

**RESOLUTION 21-01**

**A RESOLUTION OF THE BOARD OF MAYOR AND ALDERMEN OF THE CITY OF WHITE HOUSE, TENNESSEE, APPROVING CERTAIN AMENDMENTS AND REVISIONS TO THE PERSONNEL MANUAL.**

**WHEREAS**, the City maintains a consistent set of adopted rules and procedures for the administration of personnel matters; and

**WHEREAS**, the City Administrator is charged with the duty to review the adopted policies and procedures that govern the City's personnel system and make recommendations of updates and improvements to the procedures; and

**WHEREAS**, the City has engaged the services of a professionally trained Human Resources Director to advise on personnel matters, including improvements to language contained in the Personnel Manual; and

**WHEREAS**, this professional has made a number of recommendations to revise the personnel rules and procedures; and

**WHEREAS**, the Board of Mayor and Aldermen wish to amend the current personnel manual;

**NOW, THEREFORE**, the Board of Mayor and Aldermen of the City of White House do hereby resolve that the Personnel Manual is hereby amended by changing and updating the City of White House Personnel Manual.

This resolution shall be effective upon passage.

Adopted this 21<sup>st</sup> day of January.



Michael Arnold, Mayor

ATTEST:



Derek Watson, City Recorder

## 5.11. PERFORMANCE APPRAISAL / EVALUATION

Formal employee evaluations will be conducted annually during the month of January for the preceding calendar year. It is expected that each Department Head, Supervisor and/or other Department designee complete and disseminate evaluations accordingly to respective employees/direct reports. Each employee is afforded an opportunity to meet "individually" with his/her evaluator to discuss evaluation ratings. Completed/Signed evaluations are then forwarded to the Department of Human Resources and City Administrator for appropriate review and filing. Performance appraisals should not be construed to confer any right on the part of the employee to continued employment. The City reserves the right to alter the terms and conditions of employment, including the manner in which performance is or is not appraised. The appraisal is not final until it has been reviewed and acted upon by the City Administrator. Employees may appeal their performance appraisal via the City of White House Grievance/Disciplinary Appeal Form located in the appendix section of this manual. The employee also has an opportunity to object to the appraisal during the process on the appraisal form.

The appraisal is not final until it has been reviewed and acted upon by the City Administrator. Employees may appeal their performance appraisal via the City of White House Grievance/Disciplinary Appeal Form located in the appendix section of this manual. The employee also has an opportunity to object to the appraisal during the process on the appraisal form.

**Rating Period** The annual rating period for pay-for-performance begins January 1 of each year and ends December 31. The supervisor will formally meet with each employee at the beginning of the rating period. During this meeting, the critical and non-critical elements and associated performance standards will be discussed, established and recorded. The supervisor and employee may meet again during the rating period to discuss progress. At the end of the rating period, the supervisor and employee will again formally meet to discuss accomplishments and deficiencies, with results recorded on the performance appraisal form. Means to correct deficiencies should also be discussed.

**Effective Date for Merit.** The award of pay for performance will be given as a rate increase in July following the performance appraisal period as the budget allows. All pay for performance increases will become effective at the beginning of the first full pay period of the fiscal year.

## 5.12. MERIT / PAY-FOR-PERFORMANCE PLAN

**Purpose** The purpose of a pay-for-performance system is to provide a mechanism that can:

- provide equal pay for equal performance so that, over time, resulting salaries correspond to performance level;
- recognize and reward quality performance by varying pay-for-performance pay adjustments;
- use performance appraisals and other criteria as determined by the City Administrator, as the basis for determining pay-for-performance adjustments;
- accomplish pay-for-performance within constraints of the salary structure and available funding;
- provide training to improve objectivity and fairness in performance evaluations

**Coverage** The pay-for-performance system covers all full-time employees of the City of White House. Determining coverage for other positions lies with the City Administrator.

**Eligibility** Employees are eligible for pay-for-performance if the following criteria are met:

- ~~annual~~ most recent performance appraisal meets expectations;
- employee had no disciplinary suspension or disciplinary demotion issued during the evaluation period;
- department training requirements met;
- employed during the previous calendar year
- ~~worked the full 12-month period;~~ hired on or after January 1, 2020;

**6.17. TUITION ASSISTANCE PROGRAM**

The City of White House may, within budgetary restraints, provide tuition assistance for an employee taking approved courses of instruction in pursuit of an approved degree.

The following criteria must be met to qualify for tuition assistance:

- A. Full-time, regular employee throughout the duration of the course work.
- B. The employee notified his department head in writing prior to March 31<sup>st</sup> of the intent to incur Tuition Assistance Program expenses the following fiscal year.
- C. At the approval of the City Administration tuition assistance can include Associate, Bachelors or Master's degree coursework and approved post-secondary career-related certifications.
- D. Tuition assistance for each class within the educational program will be restricted, based on its relationship to the job held by the employee and its degree of value to the City of White House. The employee will complete and submit a Tuition Assistance Program Application to his Department Head. The Department Head, Human Resources Director and the City Administrator will meet to determine if the tuition assistance should be authorized in full or in part. A form is necessary for each class taken.
- E. The cost of assistance shall not exceed \$6,000.00 per fiscal year.
- F. The City of White House Tuition Assistance program requires an employee to repay amounts received for tuition assistance in the event the employee voluntarily separates employment from the City of White House.

By signing the Tuition Assistance Program Application, an employee agrees to repay tuition assistance benefits received under this program based on the following schedule, should the employee voluntarily terminate employment with the City of White House:

<b>Time Elapses</b> <i>The amount of time between the date(s) of the Tuition Assistance payment and the employee's termination date.</i>	<b>Percentage of Repayment</b> <i>Applicable to the amount of Tuition Assistance paid during the 24 months prior to the employee's termination date.</i>
6 months or less	100 percent
More than 6 months, but less than 12 months	75 percent
More than 12 months, but less than 18 months	50 percent
More than 18 months, but less than 24 months	25 percent

Under this provision, the City of White House may withhold from an employee's final paycheck (base salary, bonuses, vacation pay, and/or expense reimbursements), to the extent permitted by applicable law, monies up to the amount due to the City of White House for any Tuition Assistance paid within the above timeframes.

- G. The employee must receive a passing grade (pass in a pass-fail system) or a grade of "C" or above (in a graded system) in order to continue to participate in the tuition assistance program. If an employee receives a failing grade (~~pass fail~~ in a pass-fail system) or a grade of "D" or below (in a graded system) in a class and would like to continue participating in the Tuition Assistance Program, he will be required to reimburse the City of White House for monies spent on that class.
- H. No assistance will be approved for textbooks, supplies, incidental fees or late fees.

An employee interested in tuition ~~reimbursement~~ assistance must turn into the Department Head a request for tuitions assistance prior to the course enrollment. The Department Head, the Human Resources Director, and the City Administrator must approve the request prior to enrollment.

Employees will use off-duty time to attend any course of instruction except if the City of White House requires it.

## **7.2. DRUG FREE WORKPLACE**

### **7.2.1. GENERAL RULES**

- 7.2.1.1. City employees shall not take or be under the influence of any drug unless prescribed by the employee's licensed physician. Employees who are required to take prescribed or over-the-counter medication shall notify the immediate supervisor should the medication produce any adverse effects which might limit the employee's ability to perform their job.
- 7.2.1.2. City employees are prohibited from the use, possession and sale of drugs, alcohol or any other controlled substance on City property or in City vehicles.
- 7.2.1.3. All property belonging to the City is subject to inspection at any time without notice, as there is no expectation of privacy.  
  
Property includes, but is not limited to, vehicles, desks, containers, files and storage lockers.  
  
Employees assigned lockers (that are locked by the employee) are also subject to inspection.
- 7.2.1.4. Employees who have reason to believe another employee is using alcohol or illegal drugs while on duty must report the facts and circumstances immediately to their supervisor or Human Resources. Failure to do so may result in disciplinary action.
- 7.2.1.5. Failure to comply with the intent or provisions of this general order may be used as grounds for disciplinary action.

### **7.2.2. EMPLOYEE TESTING**

Current City employees will be required to undergo drug and alcohol testing after a work-related accident or incident within eight (8) hours; if there is reasonable suspicion that the employee is under the influence of drugs or alcohol during working hours within eight (8) hours; or if drawn during random selection per the time limits listed below. Only employees holding safety sensitive positions are subject to random alcohol and drug testing. Safety sensitive positions include police officers, firefighters, positions requiring a commercial driver's license, public works equipment operators, wastewater plant operations.

A minimum of 15 minutes and a maximum of two hours will be allowed between notification of an employee's selection for random urine drug testing and/or alcohol testing and the actual presentation for specimen collection.

Random donor selection dates will be unannounced with unpredictable frequency. Some may be tested more than once each year while others may not be tested at all, depending on the random selection.

If an employee is unavailable (i.e., vacation, sick day, out of town, work-related causes, etc.) to produce a specimen on the date random testing occurs, the City may omit that employee from that random testing or await the employee's return to work.

Supervisors are required to detail in writing the specific facts, symptoms, or observations that formed the basis for their determination that reasonable suspicion existed to warrant the testing of an employee on the Supervisor Checklist for Alcohol/Substance Abuse form. This documentation form shall be forwarded to the appropriate Department Head who shall immediately forward the information to Human Resources.

If an employee is required to submit to reasonable suspicion drug and/or alcohol testing, the employee's supervisor, Department Head, or Human Resources shall drive the employee to the testing center if needed. The employee shall not be allowed to return to work until the test results are received by Human Resources. The employee will be required to use any available paid time off until test results are received. The employee shall not be allowed to drive his/her personal vehicle from City property prior to receiving the results.

### **7.2.3. REFUSAL TO CONSENT**

An employee who refuses to consent to a drug and alcohol test after a work-related accident or incident, if drawn during random selection, or when reasonable suspicion of drug or alcohol use has been identified will be terminated.

### **7.2.4. CONFIRMATION OF TEST RESULTS**

An employee or job applicant whose drug test yields a positive result, indicating the presence of drugs or alcohol, shall be given the opportunity to speak with the Medical Review Officer prior to a final determination. Test results are then forwarded to Human Resources for appropriate action.

### **7.2.5. CONSEQUENCE OF A CONFIRMING POSITIVE TEST RESULT: JOB APPLICANTS**

Job applicants will be denied employment with the City if their pre-employment test result has been confirmed positive.

### **7.2.6. CONSEQUENCES OF A CONFIRMING POSITIVE TEST RESULT: CURRENT EMPLOYEES**

Upon confirmation of an employee's positive test result where the employee has been employed less than two years, he/she is subject to termination.

Employees testing positive who have been employed with the City longer than two years will be required to attend an Employee Assistance Program provided through the City's healthcare provider. Failure to complete the recommended program constitutes immediate termination. Employees will also be subject to random follow-up testing for a period of up to two years after completion of the program.

### **7.2.7. CONFIDENTIALITY OF TEST RESULTS**

To the extent allowed under the Tennessee Open Records Law, all information from an employee's or applicant's drug and alcohol test is confidential and only those individuals with a need to know are to be informed of test results.

### **7.2.8. CLEARINGHOUSE REPORTING REQUIREMENTS**

As part of the continuing efforts to promote safe roadways and to ensure only qualified CDL drivers are performing safety-sensitive duties, a database was created that will contain pertinent information containing CDL drivers' drug and alcohol testing violations. Employers will be required to query the data base on an annual basis for current employees and as part of the pre-employment screening process for all covered prospective employees.

The following outlines the responsibilities for the reporting entity and when and what information is required to be reported to the clearinghouse. They are as follows:

- Prospective/Current Employer of CDL Driver must report within 3 business days:
- An alcohol confirmation test with a concentration of 0.04 or higher.
- Refusal to test (alcohol) as specified in 49 CFR 40.261.
- Refusal to test (drug) not requiring a determination by the MRO as specified in 49 CFR 40.191.
- Actual knowledge, as defined in 49 CFR 382.107, that a driver has used alcohol on duty, used alcohol within four hours of coming on duty, used alcohol prior to post-accident testing, or has used a controlled substance.
- Negative return-to-duty test results (drug and alcohol testing, as applicable)
- Completion of follow-up testing.

- Medical Review Officer (MRO) must report within 2 business day:
- Verified positive, adulterated, or substituted drug test result.
- Refusal to test (drug) requiring a determination by the MRO as specified in 49 CFR 40.191.
- Substance Abuse Professional (SAP) must report within one business day: Successful completion of treatment and/or education and the determination of eligibility for return-to-duty testing (identification of driver and date the initial assessment was initiated).

**CITY OF WHITE HOUSE  
PERFORMANCE CORRECTION NOTICE**

**Employee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor / Mgr:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Discipline Level:**     Oral Reprimand     Written Reprimand     Demotion  
                           ~~Suspension PAID~~     Suspension UNPAID

**Nature of Incident:**     Policy / Procedure Violation     Behavior / Conduct Violation  
(Check all that apply)     Performance Issue     Attendance Violation

**Description of Incident and Supporting Details:** *(include time, place, date, witnesses, etc. - attach additional supporting documentation if necessary)*

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**Performance Improvement Plan:** *(provide measurable improvement goals, special direction, training, etc. as needed)*

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**Outcomes and Consequences:** *(provide timelines, probationary periods, etc. and expectations if recurrence of violation)*

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**Employee Comments Rebuttal:** *(attach additional sheets if necessary)*

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**Employee Acknowledgement:** I have received a copy of this notification. It has been discussed with me, and I have been advised to take time to consider prior to signing. By signing this document, I commit to follow the standards of performance and conduct outlined in the City of White House Personnel Manual.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Original: Human Resources      Copy: Employee*

**CITY OF WHITE HOUSE  
PERFORMANCE APPRAISAL TOOL**

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

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

**Job Title:** \_\_\_\_\_

**Appraisal Period:** \_\_\_\_\_

**Appraisal Type:**    Six-Month     90-Day                           Annual     Other

**Rating Key:**    Meets Expectations = M/E                      Does Not Meet Expectations = DNM/E

**Job Performance, Knowledge, and Skills:**

- |   |                              |                                |
|---|------------------------------|--------------------------------|
| 1. Understands and applies job related knowledge and skills.    | M/E <input type="checkbox"/> | DNM/E <input type="checkbox"/> |
| 2. Updates skills through education and training.               | M/E <input type="checkbox"/> | DNM/E <input type="checkbox"/> |
| 3. Adapts to changes in the job, work methods and surroundings. | M/E <input type="checkbox"/> | DNM/E <input type="checkbox"/> |
| 4. Maintains reliable attendance.                               | M/E <input type="checkbox"/> | DNM/E <input type="checkbox"/> |
| 5. Complies with safety and health policies and procedures.     | M/E <input type="checkbox"/> | DNM/E <input type="checkbox"/> |
| 6. Works is completed in a timely manner.                       | M/E <input type="checkbox"/> | DNM/E <input type="checkbox"/> |

**Communication and Interpersonal Skills:**

- |  |                              |                                |
|--|------------------------------|--------------------------------|
| 1. Consistently communicates job-related information.              | M/E <input type="checkbox"/> | DNM/E <input type="checkbox"/> |
| 2. Communicates effectively with co-workers and the public.        | M/E <input type="checkbox"/> | DNM/E <input type="checkbox"/> |
| 3. Oral and written communication is clear, accurate and complete. | M/E <input type="checkbox"/> | DNM/E <input type="checkbox"/> |
| 4. Develops and maintains effective working relationships.         | M/E <input type="checkbox"/> | DNM/E <input type="checkbox"/> |
| 5. Demonstrates loyalty and professionalism.                       | M/E <input type="checkbox"/> | DNM/E <input type="checkbox"/> |
| 6. Provides effective Customer Service to customers.               | M/E <input type="checkbox"/> | DNM/E <input type="checkbox"/> |

**Supervisory Skills (if applicable):**

- |   |                              |                                |
|---|------------------------------|--------------------------------|
| 1. Demonstrates the ability to direct others in accomplishing tasks.    | M/E <input type="checkbox"/> | DNM/E <input type="checkbox"/> |
| 2. Rewards and recognizes individual and team successes.                | M/E <input type="checkbox"/> | DNM/E <input type="checkbox"/> |
| 3. Functions effectively under pressure.                                | M/E <input type="checkbox"/> | DNM/E <input type="checkbox"/> |
| 4. Resolves differences and seeks win/win outcomes.                     | M/E <input type="checkbox"/> | DNM/E <input type="checkbox"/> |
| 5. Responds appropriately to criticism and suggestions for improvement. | M/E <input type="checkbox"/> | DNM/E <input type="checkbox"/> |
| 6. Promotes employee safety and wellness.                               | M/E <input type="checkbox"/> | DNM/E <input type="checkbox"/> |

<b>Overall Appraisal Rating:</b>	M/E <input type="checkbox"/>	DNM/E <input type="checkbox"/>
<i>Employee - 9 M/Es Required      Supervisor - 13 M/Es Required</i>		



**Comments:**

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**Employee Status:**

	Yes	No
1. Did the employee's annual performance appraisal meet expectations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Was a disciplinary suspension <u>or disciplinary demotion</u> issued during the evaluation period?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the employee meet the department training requirements?	<input type="checkbox"/>	<input type="checkbox"/>
4. Did the employee work the full 12-month evaluation period?	<input type="checkbox"/>	<input type="checkbox"/>

**Expected Goals and Objectives for Next Appraisal Period:**

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**Employee Comments:**

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My signature does not constitute agreement and/or acceptance of this appraisal rating yet serves as formal acknowledgement of receipt of the information presented.

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

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

Appraiser Signature: \_\_\_\_\_

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

Department Head Signature: \_\_\_\_\_

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

Human Resources Signature: \_\_\_\_\_

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

City Administrator Signature: \_\_\_\_\_

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

*Original: Human Resources*

*Copy: Employee*

**SUPERVISOR CHECKLIST FOR ALCOHOL/SUBSTANCE ABUSE**

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

Employee Job Title: \_\_\_\_\_ Safety-Sensitive Duties: Yes No

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm Location: \_\_\_\_\_

Purpose / Description: \_\_\_\_\_

**OBSERVATIONS** – Check all that apply

**BEHAVIOR**

- stumbling, unsteady gait
- drowsy, sleepy, lethargic
- agitated, anxious, restless
- hostile, belligerent
- irritable, moody
- depressed, withdrawn
- unresponsive, distracted
- clumsy, uncoordinated
- tremors, shakes
- flu-like illness complaints
- suspicious, paranoid
- hyperactive, fidgety
- frequent use of mints, mouthwash, breath sprays, eye drops
- inappropriate, uninhibited behavior

**APPEARANCE**

- flushed complexion
- sweating
- cold, clammy, sweaty
- bloodshot eyes
- tearing, watery eyes
- dilated (large) pupils
- constricted (pinpoint) pupils
- unfocused, blank stare
- disheveled clothing
- unkempt grooming

**SPEECH**

- slurred, thick
- incoherent
- exaggerated enunciation
- loud, boisterous
- rapid, pressured
- excessively talkative
- nonsensical, silly
- cursing, inappropriate speech

**BODY ODORS**

- alcohol
- marijuana

**OTHER OBSERVATIONS:** \_\_\_\_\_

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

The observations, as documented, were made of the employee identified above.

\_\_\_\_\_  
Supervisor Name Supervisor Signature Date

\_\_\_\_\_  
Witness Name (if applicable) Witness Signature Date

**TEST DETERMINATION**

- Reasonable Suspicion Alcohol Test
- Reasonable Suspicion Drug Test
- Transported for medical care/evaluation
- No test conducted
- 8 hours elapsed
- No test required
- Employee refused test
- Other (explain) \_\_\_\_\_

Employee was transported to collection site by: \_\_\_\_\_

Time Transported: \_\_\_\_\_ am/pm Collection Site: \_\_\_\_\_