

APPENDIX A

DRUG FREE WORKPLACE POLICY

GENERAL STATEMENT

To provide a safe environment and to promote the health and welfare of its employees, the City of Benton (hereafter "City") will require its employees to report for work and perform their duties without adverse effects due to the use or abuse of any drug, medication or alcohol as defined below.

Employees who follow the policy outlined below shall not jeopardize their job security or advancement opportunities by doing so. However, employees shall not be granted special privileges or exemptions to normal administrative or disciplinary procedures that pertain to unavailability to work or unsatisfactorily perform the job.

DEFINITION

For the purposes of this policy, a drug is defined as any of the following:

- (A) Any over-the-counter medication.
- (B) Any prescribed medication.
- (C) Any illegal or unprescribed controlled substances.
- (D) Any alcoholic beverages.

POLICY

The City expects its employees to perform their jobs to the best of their ability at all times during their employment. The City also strives to provide a safe working environment for its employees and safe effective services for its residents. The use and influence of drugs or alcohol in the workplace create a clear encumbrance to the efficiency and safety of operations.

The City therefore, prohibits the possession and/or use of alcohol, illegal drugs and controlled substances and the paraphernalia associated with them on City premises. Premises include work sites, vehicles, parking areas and non-employer owned property when an employee is present on City business. In addition, the City prohibits the use and abuse of over the counter and prescription drugs when used count to their intent or prescribed use.

Violations of this policy may result in disciplinary actions up to and including possible discharge and/or referral to treatment through the City's employee assistance program (hereafter "EAP"). In addition, if appropriate, violators of this policy may be reported to be prosecuted by law enforcement authorities.

Pursuant to the City's in providing a safe and productive environment for its employees and residents, should a supervisor or Commissioner become aware that an employee is acting in a manner that leads the supervisor or Commissioner to suspect the employee is unfit for work, for any reason, or should the employee be involved in an accident resulting in injury or property loss, the City may require that employee to submit to a physical examination that may include a drug and alcohol laboratory screening procedure.

The observing supervisor or Commissioner shall document in writing his/her observations of the behaviors that cause him/her to suspect this unfitness without making inferences as to the cause of these behaviors. The supervisor shall record to his/her Commissioner that a physical examination should be initiated and should the Commissioner agree based on the available evidence, the Commissioner shall initiate on his own observation and documentation the referral for the physical examination process.

Upon written request, the City shall provide any employee who is ordered to submit to a physical examination with a written statement of the observed behaviors that led the City to suspect the employee was not fit for duty. An employee who refuses to submit to such a physical examination may be terminated. A portion of any sample used for drug or alcohol analysis shall be retained and that employee will have the option of having the sample tested at a licensed clinical laboratory of his/her

choice and at his/her expense. Upon written request, the City shall provide the employee tested with a copy of the physical examination results including test results.

Should the physical examination disclose the employee had abused drugs and/or alcohol while on duty, or was under the influence of same while on duty, the employee will be formally referred to seek assistance through the EAP available to all employees. Should the employee's initial behavior, leading the supervisor or Commissioner to suspect a medical problem be such that an employee would ordinarily be disciplined, such discipline will be initiated in addition to the referral to the EAP. The employee's decision to seek assistance through the EAP can be considered in determining proper disciplinary action.

Should the same employee be required to submit to more than **one (1)** physical examination in a **six (6) month** period and test positive for drugs and/or alcohol the employee will be immediately terminated.

Should the physical examination disclose a physical problem unrelated to drug/alcohol abuse or caused by proper use of prescribed medication, the employee will be removed from the job and have access to sick time and, if indicated, other benefits which will provide income protection while being treated for the condition. The employee will be allowed to return to work when released by a physician.

Should the physical examination not disclose any physical problem nor drug use, the supervisor or Commissioner shall have the option of dealing with the employee's performance problem through means available in the City's policies and procedures.

APPENDIX B

**EMPLOYEE NOTIFICATION OF PERSONNEL CODE
AND DRUG FREE WORKPLACE POLICY AND DISCLAIMER OF EMPLOYMENT**

The Employee Code of the City is not intended to create any employment relationship with any employees that is contractual in nature. All employees are employed at the will of the City, and employees can be terminated at will. All employment policies of the City are subject to change without notice and/or approval of any employee. Any and all discipline and/or discharge procedures contained in this Code are illustrative in nature, and only provide examples of the manner in which employees may be disciplined or terminated. Any and all such procedures are not meant to be the sole or exclusive way in which discipline or discharge could occur.

By signing this disclaimer, the employee understands that the employment relationship between the employee and the City is NOT contractual in nature; that employment can be terminated at the will of the City, that all employment policies are subject to change without notice and/or approval of the employee; and that any and all discipline and/or discharge procedures contained in the Code are merely illustrative in nature, and are not meant to be the sole or exclusive manner in which discipline and/or discharge could occur.

I have been given a copy of the City's Employee Code.

In understand that contained within the Employee Code is the Drug Free Workplace Policy. I have read and understood the Drug Free Workplace Policy, and agree to abide by its terms and conditions.

Name _____

Date _____

This form is to be retained by the City Clerk.

APPENDIX C

EMPLOYEE CODE: DISCIPLINE FORM

Date _____

Employee Name _____

Employee's Job Position _____

City Department _____

Superintendent _____

Type of Discipline (Check One):

- _____ Verbal Reprimand
- _____ Written Reprimand
- _____ Probation
- _____ Suspension
- _____ Dismissal

State the Section of the Employee Code violated:

Section _____ Subsection _____ Page Number _____

State any Code of Conduct violation, listing the Code of Conduct Subparagraph Number

State the facts which support the violation _____

DATE _____

Superintendent

DATE _____

(Signature of Employee)

APPENDIX E

AMERICANS WITH DISABILITY ACT GRIEVANCE PROCEDURE

1. All complaints regarding access or alleged discrimination should be submitted in writing to the ADA Coordinator for resolution. A record of the complaint and action taken will be maintained. A decision by the ADA Coordinator will be rendered promptly.
2. If the complaints cannot be resolved to the satisfaction of the complainant by the ADA Coordinator, then for building accessibility issues, the matter shall be turned over to the Benton City Council for consideration. For employment and public service issues, the matter will be forwarded to the Benton City Council.
3. The complaint will be reviewed and decided upon by the City Council. The decision of the City Council shall be considered final.
4. A record of action taken on each request or complaint shall be maintained as a part of the records or minutes at each level of the grievance process.
5. The individual's right to prompt and equitable resolution of the complaint shall not be impaired by his/her pursuit of other remedies, such as the filing of a complaint with the U.S. Department of Justice or any other appropriate federal agency. Furthermore, the filing of a lawsuit in state or federal district court can occur at any time. The use of this grievance procedure is not a prerequisite to the pursuit of other remedies.

APPENDIX F

REQUEST FOR FAMILY OR MEDICAL LEAVE

Request for Family or Medical Leave must be made, if practical, at least **thirty (30) days** prior to the date the requested leave is to begin.

Name _____ Date _____
Department _____ Title _____

Status Full-Time Part-Time Temporary

Hire Date: _____ Length of Service _____

I request Family or Medical Leave for one or more of the following reasons:

Because of the birth of my child and in order to care for him or her*
Expected date of birth _____ Actual date of birth _____
Leave start _____ Expected return date _____

Because of the placement of a child with me for adoption or foster care**
Leave start _____ Expected return date _____

In order to care for my spouse, child, or parent who has a serious health condition*
Leave start _____ Expected return date _____

For a serious health condition that makes me unable to perform by job*
Describe: _____

Leave start _____ Expected return date _____

* A physician's certification will be required for leave due to a serious health condition.
** Certification will be required for leave due to adoption or foster care.

For other reasons. Describe: _____

Leave start _____ Expected return date _____

Requested intermittent leave schedule (if applicable; subject to employer's approval).

Have you taken a Family or Medical Leave in the past **twelve (12) months**? Yes No
If yes, how many workdays? _____

I understand and agree to the following provisions:

I have worked for the City of Benton at least **one (1) year** and at least **one thousand two hundred fifty (1,250) hours** in the previous **twelve (12) months**.

If I fail to return to work after the leave for reasons other than the continuation, recurrence, or onset of a serious health condition that would entitle me to Medical Leave or other circumstances beyond my control, I may be financially responsible for the medical insurance premiums the City paid while I was on leave.

This leave will be unpaid, unless under the City Policy, I would be eligible for sick leave or have accrued vacation or comp time; or in the case of my own disability, payment will occur under a disability program with IMRF, if I am so covered.

I may be required to exhaust my vacation, comp time, or sick leave as part of my **twelve (12) weeks** of leave.

After **twelve (12) weeks** of leave, if I do not return to work or contact my supervisor or manager on the date intended, it will be considered that I abandoned my job.

Employee Signature _____
Address _____

Date _____
Phone _____

LEAVE APPROVAL

For full day leave:

Elected Official/Department Head _____
Signature _____ Date _____

For intermittent or reduced day leave:

Elected Official/Department Head _____
Signature _____ Date _____

Notes: _____

PAYROLL INSTRUCTIONS

[] With pay from _____ to _____ Employee # _____
[] Without pay from _____ to _____

Comments: _____

PLEASE FORWARD COMPLETED REQUEST TO THE PERSONNEL DEPARTMENT FOR FURTHER PROCESSING.

APPENDIX G

REQUEST FOR SPECIAL LEAVE

Request for Special Leave must be made at least **thirty (30) days** prior to the date the requested leave is to begin.

Name _____ Date _____

Department _____ Title _____

Hire Date: _____ Length of Service _____

All full-time and salary exempt employees who have completed **one (1) full year** of continuous service may request a special leave. Special leave will only be granted for personal reasons, and must be approved by employee's Elected Official/Department Head. Special leave shall be granted without pay. The period for special leave shall not exceed **six (6) months**. An extension may be granted up to a maximum of **six (6) months** for a total of **one (1) year**. In order to continue to receive medical and insurance benefits during a special leave, the employee shall contribute both the employee and the employer's share of IMRF and insurance costs.

I wish to request a Special Leave for the following reasons:

Employee Signature _____ Date _____

Address _____ Phone _____

LEAVE APPROVAL

Elected Official/Department Head _____
Signature Date

PLEASE FORWARD COMPLETED REQUEST TO THE PERSONNEL DEPARTMENT FOR FURTHER PROCESSING.