

Employed by:

Address:

From:

To:

Salary:

Telephone Number of employment

Reason for leaving:

Duties Performed:

Employed by:

Address:

From:

To:

Salary:

Telephone Number of employment

Reason for leaving:

Duties Performed:

If now employed, why do you desire to change? _____

Were you ever discharged or have you resigned after being informed your employer intended to discharge you?

_____ If so, why? _____

EDUCATION

7. List ALL schools attended.

SCHOOL	NAME & ADDRESS	DID YOU GRADUATE	COURSE OF STUDY	DIPLOMA OR DEGREE
HIGH SCHOOL				
COLLEGE				
OTHER				

Do you plan to further your education?

Yes _____

No _____

If so, when? _____

CRIMINAL HISTORY

Have you been convicted of criminal offenses. Misdemeanors and felonies including military and as a juvenile? Yes _____ No _____

Details and circumstances of each occasion

When	Nature of Offense	Where	Disposition

SPECIAL QUALIFICATIONS & SKILLS

8. Do you have any other experience, skills, or qualifications which will be of special benefit to the position for which you are applying? (Example: computer software, heavy equipment, office equipment, etc.) _____

REFERENCES

9. Give the names of three (3) persons not related to you, who know you through school, business or personal association.

NAME AND OCCUPATION	ADDRESS	PHONE #

Is contacting your present employer a problem? Yes _____ No _____

OTHER

10. Please list your interests and hobbies. _____

11. Please list memberships in other professional/civic groups. _____

I certify that there are no misrepresentations, omissions, falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

In the event that I am employed by the City, I agree to comply with all of its orders, rules and regulations. I hereby authorize my former employers to give any information regarding my employment with them.

Date

Signature

Print Name

NOTE: A copy of this document shall have the same effect as the original.

CITY OF WASHINGTON COURT HOUSE

GENERAL RELEASE OF INFORMATION

I hereby authorize, and hold harmless therefrom, any person, firm corporation, educational institution, governmental agency, political subdivision, or otherwise, to release any information, whether written or oral, about my person, whether past or present to any duly authorized representative of the City of Washington Court House, and I do hereby authorize the reproduction and release of any records pertaining thereto.

I hereby release and forever discharge all and any of the foregoing from any and all liability whatsoever for any unintentional error in reporting such information.

Date: _____

Name of Applicant(PRINT)_____

Signature of Applicant _____

Address _____

City: _____ State _____ Zip _____

Social Security # _____

Phone Number # _____

Date of birth _____

Note: A copy of this document shall be given the same effect as the original.

Signature of Applicant

Date

CITY OF WASHINGTON COURT HOUSE**FAIR CREDIT REPORTING ACT NOTICE AND WAIVER/RELEASE**

By signing this applicant waiver/release document, the Applicant is authorizing the procurement of a consumer report by the City as part of the pre-employment background investigation. If hired, this authorization shall remain on file and serve as an ongoing authorization to procure consumer reports at any time during my employment period, as such report may be necessary in relation to any investigation regarding allegations of sexual harassment, discrimination, and/or disciplinary charges associated with your employment. Additionally, by signing this document, the City is disclosing to you that a consumer report, including an investigative consumer report, containing information as to your character, general reputation, personal characteristics, public record information, previous employer reviews, education records, criminal history, personal references, driving records, credit, and mode of living may be obtained from Federal, State and other agencies, companies, and other organizations for employment purposes as part of the pre-employment background investigation and at any time during your employment. The City may utilize an outside organization to obtain a consumer report and/or to conduct investigations. If an investigative consumer report is obtained, you have the right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as your neighbors, friends, and/or associates. If the City considers any information in the "consumer report" when making an employment-related decision that directly and adversely affects you, you may request (and the City will provide) a copy of the "consumer report" to you. Further, if you request a written summary of your rights under the Fair Credit Reporting Act, the City will provide you with such information.

The Applicant authorizes, without reservation, any party or agency contacted by the City, employees, agents, and assigns to furnish the above mentioned information.

The Applicant hereby releases and discharges the City and any Consumer Reporting Agency (CRA) requesting, investigating, and/or providing information and/or consumer report(s) and their employees, agents, successors, and assigns, from any and all liability that may arise out of the investigation and/or consumer report of the Applicant's background as set forth herein.

The Applicant hereby authorizes the City to obtain a consumer report for employment purposes and to conduct investigations as outlined above. The signature below signifies receipt of the foregoing notices, waivers, and/or disclosures.

Signature of Applicant/Employee

Date

CITY OF WASHINGTON COURT HOUSE

EQUAL EMPLOYMENT OPPORTUNITY (EEO) QUESTIONNAIRE

The City of Washington Court House is an Equal Opportunity Employer. During recent years, numerous State of Ohio laws, Federal laws and court decisions have been enacted which require the City to submit to various State of Ohio and Federal governmental agencies, statistics which reflect the sex and race of employees and employment applicants.

So that the City can meet these requirements, the City of Washington Court House requires that all applicants complete this Equal Employment Opportunity Questionnaire. The use of the information on this questionnaire is limited to the purposes outlined herein.

Please complete this questionnaire and submit with your application form. The information will be used solely for EEO purposes in compliance with State and Federal laws and guidelines.

Classification/jobtitle for which you are applying: _____

Date: _____

Please check: _____ Male _____ Female

_____ White Persons having origin in any of the original people of Europe, North Africa, or Middle East

_____ Black Persons having origin in any of the Black racial groups.

_____ Hispanic Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture of origin regardless of race.

_____ American Persons having origins in any of the original peoples of North America Native and who Indian or Alaskan maintains cultural identification through trival affiliation or community recognition.

_____ Asian/Pacific Persons having origins in any of the original peoples of the Far East, Southeast Asia, Islanders Indian Subcontinent, or the Pacific Islanders

_____ Handicap Individual with a physical condition that limits his/her ability to attain employment

NOTE: The employer must keep this form separate from the employee's application.

By what source did you learn of this position? _____

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1115-0136

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE. It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)			Date of Birth (month/day/year)
City	State	Zip code	Social Security #
I am aware that federal law provides for Imprisonment and/or fines for false statements or Use of false documents in connection with the Completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> a Lawful Permanent Resident (Alien #A _____) <input type="checkbox"/> An alien authorized to work until _____ (alien # or Admission#)	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer and/or Translator Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 2. Employer Review and verification. To be completed and signed by employer. Examine one document from List A or examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s).

	List A	Or	List B	And	List C
Document Title:	Drivers License		Work Permit		Birth Certification/S.S. Card
Issuing authority:					
Document #:					
Expiration Date (if any):					
Document #					
Expiration Date(if any)					

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ___/___/___ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative	Print Name Connie Watson	Title Personnel Director
Business or Organization Name City of Washington	Address(Street Name and Number, City, State, Zip Code) 105 N. Main Street Washington C.H., OH 43160	Date(month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer

A. New Name (if applicable)	B. Date of rehire (month/day/year)(if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. Document Title: _____ Document #: _____ Expiration Date (if any) ___/___/___	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)

**State of Ohio
New Hire Reporting Form 7048**

Effective October 1, 1997, all Ohio employers are required to report certain information about employees who have been newly hired, rehired, or have returned to work. Employers must either (1) complete this form, or (2) submit a copy of the employee's IRS W-4 form with the "other information section" completed on this form, or (3) submit the information by email, electronic tape or floppy diskette. Call 1-888-872-1490 to obtain information on submitting new hire reports electronically. Reports must be made within 20 calendar days of date of hire.

To ensure accuracy, please print (or type) neatly in upper-case letters and numbers using a dark ballpoint pen.

EMPLOYEE INFORMATION:Social Security Number: _____ Employee State of Hire: OHIOName: _____
 First Middle Last

Address 1: _____

Address 2: _____

Address 3: _____

City/State/Zip _____

Employee Date of Hire: _____ Date of Birth: _____

EMPLOYER INFORMATIONEmployer Federal EIN: 316000134Employer Name: CITY OF WASHINGTON COURT HOUSEPayroll Address: 105 NORTH MAIN STREET

Address 2: _____

Address 3: _____

City/State/Zip: WASHINGTON COURT HOUSE, OHIO 43160**REPORTS WILL NOT BE PROCESSED WITHOUT MANDATORY INFORMATION**

Send Reports to:
Ohio New Hire reporting Program
P.O. Box 15309
Columbus, Ohio 43215-0309
Fax: (614) 221-7088 or (888) 872-1611

CITY OF WASHINGTON COURT HOUSE

NOTICE OF OUTSIDE EMPLOYMENT

APPENDIX D

PAGE 1

Name: _____ Date: _____

Job Title/Department: _____

Prospective Off-Duty Company/Employer: _____

Address: _____ Business Phone: () _____

Anticipated Starting Date: ____ / ____ / ____ Hours Per Week: _____

Termination Date (If Known): ____ / ____ / ____

Nature of Work to be Performed: _____

I understand that my outside employment is with the above named company or employer and not with the City of Washington C.H., Ohio; however, my primary employment responsibility is to the City of Washington C.H., Ohio.

Employee's Signature

Date

Supervisor's Signature

Date

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CITY OF WASHINGTON COURT HOUSE

**ACKNOWLEDGEMENT OF RECEIPT OF
PERSONNEL POLICY MANUAL**

**APPENDIX E
PAGE 1**

Please sign the attached, and return the acknowledgement slip below to the Appointing Authority for inclusion in your personnel file.

ACKNOWLEDGEMENT

I have received a copy of the City of Washington Court House Personnel Policy Manual, which outlines my privileges and obligations as an employee of the City. It is my responsibility to familiarize myself with the information in these directives and understand that I am governed by them, effective immediately, subject to the provisions of any applicable labor agreement.

Since the information in these directives is subject to change by action of the Appointing Authority, it is understood that I will be notified of changes through the usual channels of dissemination.

Employee Signature

Date

CITY OF WASHINGTON COURT HOUSE

LONG DISTANCE PHONE CALL LOG

APPENDIX F
PAGE 1

Please list all requested information on each occasion where you make a personal long distance telephone call.

DATE OF CALL	TELEPHONE NO. CALLED (AREA CODE)	TO WHOM CALL WAS MADE	

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CITY OF WASHINGTON COURT HOUSE

TIME SHEET

APPENDIX G

PAGE 1

This is one example of a time sheet. Different departments use different sheets or cards. Time cards and time clocks are also used.

Record of Time Worked

Name _____

Month _____ Start Date _____ End Date _____

Day	Date	Start Time	Stop Time	Additional Time	Total
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Comments

CITY OF WASHINGTON COURT HOUSE

REQUEST FOR TRAVEL AUTHORIZATION

APPENDIX H

PAGE 1

Date of Request ____ / ____ / ____

I (We) request the permission of the Appointing Authority for _____

_____ to travel to _____
Name of Employee Destination

On _____ for the purpose of _____
Date of Travel Purpose of Travel

and to claim the following anticipated expenses, which are expected to include:

Total Expenses are not anticipated to exceed: \$ _____

Fill in only if using personal car _____ X _____ = _____
Mileage Per Mile Gas Reimbursement
Total Reimbursement

Employee Signature

Employee Signature (additional)

ADMINISTRATIVE ACTION:

City Manager Approved Disapproved

City Auditor Approved Disapproved

Department Head Signature Approved Disapproved

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CITY OF WASHINGTON COURT HOUSE

COMPENSATORY TIME REQUEST

**APPENDIX 1
PAGE 1**

Request for compensatory, employee uses the Request for Leave form, Appendix J. This form may be obtained from your supervisor.

CITY OF WASHINGTON COURT HOUSE

REQUEST FOR LEAVE

APPENDIX J

PAGE 1

Below is copy of the Request for Leave Form. It may be obtained from your supervisor. This form is used when an employee wants to request different types of leave. In case of emergency please state name and phone number where you may be reached. This leave form is to be used for any kind of leave (Annual, Personal, Sick, Injury, Comp Time, FMLA, Jury Duty, Court Summons, Military, Without Pay, Funeral).

CITY WASHINGTON COURT HOUSE, OHIO
REQUEST FOR LEAVE

NAME: _____

From: _____

DEPARTMENT _____

TO AND _____

REASON FOR _____

INCLUDING _____

ABSENCE: _____

TOTAL NO. _____

WORKING HRS _____

Types of Leave: (Enter one above) Annual, Sick, Military, Personal, Injury, Court Summons, Jury Duty, Without Pay, Comp Time, FMLA, Funeral,

I hereby request that I be authorized to be absent from my regular place of employment. In an emergency I can be reached at:

Address _____

Telephone Number _____

Date Submitted _____

Signature if employee _____

RECOMMENDED APPROVAL:

Signature, Department Head _____

Date _____

APPROVED:

Signature, Personnel _____

Date _____

Pers Form #4 Distribution: White-Personnel, Canary-Department File, Pink-Employee

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CITY OF WASHINGTON COURT HOUSE

MEDICAL PRACTITIONER'S STATEMENT

APPENDIX K
PAGE 1

Employee Authorization to Release Information

Employee Name: _____
(Please Print)

Employee Signature/Date: _____

I hereby authorize this medical practitioner to release the information requested below, or any other information requested by my employer, the City of Washington Court House, relative to this use of Sick Leave, in order to qualify for Sick Leave Benefits, FMLA leave, Disability Leave, etc.

Statement of the Practitioner

Name of Practitioner

Phone Number

Street Address

City, State, Zip Code

Type of Practice

Date

Date and Time you examined the above named employee ___ / ___ / ___ at ___ am/pm

State the reason you examined the individual: _____

Please state your prognosis: _____

Can the employee perform all essential functions of his/her position? Yes No
(If NO, please list all essential functions employee is unable to perform referencing such essential functions from the position description enclosed – attach sheet if necessary.)

CITY OF WASHINGTON COURT HOUSE

MEDICAL PRACTITIONER'S STATEMENT

APPENDIX K
PAGE 2May the employee return to work immediately? Yes No

If not, when do you reasonably expect he/she may return? Date ____/____/____

Have you placed this employee under any work restrictions for non-essential functions(s) (e.g., weight lifting limitations, etc.) or does the employee require any accommodation to perform any **essential function(s)**? If so, please state:

_____Have you prescribed any medications that may impair performance? Yes NoIf so, what are the medications, and for how long are they prescribed? _____

_____If the above named individual was accompanying a member of his or her family who was seen by you, was the above named individual's presence required? Yes No

If the above named individual was seen by you for a reported occupational disease or injury, please submit any additional information necessary to assist in the processing of a Worker's Compensation claim.

Was the illness or injury job-related? Yes NoIs this illness or injury a reoccurrence of a prior
Illness or injury (answer only if reported as job related)? Yes No_____
Actual Signature of Licensed Medical Practitioner_____
Date

NOTE: This form may be required to justify payment to employee of sick leave benefits or for Family and Medical Leave reasons. Statements from practitioners that refer only to being under "professional care" are unacceptable.

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CITY OF WASHINGTON COURT HOUSE

INJURY FORM

APPENDIX L
PAGE 1

**INCIDENT REPORT
FOR AN OCCUPATIONAL INJURY OR ILLNESS**

INSTRUCTIONS FOR EMPLOYERS: THIS REPORT IS BE USED FOR ALL WORK RELATED INJURIES OR ILLNESSES. PLEASE ENSURE THAT YOUR EMPLOYEE COMPETES SECTIONS 1,2,3,4 AND 6 OF THIS FORM. EMPLOYERS MUST COMPLETE SECTIONS 5 AND 7 AND FAX BOTH SIDES OF COMPLETED FORM TO:

Phone: 614-333-2782 / Fax: 614-333-2997
Business Health Service, 1430 Columbus Avenue

Completion of this form is for documentation and record keeping purposes only and does not indicate certification of this injury/illness.

SECTION 1: EMPLOYEE INFORMATION (Please Print)

Name: _____
Address: _____
City: _____ State: _____ Zip _____
Phone: _____
SS#: _____ Marital Status: _____ # Dependents _____ Date of Birth _____
Sex: (M/F) _____
EmployerName:: _____
MailingAddress: _____
Employer Telephone # _____ County: _____
Date Employer Notified _____

SECTION 2: EMPLOYMENT/INCIDENT INFORMATION

Full/Part Time _____ Shift: _____ Job Title _____
Pay Rate _____
Department _____ Division: _____
Supervisor _____
Length of Time with Employer: _____ Date and Time of Injury _____
Date Reported to Employer _____ Were you performing your normal duties?: _____
Incident Location _____
Date Injury/Occupational Disease was diagnosed: _____

Was place of accident or exposure on employers premises? Yes ___ No ___ Did employee die: Yes ___ No ___

Witness to this incident :

Name _____ Department: _____

Have you ever filed a work related injury claim? _____ Date _____ Claim # _____

Please describe type of old injury:

Describe your present incident in detail. What, why and how did the accident happen? Describe body parts injured.

(Please use additional paper if more space is needed.)

SECTION 3: MEDICAL PROVIDER NAME

(Name the physician or medical facility in which you are going to seek initial treatment for this injury)

Physician Name or Hospital Treated at _____ Phone _____
 Address _____ City _____ State _____ Zip _____

Comments:

SECTION 4: MEDICAL RELEASE AND INFORMATION ACKNOWLEDGEMENT

I hereby authorize the release of all medical information pertaining to this work related injury/illness to me, my employer, my employer's Workers Compensation Administrator and the Occupational Health Center and any medical provider involved in the diagnosis and/or treatment of this injury. In addition, authorization is hereby given to treating facility to perform any and all tests or procedures relative to my injury/illness or physical examination necessary by the attending physician and/or employer. I certify that this injury/incident was not purposely inflicted and that all information I have provided is true and accurate.

Employees Signature _____ Date _____

SECTION 5: EMPLOYER'S SIGNATURE AND OSHA CASE NUMBER

Employer's Signature _____ Date _____

BWC Risk Number _____ OSHA Case Number _____

CITY OF WASHINGTON COURT HOUSE

FMLA NOTIFICATION
REQUEST FOR FAMILY AND MEDICAL LEAVE

APPENDIX M
PAGE 1

Name _____ Date of Request _____

Department _____

From: _____ To and Including: _____
Date Date

Total Working Hours: _____

Date Received by Supervisor: _____

Check Reason for Request:

- The birth of your child, or the placement of a child for adoption or foster care;
- A serious health condition that makes you unable to perform the essential functions of your job;
- A serious health condition affecting your (circle one) spouse, child, parent for which you are needed to provide care.

You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period for the reasons listed above. Also, your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work, and 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 leave. If you do not return to work following FMLA leave for a reason other than; 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA 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 leave.

By the employee signing this request he/she has read Section 4.08 of the City of Washington Personnel Policy Manual, and understands the leave, and has received a separate copy of the policy.

Employees Signature

Date Submitted

RECOMMENDED APPROVAL:

Signature of Department Head

Date

Signature of Personnel

Date

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CITY OF WASHINGTON COURT HOUSE

**REQUEST TO CASH IN PERSONAL DAY(S)
(SALARIED, EXEMPT EMPLOYEE ONLY)**

**APPENDIX N
PAGE 1**

Name: _____ Date of Request: _____

Job Title/Department: _____

According to Section 4.03 (I) of the Personnel Policy Manual, a salaried/exempt employee, with prior approval of the City Manager, may cash out up to two (2) personal days at the end of the calendar year provided the employee requests the cash out on or before October 31st of such year. **This form must be completed by employee and returned to the Auditor's office by October 31 each year.** Otherwise, if the personal day or days are not used, they will be forfeited.

I make the following determination regarding any outstanding personal days (please check one):

I hereby request to CASH OUT all of my personal day leave (up to 2 days); I have _____ hours available for cash out;

I hereby request to CASH OUT only _____ hours of personal day leave (up to 2 days), and I will use the remaining time as required or it will be forfeited;

I DO NOT wish to cash out any personal day leave, and I will use the remaining time as required or it will be forfeited.

Signature of Employee

Date

ADMINISTRATIVE ACTION:

_____ Number of Personal Day Leave Hours Requested for Cash Out

Approved

Disapproved

Signature of Authorized Representative

Date

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CITY OF WASHINGTON COURT HOUSE

SICK LEAVE CONVERSION

APPENDIX O

PAGE 1

Name: _____ Date of Request: _____

Job Title/Department: _____ Date of Hire: _____

Payroll Number: _____ Rate of Pay: _____

(check one)

I would like to be paid for my accumulated sick leave. I realize that this payment will be based on my current rate of pay, and that my entire sick leave credit will be eliminated.

Not eligible for sick leave conversion.

Signature of Employee

Date

ADMINISTRATIVE ACTION:

Approved

Disapproved

Signature of Authorized Representative

Date

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CITY OF WASHINGTON COURT HOUSE

COMPLAINT

APPENDIX P

PAGE 1

Name: _____ Classification: _____

Date of Occurrence: _____ Date Presented: _____

Nature of Complaint (e.g., what is the issue or allegation: What has been violated?):

Statement of Facts: _____

Names of Any Witnesses: _____

Relief Requested: _____

Employees Signature and Date

If a complaint is a group complaint, all employees in the group shall sign on the back of the form. The employee whose name appears in the above space shall process the complaint. The complaint must be filed with the employee's immediate supervisor within five (5) working days from the date of the alleged complaint.

Supervisor: _____ Date Received: _____

Supervisor Answer: Date: _____ (Response to be issued with five (5) working days after the date on which the complaint was submitted)

Supervisor's Signature/Date

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CITY OF WASHINGTON COURT HOUSE

COMPLAINT	APPENDIX P PAGE 2
------------------	------------------------------------

Department/Division Head (Delivered by employee to department/division head with five (5) working days of receipt of supervisor answer)

Department/Division Head: _____ Date Submitted: _____

Received By: _____

Department/Division Head's Answer: Date: _____
(Response to be issued within five (5) working days following the hearing which shall be scheduled within five (5) working days after the date on which the complaint was submitted)

Department/Division Head's Signature/Date

City Manager (Delivered by employee to City Manager within five (5) working days of receipt of department/division head answer)

City Manager: _____ Date Submitted: _____

Received By: _____

City Manager's Answer: Date: _____ (Response to be issued after review period)

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CITY OF WASHINGTON COURT HOUSE

ADA COMPLAINT

APPENDIX Q

PAGE 1

Complainant must fill out this portion and give to _____
Within five (5) days of the incident being grieved.

Name Of Complainant: _____

Job Title/Department: _____

Address of Non-Employee: _____

Reason for Claiming Discrimination: (Continue on back if necessary)

Date of Incident: _____

Nature of Complaint, If Any: _____

Resolution you Request: _____

Signature and Date: _____

Person responding to complaint: (answer within ten (10) working days)

Resolution or disposition: _____

Note: Keep on file for three (3) years; six (6) years for employee complaints

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CITY OF WASHINGTON COURT HOUSE

RECORD OF VERBAL WARNING

APPENDIX R

PAGE 1

Employee Name: _____ Date Warning was Issued: _____

Job Title/Department: _____ Date Violation Occurred: _____

Location Where Violation Occurred: _____

- Type of Violation: Group Number
- | | |
|--|---|
| <input type="checkbox"/> Incompetence | <input type="checkbox"/> Discourteous Treatment of Public |
| <input type="checkbox"/> Inefficiency | <input type="checkbox"/> Neglect of Duty |
| <input type="checkbox"/> Dishonesty | <input type="checkbox"/> Failure of Good Behavior |
| <input type="checkbox"/> Drunkenness | <input type="checkbox"/> Misfeasance |
| <input type="checkbox"/> Immoral Conduct | <input type="checkbox"/> Malfeasance |
| <input type="checkbox"/> Insubordination | <input type="checkbox"/> Nonfeasance |
| <input type="checkbox"/> Other (explain below) | |

Description of Violation: _____

This verbal warning is issued as a corrective measure in an effort to help you improve your conduct. Any further violations could result in more severe disciplinary actions.

Signature of Person Issuing Verbal Warning/Date

I hereby acknowledge that a copy of the above verbal warning has been given to me this day.

Employees Signature

Date

Copies: Employee, Employee Personnel File

CITY OF WASHINGTON COURT HOUSE

NOTICE OF PREDISCIPLINARY CONFERENCE

APPENDIX U

PAGE 1

Name: _____ From: _____

Job Title/Department: _____ Date: _____

This notice is provided to you to advise that a pre-disciplinary conference will be held at _____ (time) at _____ (location) on _____ (date) to provide you with an opportunity to respond to the following allegations of misconduct:

(attach sheet if necessary)

You have the right to:

- 1) Appear at the conference to present an oral or written statement and any documents in your defense;
- 2) Appear at the conference and have your chosen representative present an oral or written statement and any documents in your defense; or
- 3) Elect in writing to waive your opportunity to have a pre-disciplinary conference.

If you elect to attend the conference and present any evidence in your defense, or if you are called to testify as to any allegations of misconduct, you must answer all questions truthfully. If it is proved in a subsequent conference that your responses to questions were not truthful, such dishonesty may result in further disciplinary action.

At the conference you may present any testimony, witnesses, or documents which would explain whether or not the alleged conduct occurred. You may be represented by any person you choose. You shall provide a list of witnesses to _____ no later than one (1) hour prior to the pre-disciplinary conference. It is your responsibility to notify your witnesses that their attendance is desired. No conference will be delayed more than twenty-four (24) hours to enable your representative to attend. A written report will be prepared by the person conducting the conference concluding as to whether or not the alleged misconduct occurred. A copy of this report will be provided to you within five (5) days following its preparation.

The pre-disciplinary conference will be conducted by: _____ (name); _____ (telephone number). If you have any questions in regard to this procedure, please contact this individual immediately.

CITY OF WASHINGTON COURT HOUSE

EXIT INTERVIEW	APPENDIX V
PAGE 1	

Name: _____ Separation Date: _____

Job Title/Department: _____ Date of Hire: _____

Date Interviewed: _____ Interviewed By: _____

Reason for Separation: _____

EMPLOYEE'S EVALUATION OF THE JOB

	Excellent	Satisfactory	Fair	Poor	Unsatisfactory
Interest Job Held					
Performance Recognition					
Supervisory Fairness					
Chance for Advancement					
Wages and Benefits					
Rapport with Fellow Workers					
Training Received on Job					
Description of Position Compared to Actual Work					
Communication Between Employees and Management					
General Working Conditions					

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EXIT INTERVIEW	APPENDIX V
	PAGE 2

Employee's Comments: _____

Interviewers Comments: _____

Supervisor's or Department/Division Head's Final Evaluation of Employee: _____

Would we rehire? Yes No

Employee Signature

Date

Interviewer's Signature

Date

