

The creation, transmission, or viewing of any data or images that may be construed to violate the County's **Preventing Harassment and Discrimination Policy** or **Equal Employment Opportunity Policy** is strictly prohibited. This prohibition includes sexually explicit or offensive messages or images, cartoons or jokes, ethnic or religious slurs, racial epithets, or any other statement or image that might be construed as harassment or disparagement on the basis of race, color, religion, sex, national origin, age, disability, or any other status protected by law. None of the County's information technology resources may be used to transmit critical or derogatory statements regarding employees, political figures, or any other persons.

Internet access is provided by the County to assist employees in obtaining work-related data and technology. All Internet data that is composed, transmitted, or received via our computer communications systems is considered to be part of the official records of the County and, as such, is subject to disclosure to law enforcement or other third parties. Employees may also be held personally liable for any violations of this policy.

Nothing in this policy should be construed as prohibiting an employee's right to engage in concerted activity or to discuss the terms and conditions of their work as permitted by the NLRA.

Relevant Information: Appendix D: Computers, Internet, and Email Policy Acknowledgement Form

Use of Scented Substances

The ability to perform one's job may be adversely affected by scented substances, i.e., perfume, lotion, oil, and scented deodorants. Staff members are encouraged to inform their supervisor or department head when this situation exists, and County employees may be instructed to stop coming to work with scented substances that bother their fellow employees.

PAY AND BENEFITS

Overtime and Compensatory Time

A. Non-Exempt Overtime Pay

Non-exempt employees (an employee in a position not meeting the definition of *exempt* as defined by the Fair Labor Standards Act, Montana Minimum Wage and Overtime Compensation Act) may receive overtime compensation for hours worked in excess of 40 hours per week at the rate of 1½ times the regular hourly rate of pay. Absences while in a leave status (e.g., annual leave, sick leave, personal leave, etc.) shall not be considered hours worked for the purpose of calculating overtime payments. Sheriff's Deputies, Sergeants, Corporals and Under Sheriff shall receive overtime pay rate of 1½ times after working 171 hours in a designated 28 day time period. Rural Firemen shall receive overtime pay rate of 1½ after working 212 hours in a designated 28 day time period.

B. Record Keeping

Department heads shall ensure that all overtime is recorded appropriately on the employee's time card as it occurs. Overtime shall be pre-approved and an Overtime report form shall be turned into the Commissioners by the end of the pay period.

Relevant Information: Fair Labor Standards Act (FLSA); Code of Federal Regulations (CFR), Title 29 – Labor

C. Decedent's Warrant or Paycheck Reissuance

Employees may file a designation of a person who, notwithstanding any other provision of law, is entitled, on the death of the employee, to receive all warrants or paychecks that would have been payable to the decedent. The employee may change the designation from time to time. A designated person shall claim the warrants or paychecks from the county clerk, and on sufficient proof of identity, the county clerk shall reissue the warrant or paycheck in the name of the designated person and deliver the warrant or paycheck to the designated person.

Relevant Information: Appendix F: Decedent's Warrant; MCA 7-4-2521

Workers' Compensation

As required by law, the County pays to cover employees with workers' compensation insurance, which provides payment for medical expenses resulting from a work-related injury or disease.

Employees who are injured or become ill from an occupational hazard may be entitled to reasonable doctor, hospital, prescription and medical care costs. After they file a claim, the County's workers' compensation provider shall evaluate the claim, use appropriate fee schedules, and apply certain laws and rules to establish wage loss payments and medical care cost benefits. The provider may investigate the validity of the claim. Workers' comp benefits apply only toward medical conditions directly related to the industrial injury or occupational disease claim. Employees must be cleared with and provide a doctor's release before returning to work.

A. Reporting Provisions

Every work-related injury should be reported immediately to the injured employee's supervisor.

B. Benefits

Benefits for compensable injuries are governed by state law and include wages, medical, hospital and related services, and other compensation. Wage loss benefits begin after a 4-day waiting period. Employees may use accrued annual or sick leave benefits to cover wage loss during the 4-day waiting period. Family Medical Leave Act may be applied after the 4-day waiting period.

C. Fraud

Criminal proceedings may be initiated against a person who obtains or assists in obtaining workers' compensation benefits to which the person is not entitled.

Relevant Information: MCA 39-71-101, et. seq.

Health and Life Insurance

Group health and life insurance programs are described more fully in documents that are issued to each employee once he/she is eligible to participate. A complete description of the group health insurance programs can be obtained from the Clerk and Recorder's office. These personnel can explain the provisions in master insurance contracts and help employees choose the best options.

In the event of any contradiction between the information appearing in this policy, other County documents, and the information that appears in the master contracts or master plan documents, the master contracts and documents shall govern in all cases. Employees may request all benefit forms and information from Clerk and Recorder's office or the official Rosebud County website. Employees will be responsible for notifying the benefit plan personnel of any change of status that may affect their benefits. Employees must meet eligibility requirements (e.g., qualifying events) of the benefit program in order to change benefit elections.

Retirement

The County offers a retirement program guaranteed by the Montana Constitution through the Public Employees Retirement System (PERS). Participation includes contributions from both the employee and the County.

A. Retirement Plan Options

New County employees may choose between two retirement plan options, either the Defined Benefit Retirement Plan (DBRP) or the Defined Contribution Retirement Plan (DCRP). A description of each option can be obtained from PERS.

Retirement plan choices are irrevocable (i.e., it cannot be changed later), and if an employee does not file a retirement plan election by the end of the 12-month election window, state law will default their choice to the PERS DBRP. The County strongly encourages employees to make the election to ensure they are in the retirement plan that best meets their and their family's needs.

B. Eligibility

Employees are eligible for participation in PERS beginning on their date of hire, and have 12 months from the first month the County reports the employee to the Montana Public Employees Retirement Administration (MPERA) to file a choice of retirement plans.

MPERA provides regular Retirement Plan Choice webinars that employees can attend at their convenience from their own computer. MPERA also offers workshops at different locations around the state throughout the year.

Relevant Information: MCA 19-3-101, et seq.; Montana Public Employee Retirement Administration

SAFETY

Workplace Safety Program

The County has a workplace safety program established to maintain a safe and healthy work environment for County employees and the citizens they serve. The success of the safety program depends on the alertness and personal commitment of all. The department shall provide information to employees about workplace safety and health issues through regular internal communication channels such as supervisor-employee meetings, bulletin board postings, Email, memos, or other written communications.

A. Contributing Suggestions and Reporting Concerns

Excellent safety improvement ideas often come from employees, since they are the ones who are most familiar with their work environment. Those with ideas, concerns, or suggestions for improved safety in the workplace are encouraged to raise them with their supervisor, department head, safety supervisor, or member of an internal safety committee. Reports and concerns about workplace safety issues may be made anonymously if the employee wishes. All reports can be made without fear of reprisal

B. Reporting Violations and Disciplinary Action

Each employee is expected to obey safety rules and to exercise caution in all work activities. Employees must immediately report any unsafe condition to the appropriate supervisor. Employees who violate safety standards, cause hazardous or dangerous situations, or fail to report or (where appropriate) remedy such situations may be subject to disciplinary action, up to and including termination of employment. In the case of accidents that result in injury, regardless of how insignificant the injury may appear, employees should immediately notify the appropriate supervisor. Such reports are necessary to comply with laws and initiate insurance and workers' compensation benefit procedures.

Workplace Violence Prevention

The County is committed to preventing workplace violence and to maintaining a safe work environment. The County has adopted guidelines to deal with intimidation, harassment, or other threats of (or actual) violence that may occur during business hours or on its premises. All County employees contribute to the type of environment in which they work, and it is therefore essential to follow these guidelines, treat fellow workers with dignity and respect, and immediately report any violations or untoward behavior.

A. Guidelines, Definitions and Reporting

- All employees, including supervisors and temporary employees, should be treated with courtesy and respect at all times. Employees are expected to refrain from fighting, roughhousing, or any other conduct that may be dangerous to others. It is important to note that employees with different backgrounds might have very different ideas about what is innocent tomfoolery and what seems to be threatening and intrusive. Work is not the place for it.
- Firearms, weapons, explosives and other dangerous or hazardous devices or substances are prohibited from the premises of the County without proper authorization.
- Conduct that threatens, intimidates, or coerces another employee, a customer, or a member of the public at any time, including off-duty periods, will not be tolerated. This prohibition includes all acts of harassment, including harassment that is based on an individual's sex, race, age, or any characteristic protected by federal, state, or local law.
- All threats of (or actual) violence, both direct and indirect, should be reported as soon as possible to the immediate supervisor or any other member of management. The County shall promptly and thoroughly investigate all reports of threats or (or actual) violence and of suspicious individuals or activities.

Use of Vehicles and Equipment

Employees whose jobs require them to travel using County vehicles or equipment to perform their duties for the County are expected to treat such County property with the utmost degree of care and respect. The vehicles and equipment owned by the County are essentially paid for by County citizens; and as public servants, employees' actions should reflect positively upon the County by doing everything possible to maintain well-functioning, carefully maintained, and clean vehicles and equipment to ensure longevity. This also includes safe operation according to all relevant laws. This policy also covers situations when an employee uses a personal vehicle to conduct County business. The following guidelines shall be observed.

A. Vehicle Use Guidelines

1. Employees are to use County vehicles for business purposes. Authorized drivers may use County vehicles to conduct business on behalf of the County and to respond to medical or other emergency situations. Using County vehicles or equipment for personal convenience is prohibited and will result in disciplinary action. Certain employees (emergency response, on-call, etc.) may be authorized by their department head to take County vehicles home.
2. To use a County vehicle, an employee must have an acceptable use. Acceptable uses include conducting business on behalf of the County as stated above, getting food and lodging when in a travel status, and certain other activities that may be up to the department head's discretion. Employees can park a County vehicle at their home overnight if they must begin travel the next day or if they are subject to other off-shift duty related to County employment.

3. County employees are expected to travel in an efficient and cost-effective manner. The rules of the road and established safety practices must be practiced at all times. Any abuse of County vehicles when in an employee's possession or violations of safety practices or traffic laws during work hours may result in disciplinary action. Commissioners must be made aware of all non-Rosebud County employees as passengers.
4. Some job descriptions require employees to have a valid driver's license or a Commercial Driver's License. The ability to legally operate a vehicle is an essential job duty for some positions. Employees who, as part of their job, have to operate County vehicles are required to have an acceptable driving record. A copy of the employee's current, valid driver's license may be requested before they operate a County vehicle.
5. An employee who drives his own vehicle on authorized County business shall be reimbursed at the federal mileage rate. The federal mileage reimbursement rate is to cover auto expenses, which include personal auto insurance. The County's insurance does not cover any damage to the employee's vehicle if an accident occurs while used for business. Employees are also responsible for deductibles and co-insurance payments under their personal vehicle policies. If employees drive their personal vehicles for County business, they must maintain it according to the manufacturer's specifications and have current registration.
6. Employees should use County vehicles for work-related travel whenever possible. With pre-approval, employees may use their personal vehicles for County business when the supervisor determines it is in the best interest of the County. Employees who are operating their personal vehicles during the course of employment and receiving mileage reimbursement must have liability insurance and provide evidence of such to the County.
7. County employees who use vehicles in the course of their jobs shall maintain a current, valid licensure or certification (a Montana driver's license or CDL, as required by the job). Employees whose personal vehicles are used for County business are responsible for immediately notifying their supervisor of any change in the status of their driver's license, any convictions affecting their driving record, and any changes in personal vehicle liability coverage.
8. County employees are required to secure seat belts while driving or riding in County-owned vehicles or when using personal vehicles for County business.
9. Employees must operate vehicles in a careful and prudent manner at all times to avoid endangering other people and property. Employees are prohibited from operating a vehicle for County business if they are under the influence of alcohol, illegal drugs, improperly used prescription drugs, or legally prescribed drug if that drug affects their ability to safely operate the vehicle. Employees taking prescription drugs are responsible for notifying their medical providers if they are required to operate a vehicle for County business, and they must notify their supervisor of any restrictions on operating a vehicle.

10. In compliance with the Montana Clean Indoor Air Act (MCIAA) and the County's Smoke-Free Workplace Policy which bans smoking statewide in all enclosed workplaces in Montana, smoking is prohibited in ALL County vehicles and in all County facilities.
11. Neither employees nor any passengers can have an open alcoholic beverage container in the passenger compartment of a County-owned, leased, or loaned vehicle.
12. Employees are prohibited from using personal communication devices while driving a vehicle on County business. Texting is prohibited by the driver at all times while the employee driver is seated in the driver's seat. Use of a cell phone while driving is prohibited unless calls can be made using hands-free devices.
13. Employees must follow established County procedures regarding the care, maintenance, and cleaning of County vehicles. Employees must immediately report any problems or issues to their department head to ensure that all problems are fixed promptly and vehicles safely operate at maximum efficiency for as long as possible.

Weapons on County Property

The County strives to provide a safe and healthy working environment for all employees. As part of this effort, the County has a policy limiting the possession and storage of firearms in County-owned buildings and vehicles.

A. Firearms

Employees on County business may not carry a firearm on their person or carry or store a firearm in a County-owned or County-leased building or vehicle, unless they are:

- specifically authorized by state or federal law to carry a firearm as a condition of employment;
- in actual service as a member of the National Guard; or
- engaged in firearm instruction or field work in which the employee carries a firearm for conducting official County business.

The County may grant an individual employee or job class a written exception to this policy.

B. Dangerous Weapons

Possession of other dangerous weapons, explosives, large knives, swords, etc., and/or any other weapon deemed inappropriate by the County is prohibited on all County premises, in all County buildings, in County vehicles, or in a personal vehicle while conducting County business.

APPENDIX A: Equipment Acknowledgement Form

Rosebud County

I acknowledge that while I am working for the County, I will take proper care of all County equipment with which I am entrusted. I shall abide by all the guidelines set forth in **Use of Vehicles and Equipment** in this Handbook including, but not limited to; using equipment lawfully, safely, and cost-effectively; for its designed purpose; for County business only; and according to the manufacturer's specifications.

I understand that, while County equipment is in my possession, any abuse, violations of safety practices, or disregard for the proper care and maintenance of such equipment may result in disciplinary action, up to and including termination.

I further understand that, upon termination, I shall return all property of the County and that the property will be returned in proper working order. This agreement includes, but is not limited to, the following: laptops, cell phones, pagers, IT equipment, tools, personal protective gear, and any other equipment the County has provided for use with my job.

I understand that failure to return equipment shall be considered theft and will lead to criminal prosecution by the County.

Employee Name (please print)

Employee Signature

Date

APPENDIX B: Ethics and Conflict of Interest Acknowledgement Form

Rosebud County

By my signature below, I acknowledge that I have received a copy of the **Ethics and Conflict of Interest Policy**. I understand it is my obligation to read, understand, and comply with the stipulations, procedures, and provisions contained within this Policy. I understand that I am responsible for abiding by the County Code of Ethics contained in this Policy as I conduct my assigned duties during my term of employment.

I understand that if I am found to be in violation of the provisions set forth in the **Ethics and Conflict of Interest Policy**, that I am subject to discipline, suspension, termination, and/or such other action as the County deems appropriate.

I certify that I have read and understand the above statement and acknowledge that this form will be placed in my personnel file.

Employee Name (please print)

Employee Signature

Date

APPENDIX C: Drug and Alcohol Free Workplace Acknowledgement Form

Rosebud County

As an employee of the County, I certify that I shall not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance while on County property or while conducting any activity involving the County.

By my signature below, I acknowledge that I have received a copy of the Drug and Alcohol Free Policy of the County. I understand that it is my obligation to read, understand, and comply with the procedures and provisions contained within this Policy.

I understand that if I am found to be in violation of the provisions set forth in the **Drug and Alcohol Free Workplace Policy** in this Handbook, I am subject to suspension, termination, participation in a drug rehabilitation program, and/or such other action as the County deems appropriate.

I certify that I have read and understand the above statement and acknowledge that this form will be placed in my personnel file.

Employee Name (please print)

Employee Signature

Date

APPENDIX D: Computers, Internet, and Email Policy Acknowledgement Form

Rosebud County

By my signature below, I acknowledge that I have received a copy of the **Computers, Internet, and Email Policy**. I understand that it is my obligation to read, understand, and comply with the stipulations, procedures, and provisions contained within this policy.

Further, I understand that this policy governs my use of all County technology and, under certain circumstances, my own technology that I might bring into the County (See **Personal Telephone Calls and Personal Communication Devices**).

Additionally, I understand that if I violate the policy, I am subject to discipline from the County, including suspension, termination, and/or such other action as the County deems appropriate. I also understand that some violations of this policy could result in actions against me both civilly and criminally and in both federal and state courts. I also understand that I have no expectation of privacy in any of the technology referenced in the policy, due to the access and interception rights reserved by and granted to the County.

I certify that I have read and understand the above statement and acknowledge that this form will be placed in my personnel file.

Employee Name (please print)

Employee Signature

Date

APPENDIX E: Drug Testing Acknowledgement Form

Rosebud County

The County's drug testing program typically applies to individuals engaged in the performance, supervision, or management of work in a hazardous work environment, security positions, positions affecting public safety or public health, positions in which driving is part of the job, or a fiduciary position for the County. **The County must specifically identify all positions covered by its Drug and Alcohol Testing Policy and ensure that these employees are notified of this designation in accordance with Montana law. New employees shall be informed in the offer letter if their position is subject to drug testing.**

As an employee and/or applicant of the County designated to submit to the drug testing procedures outlined in the Drug Testing Policy, I hereby acknowledge that the County's Drug Testing policy requires me to submit to drug testing and/or breath alcohol testing to rule out the presence of unprescribed or prohibited dangerous controlled substances in my system. I hereby freely and voluntarily consent to this request for a drug test and/or alcohol test, and agree to participate in the testing program.

I hereby release the County, its employees, agents, and contractors from any and all liability whatsoever arising from this request for testing, from the actual testing procedures, and from decisions made concerning my application for or continuation of employment based on the results of the analysis. I hereby agree to cooperate in all aspects of the testing program.

I understand that, if I am found to be in violation of the provisions set forth in the **Drug Testing** and/or **Drug and Alcohol Free Workplace Policy**, I am subject to suspension, termination, participation in a drug rehabilitation program, and/or such other action as the County deems appropriate.

I certify that I have read and understand the above statement and acknowledge that this form will be placed in my personnel file.

Employee Name (please print)

Employee Signature

Date

APPENDIX F: Decedent's Warrant or Paycheck Designation Form

LEGAL DESIGNATION OF PERSON AUTHORIZED TO RECEIVE DECEDENT'S CHECK(S)

1. Complete the Primary & Contingent Beneficiary Designation portion of this form. This form must be typed or printed legibly in ink.
2. Provide designee's full legal name (example "Mary Lynn Smith"). The designee name cannot be "Mrs. John E. Smith" or "To the Estate of Jane Smith".
3. No erasures or corrections in the designee's name can be accepted. If an error is made, complete a new form.
4. Inform the County Clerk & Recorder when designee's address changes.
5. Sign this form in ink and submit to the County Clerk & Recorder
6. Designee may be changed at any time by completing another form and submitting to the County Clerk & Recorder or Human Resources Department. You are requested to update your designee every calendar year.
- 7.

BENEFICIARY DESIGNATION FOR DECEDENT'S FINAL CHECK(S)

Pursuant to §2-18-412, MCA, I hereby designate the following person who, notwithstanding any other provision of law, shall be entitled upon my death to receive all MACo checks excluding payment of death benefits and refund of employee retirement contributions, payable to me as a result of my employment with the Montana Association of Counties had I survived.

Primary Beneficiary Information – All information is required

Name of Designee _____
First Middle Last

Mailing Address _____
Street or PO Box City State Zip Code

Social Security Number _____ Date of Birth _____ Phone# _____

Contingent Beneficiary Information – All information is required

*In the event that your primary beneficiary does not survive you, your check(s) will be issued to your contingent beneficiary.

Name of Designee _____
First Middle Last

Mailing Address _____
Street or PO Box City State Zip Code

Social Security Number _____ Date of Birth _____ Phone# _____

My signature on this document indicates:

1. I understand this is a legally binding document.
2. I hereby revoke any previous designation filed by me
3. If the above named designees cannot be contacted within sixty days after the date of my death, this designation shall be void and the check will be reissued to my estate.
4. This designation will remain in full force and effect until revoked by me in writing.

Employee Name _____
First Middle Last

Social Security Number _____ Date _____

Signature _____