



## POLICY COMMITTEE

Friday, February 25, 2022  
2:30 P.M.

Courthouse & Government Center  
Board of Commissioner's Room

### AGENDA

1. Call to Order
2. Public Comment
3. New Business
  - a. Calendar – Schedule monthly meetings – Appendix A
4. Old Business
  - a. Authorization to Release Information – Appendix B
  - b. Continued discussion regarding FOIA
  - c. PTO Policy – Appendix C
5. Other items from Committee members.
6. Adjournment

## 2022 Policy

### January

Sun	Mon	Tue	Wed	Thu	Fri	Sat
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### February

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### March

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### April

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### May

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### June

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### July

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### August

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### September

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### October

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### November

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### December

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25	26	27	28	29	30	31

January 27, 2023, is the 4th Friday

\*November & December land on Holidays. Board Room is open on the 3<sup>rd</sup> Friday of both months.

Dear Applicant,

Thank you for your interest in becoming a Board/Commission member with Manistee County. As part of the application process, we routinely check the background of every applicant.

Please complete the attached AUTHORIZATION TO RELEASE INFORMATION form and return it to the Manistee County Clerk's office along the Application for Boards/Commissions prior to the deadline for the advertised position in which you are applying for.

If you have any questions regarding the application process, please contact the Manistee County Clerk's office at 231-723-3331.

Sincerely,

Jill M. Nowak, Manistee County Clerk

## AUTHORIZATION TO RELEASE INFORMATION

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-mail address \_\_\_\_\_

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### TO WHOM IT MAY CONCERN:

I am an applicant for a Board/Commission with Manistee County, hereinafter referred to as "County". The County needs to thoroughly investigate my background to evaluate my qualifications to hold the position for which I applied.

I HEREBY AUTHORIZE Manistee County to perform a check of background including:

- ICHAT State of Michigan Police background check
- Any other police and/or agency records to the extent permitted by State and Federal Law.

For and in consideration of the County's acceptance and processing of my application for appointment to a Board/Commission, I agree to hold the County, its agents, and employees harmless from any and all claims and liability associated with my application for appointment to a

Board/Commission or in any way connected with the decision whether or not to appoint me to a Board/Commission. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the County in conjunction with appointment procedures.

I understand that this authorization is valid until the vacancy is filled, or up to six (6) months unless a written request is submitted to the Clerk to rescind my application. I also understand that all information obtained in the background check process will be kept confidential.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees from any and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

\_\_\_\_\_  
Signature of Applicant

, Notary Public

Dated: \_\_\_\_\_ County, Michigan

My Commission Expires: \_\_\_\_\_

## PTO Policy

### Purpose

The purpose of Paid Time Off (PTO) is to provide employees with flexible paid time off from work that can be used for such needs as vacation, personal or family illness, doctor appointments, school, volunteerism, and other activities of the employee's choice.

The PTO days you accrue, effective January 1, 2023 replace all existing vacation, sick time, and personal days that you have been allotted under prior policies. The vacation time you accrued will carry over, in excess of the PTO policy, per the guidelines at the time.

### Guidelines

Each full-time and part-time employee will accrue PTO bi-weekly in hourly increments based on their length of service as defined below. PTO is added to the employee's PTO bank when the bi-weekly paycheck is issued. PTO taken will be subtracted from the employee's accrued time bank in one-hour increments.

Temporary employees, Elected Officials, and interns are not eligible to accrue PTO.

New Employees are eligible to use accrued PTO on the first of the month following 90 days of employment.

Eligibility to accrue PTO is contingent on the employee either working or utilizing accrued PTO for the entire bi-weekly pay period. PTO is not earned in pay periods during which unpaid leave or short-term disability leave are taken.

An employee injured at the County under circumstances such that Workers' Compensation benefits are paid by the County, shall, with respect to vacation years occurring after the employee's return to work, have the period during which Workers' Compensation benefits were paid counted as continuous employment for the purpose of determining the amount of vacation to which the employee is currently entitled.

Employees may use time from their PTO bank in half hour (.5) increments. The time that is not covered by the PTO policy, and for which separate guidelines and policies exist, include company paid holidays, bereavement time off, required jury duty, and military service leave.

To take PTO requires two days of notice to the department head unless the PTO is used for legitimate, unexpected illness or emergencies. Use the Paid Time Off form to request PTO. In all instances, PTO must be approved by the employee's department head in advance.

### Paid Time Off (PTO) Exceptions

- Employees who miss more than three consecutive unscheduled days may be required to present a doctor's release to Human Resources that permits you to return to work.
- PTO taken in excess of the PTO accrued can result in progressive disciplinary action up to and including employment termination. This time off will be unpaid. The only possible exception to this policy must be granted by the Board of Commissioners.
- PTO accrued prior to the start of a requested and approved unpaid leave of absence must be used to cover hours missed before the start of the unpaid leave.
- Under Manistee County's Family Medical Leave Act (FMLA) policy, all accrued PTO time is taken before the start of the unpaid FMLA time.
- Unscheduled absences that result in consecutive days off, excessive call ins, pattern absences may all be considered as absence incidents in relation to potential disciplinary action.
  - Progressive disciplinary action relative to incidents of absenteeism is administered on a rolling 12-month calendar as follows:
    - One – three incidents: No disciplinary action. Supervisory coaching.
    - Fourth incident: Verbal Warning with a documented coaching session
    - Fifth incident: Written warning in the employee's file
    - Sixth incident: Employment termination

An employee who receives a second written warning in a rolling 24-month time period will have his or her employment terminated.
- An employee who has used all of his or her FMLA and Short-Term Disability benefits, and is still unable to return to work, will have his or her employment terminated.
- Any employee who misses two consecutive days of work without notice to their supervisor may be considered to have voluntarily quit their job.

### Specific Eligibility for Paid Time Off (PTO)

PTO is earned on the following schedule based on a 37.5 or 40 hour work week. PTO is prorated based on the number of hours worked on an employee's regular schedule.

#### Years of Service

0-4: 120 or 128 hours per year, earned at a rate of .06153 for each full work week in a calendar year.

5-9: 157.5 or 168 hours per year, earned at a rate of .08077 for each full work week in a calendar year.

10-15: 195 or 208 hours per year, earned at a rate of .1000 for each full work week in a calendar year.

16-20: earn one additional day per year until you reach 20 years of service.

16: 202.5 or 216 hours per year, earned at .10384 for each full work week in a calendar year.

17: 210 or 224 hours per year, earned at .10770 for each full work week in a calendar year.

18: 217.5 or 232 hours per year, earned at .11154 for each full work week in a calendar year.

19: 225 or 240 hours per year, earned at .11540 for each full work week in a calendar year.

20: 232.5 or 248 hours per year, earned at .11923 for each full work week in a calendar year.

### Maximum Time Accumulated

Although you may carry over unused PTO time from year to year, there is a cap on the amount of PTO time you can accumulate.

Each employee may carry over 37.5 or 40 hours of accrued PTO over into a new calendar year. At the end of each calendar, employees may cash out up to 3 days of PTO time. Employees are responsible for monitoring and taking their PTO over the course of a year so that they do not lose time accrued when the current calendar year ends. (PTO is subject to department head approval and not every employee can take accumulated time in December: Manistee County must continue to serve customers.)

If extenuating business circumstances prevented the employee from taking scheduled PTO, this PTO may be carried over and taken in the first half of the next calendar year with the approval of the department head.

Employees are paid for the PTO they have accrued at employment end. If an employee has used PTO time not yet accrued, and employment terminates, the PTO taken is deducted from the final paycheck. Employees who give two weeks' notice of employment termination must work the two weeks without utilizing PTO. If an employee dies, the County will pay to the person the employee designates as the next of kin, accrued but unused PTO. This provision also applies to employees who are laid off.

Employees who are rehired will receive credit for the former time worked and accumulate current PTO for the combined time.



**Donating Hours**

Employees who wish to donate PTO leave to another employee, he/she will complete the PTO Donation Form and submit to Administration.

The minimal amount of leave donation allowable is – eight (8) hours; the maximum allowable leave donation is – forty (40) hours. The employee donating the leave must have a balance of at least eighty (80) hours remaining in his/her PTO Bank, after the donation. Accrued and unused paid leave donated by any one employee may not exceed 160 hours.

DRAFT

PTO Donation Form – Donor Application Form

For Payroll Period Ending \_\_\_\_\_.

I. DONOR INFORMATION

\_\_\_\_\_  
(Last) (First) (M.I.) (Social Security Number)

DEPARTMENT: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

TYPE OF LEAVE DONATED:

PTO [ ] # HOURS DONATED \_\_\_\_\_

Note: The minimal amount of leave donation allowable is – eight (8) hours; the maximum allowable leave donation is – forty (40) hours. The employee donating the leave must have a balance of at least eighty (80) hours remaining in his/her PTO bank, after the donation. Accrued and unused paid leave donated by any one employee may not exceed 160 hours.

II. PERSON TO RECEIVE LEAVE

\_\_\_\_\_  
(Last) (First) (M.I.) (Social Security Number)

DEPARTMENT: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

- 1. Use of donated leave is limited to the average number of hours in the employee's weekly schedule.
- 2. Donated leave **may not** be used to supplement paid benefit program(s) (i.e. Disability Leave, Worker's Compensation)
- 3. Donated leave hours will be subject to taxes for both the employee donating and the employee receiving the donation.

III. CERTIFICATION

I hereby certify that this request is made voluntarily. By signing I hereby relinquish all rights to the leave shown above and the benefits accruing to or attached to the same. I certify that I will have a remaining balance of 80 hours or more of combined leave (sick, vacation, personal and compensatory) after making this donation. I also understand that my identity as a donor is to be kept confidential and I will also honor that confidentiality.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Donating Employee

IV. VALIDATION – TO BE COMPLETED BY ADMINISTRATION

Annual Leave Balance Before Donation	_____	Hrs.	Number of Hours Donated	_____	Hrs.	New Annual Leave Balance	_____	Hrs.
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ADMINISTRATION REVIEW: \_\_\_\_\_  
SIGNATURE DATE