a professional image and appropriate for the employee's job duties. Clean tennis shoes (non-platform) are acceptable.

#### 3.2 Non-Acceptable Unacceptable Attire:

- Pants/Skirts:  
Sweatpants, loungewear, jogging suits, shorts, spandex or stretch pants, leggings, leather pants, stirrup pants, Capri pants, overalls, miniskirts or skirts with high slits (nothing higher than 2 inches above the knee cap).
- Tops:  
Tank tops, ~~halter top~~halter-tops, or excessively low cut tops exposing cleavage, tube tops, muscle shirts, midriffs, spaghetti straps, sheer tops or blouses.
- Footwear:  
Beach sandals, flip flops, slippers or other shoes that are meant for very casual outings.

- Other:

Any type of sheer clothing, torn, cut, or frayed clothing, excessively tight clothing, hats or head gear, or facial piercings, such as jewelry worn on the nose, lips, and eyebrows (except asis required for religious reasons).

#### 4. UNIFORMED PERSONNEL:

The District provides uniforms for various employee classifications. District Uniforms uniforms so provided should be worn in a manner consistent with good grooming and shall be clean, with shirts buttoned and tucked in during work hours and when ever driving a District vehicle or conducting District business.

4.1 **Authorized** uniform apparel provided by the District consists of the following:

- Short sleeve shirts\*
- Long sleeve shirts\*
- T-Shirts
- Pants
- Shorts
- Jackets
- Caps
- Safety Shoes
- Sweatshirts
- Cotton short-sleeve polo shirts
- Coveralls

\* Top two buttons (no lower than top of shirt pocket) may be unbuttoned.

Uniformed employees may wear District approved uniform shorts upon the approval of the Department Head and/or the General Manager and only after submitting verification that the employee has purchased a pair of District approved coveralls. The coveralls shall be stored in the District vehicle and must be worn by the employee when performing any type of maintenance work.

4.2 **The following attire is NOT acceptable:**

- Colored "T" shirts, other than white, light blue or dark blue, worn beneath a uniform shirt, which can be seen and do not complement or blend with the uniform shirt.
- Long sleeve "T" shirts under short sleeve uniform shirts.
- Rolled-up short sleeve uniform shirts.
- Non District issued caps.
- Altered uniform shirts and jackets. (The eExcept, if ion is those which have been tailored for a more custom fit, provided ing the employee has received prior approval for the alterations from the employee's Department Head).
- Patches, pins or other items not approved by the District may not be attached to uniforms or caps.

5. **HAIR AND BEARDS:**

It has been the long-standing practice of the District to require that hair be neatly trimmed to shirt collar length and that employees report to work clean-shaven. Beards and mustaches must be kept trimmed, and in a presentable, well-groomed fashion at all times. Hair texture and protective hairstyles which includes, but is not limited to, such hairstyles as braids, locks, and twists is permitted.

6. **ENFORCEMENT AND VIOLATIONS OF DRESS CODE:**

An employee cited for violation of the dress code may be subject to disciplinary action ~~when as~~ warranted, ~~and in according accordance~~ to District policies, practices and procedures.

## WALNUT VALLEY WATER DISTRICT

### SCHOOL ACTIVITY-RELATED LEAVE POLICY

#### 1. STATEMENT OF DISTRICT POLICY:

~~It is the policy of the District to provide~~ employees leave ~~time~~ in order to participate in their children's school related activities consistent with the in the manner required by law. To be eligible, the District employee must meet all the requirements stated in this policy. ~~providing the employee has met all requirements as specified.~~ The District will not discharge, demote, or discriminate against an employee who takes leave pursuant to this policy. ~~advantage of this leave law.~~

#### 2. POLICY:

##### (A) School or Licensed Day Care Activity Leave

Any ~~full time or part time~~ employee of the District who is a parent, guardian, stepparent, foster parent, or grandparent, or person who stands in loco parentis to one or more children who are with custody of a child in kindergarten through grade 12 or who are in a licensed child care facility, shall be allowed ~~may be granted~~ a maximum of 40 hours of leave time per school year, but not more than eight hours in any given calendar month of the school year, to: participate in school activities of their child's school or licensed child care facility; find, enroll, or reenroll a child in a school or with a licensed child care provider; or to pick up a child due to a child care provider or school emergency. A maximum of 40 hours annually may be granted regardless of the number of children the employee has, and in the following manner:

- 2.1 **Prior notice** - Employees are required to give reasonable advance notice of an anticipated absence for school activities.
- 2.2 **Use of other leave** – Employees are required to use existing vacation, personal leave, compensatory time off, if available, prior to the District granting time off without pay, ~~to the extent that it is available.~~
- 2.3 **Parents working for the District** - If both parents, guardians or grandparents having custody are employed by the District, the parent who gives notice first will be the one entitled to the leave, unless specific approval has been granted to both employees.
- 2.4 **School verification** - The District may request that the employee provide documentation from the school or licensed child care facility as verification that the employee ying participated in school or child care facility activities on a specific date and a particular date and time.

##### (B) Child Suspension Leave

Any employee who is the parent or guardian of a child in kindergarten through grade 12 may also take time off to go to the child's school in response to a request from the child's school, if the employee gives advance notice to their supervisor. A school has the authority to request that the parent attend the child's school if the child has: committed



any obscene act; habitually used profanity or vulgarity; disrupted school activities; or otherwise willfully defied the valid authority of school personnel.

## WALNUT VALLEY WATER DISTRICT

### VOTING LEAVE POLICY

1. **STATEMENT OF DISTRICT POLICY:**

Polling places are open between 7:00 a.m. and 8:00 p.m. on Election Day. If you are scheduled to be at work during that time and you do not have sufficient time outside of working hours to vote at a statewide election, California law allows you to take up to two hours off to vote, without losing any pay.

2. **POLICY:**

If an employee does not have sufficient time outside of working hours to vote on an election day, the employee may request time off to vote. The District will provide a reasonable amount of time off during scheduled work time, including up to two hours of paid time off, for employees to vote. An employee may request time off to vote, either at the beginning or end of the employee's regular work shift, unless otherwise mutually agreed. The employee must request time off from their supervisors at least two days prior to Election Day and submit proof of voting. The District reserves the right in its sole discretion to specify a time period during which the polls are open for employees to leave work to vote.

**WALNUT VALLEY WATER DISTRICT  
WEAPONS POLICY**

**1. STATEMENT OF DISTRICT POLICY:**

~~It is the policy of the District~~ is committed to provideing a safe work environment for District employees and a safe premises for customers consumers and the public. The District prohibits any individual from carrying any weapon on District property. ~~thereby minimizing the risk of harm to its employees, consumers, and the general public which may occur as the result of firearms or weapons, whether authorized by legal permit or not, being carried on District property by any individual.~~ District property is defined as all District owned buildings and surrounding areas such as sidewalks, walkways, driveways, vehicles and parking lots under the District ownership or control and any other location where District business is conducted.

**2. POLICY:**

The District prohibits unauthorized personnel from carrying Firearms firearms and other weapons of any kind on District property or transporting any weapon(s) in any District vehicle. ~~Firearms and other weapons, whether or not authorized to be carried by legal permit,~~ capable of causing bodily harm are not appropriate in the workplace and are forbidden to be brought onto District property by unauthorized personnel, carried or transported in any District vehicle, or used in any manner on District property at any time. Folding pocketknives with blades of 3 inches or less in length are authorized for use as tools, subject to approval byef the employee's Department Head and ~~or by~~ Human Resources.

This policy shall not apply to duly appointed peace officers while attending official events of the District, or who must come onto District property in their official capacity as law enforcement officers.

Violation of this pPolicy by any consumer or member of the public will result in a request to immediately leave the District's premises. Any person refusing to do so shall be reported to the local authorities. Violation of this pPolicy by any employee of the District will result in immediate disciplinary action, up to and including termination of employment.

**3. PROCEDURE:**

~~If an In the event that any~~ employee suspects another person or District employee of ~~the District of~~ violating this policy, the employee shall immediately report their suspicion incident shall be reported immediately to Human Resources and, if not available, to one of the following people:

- Any Supervisor
- Any Department Head
- The General Manager

The employee shall provide the District all Information information supporting their suspicion. ~~furnished should be as factual as possible.~~ If the employee wishes to n the

~~event the individual feels the need to~~ remain anonymous ~~due to fear or threat of reprisal,~~ the individual may contact the Employee Relations Officer. Under any reporting circumstances, Human Resources shall conduct a preliminary evaluation of the facts presented to determine whether further investigation is ~~warranted~~necessary. ~~If necessary,~~ Human Resources shall conduct ~~if so,~~ a thorough investigation. ~~will be conducted by Human Resources.~~ The investigation may include other officials and outside sources as deemed necessary. Upon completion of the investigation, Human Resources shall prepare a written report for review by the Employee Relations Officer. If a District employee is found to have violated ~~ion of~~ this policy, ~~was the result of an act of any employee, then such~~the report shall also include the recommended disciplinary action. ~~action recommended as the result of such violation.~~

**WALNUT VALLEY WATER DISTRICT**  
**POLICY AGAINST WORKPLACE VIOLENCE POLICY**

**1. STATEMENT OF DISTRICT POLICY:**

~~It is the policy of T~~he District is committed to providing a safe and secure work environment for all District employees. In an effort to maintain the District's on-going commitment to employee safety and security, it shall be the policy of the District that threats, threatening behavior, acts of violence, or any related conduct which disrupts another's work performance or disrupts the District's ability to execute its mission and daily operations will not be tolerated.

To ensure the District maintains a workplace safe and free of violence for all employees, the District prohibits the possession or use of dangerous weapons on any District property. District property ~~includes s defined as~~ all District owned buildings and surrounding areas such as sidewalks, walkways, driveways, vehicles, and parking lots under the District ownership or control and any other location where District business is conducted.

**2. POLICY:**

Employees are prohibited from participating in or promoting acts of intimidation, violence, threats, coercion, assault and/or abusive behavior toward any person while in the course of District employment. The District has zero tolerance for any conduct that references workplace violence, even if it was intended to be harmless, humorous, a prank, blowing off steam, or venting.

"Workplace violence" is defined as any conduct that causes an individual to reasonably fear for their personal safety or the safety of their family, friends, and/or property. Specific examples of workplace violence include, but are not limited to, the following:

- (a) Threats or acts of physical harm directed toward an individual or their family, friends, associates, or property;
- (b) The destruction of, or threat of destruction of District property or another employee's property;
- (c) Fighting, challenging another person to fight, or participating in dangerous or threatening horseplay;
- (d) Striking, punching, slapping, or assaulting another person;
- (e) Grabbing, pinching, or touching another person in an unwanted way whether sexually or otherwise;

(f) Harassing or threatening phone calls;

(g) Surveillance;

(h) Stalking;

(i) Possessing a weapon(s) during work hours unless the District issues the weapon(s) for performance of the job. "Weapon" is defined as a firearm, chemical agent, club or baton, knife, or any other device, tool, or implement that can cause bodily harm if used as a weapon or displayed in such a manner to cause harm or threaten a person with harm; and

(j) Off-site threats include, but are not limited to, threats made via telephone, fax, electronic or conventional mail, or any other communication medium, including, but not limited to, postings on social media or internet websites.

Violations of this policy will lead to disciplinary action that may include termination, arrest, and prosecution. In addition, if the source of such inappropriate behavior is a member of the public, the response may also include barring the person(s) from District property and/or criminal prosecution of that person(s).

Any person who engages in workplace violence, makes threats, exhibits threatening behavior, or engages in violent acts on District property may be immediately removed from the premises pending the outcome of an investigation. Threats, threatening behavior, or other acts of violence off District property, but directed at District employees or members of the District's Board of Directors or the public while conducting business for the District or in District uniform, also are violations of this policy. If the source of the workplace violence is a member of the public, the response may also include barring the person(s) from District property and/or criminal prosecution of that person(s).

The Human Resources Department will see that reported violations of this policy are investigated as necessary. Violations of this policy will lead to disciplinary action that may include termination, arrest, and prosecution.

Off site threats include, but are not limited to, threats made via telephone, fax, electronic or conventional mail, or any other communication medium, including, but not limited to, postings on social media or internet websites. Violations of this policy will lead to disciplinary action that may include termination, arrest, and prosecution. In addition, if the source of such inappropriate behavior is a member of the public, the response may also include barring the person(s) from District property and/or criminal prosecution of that person(s).

Employees must immediately report to their supervisor, manager, or department head whenever they have been a victim of, or have witnessed, workplace violence, of any threats or violence which they have witnessed, received, of which they have become aware or otherwise have been told that another person has witnessed or received. Employees

~~should also report any behavior they have witnessed or of which they have become aware that they regard as threatening or violent when that behavior is job related or might be carried out on District property or in connection with employment. The supervisor, manager, or department head will immediately report the matter to the Human Resources Department. The Human Resources Department or designee will document the incident, including the employee names(s), date/time, location, incident description, witness names and statements, description of unidentified parties, description of the act(s) and/or behavior arising from the incident, action taken, and provide any other relevant information regarding the incident. The Human Resources Department or designee will take the appropriate steps to provide security, such as:~~

- ~~1) Placing the employee alleged to have engaged in workplace violence on administrative leave, pending investigation;~~
- ~~2) Asking any threatening or potentially violent person to leave the site; or~~
- ~~3) Immediately contacting an appropriate law enforcement agency.~~

Each employee who receives or obtains a protective or restraining order which lists District premises as a protected area is required to provide a copy of the order to the Director of Administrative Services and the General Manager.

Each Department Head has the authority and a duty and obligation to enforce this policy by:

- ~~(a) Training supervisors and subordinates about their responsibilities under this policy;~~
- ~~(b) Assuring that reports of workplace violence are accurately and timely documented and addressed;~~
- ~~(c) Notifying the Human Resources and/or law enforcement authorities of any incidents;~~
- ~~(d) Making all reasonable efforts to maintain a safe and secure workplace; and~~
- ~~(~~a~~)(e) Maintaining records and follow up actions as to reports of workplace violence.-with a copy of such order.~~