



PERSONNEL POLICIES AND PROCEDURES MANUAL FOR BARRINGTON NH

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varied

**This document supersedes all personnel policies previously
established or approved by the Barrington Board of
Selectmen.**

INTRODUCTORY MESSAGE
WELCOME TO BARRINGTON NH!

Dear Employee,

The purpose of this Personnel Plan is to establish policies and procedures in order to ensure, insofar as possible, uniform treatment and administration of personnel employed by the Town of Barrington.

This manual not only outlines the policies towards the various phases of employment, but it also indicates how policy is to be administered. These policies also aid in achieving fair and equitable interpretations of policy which require personnel action on a regular recurring basis. Moreover, it is our intent that all employees have a deeper understanding of their role in the organization.

The Town of Barrington is committed to providing equal opportunities for all persons making application for employment and for equity in treatment and advancement opportunities for our employees.

It is not the intent of this plan nor should it be interpreted as being an offer or an enforceable obligation on the part of the Town. Neither the text of these policies, nor that of any policy or procedure statement of the Town, is intended to be, or should be construed as a contract of employment or as a contract guaranteeing continued employment. Although we hope that your employment relationship with the Town will be mutually rewarding, employment with the Town is at will and may be terminated by you or the Town at any time.

The overall responsibility for administration of this plan rests with the Board of Selectmen and as delegated to the Town Administrator and Department Heads. The importance of each employee's contribution cannot be overstated. It is the Town's goal to provide residents with the finest and most efficient service possible.

This Personnel Policies and Procedures Manual explains our personnel policies and benefits. It is not intended to be comprehensive or to address all the possible applications of, or exceptions to, the general policies and procedures described. For that reason, if any employee has any questions concerning eligibility for a particular benefit, or the applicability of a policy or practice those specific questions should be addressed to the Town Administrator or the Finance Director.

Sincerely,

The Board of Selectmen

ABOUT THIS MANUAL

The policies outlined in this Manual should be regarded as guidelines only, which may require changing from time to time. The Barrington Board of Selectmen reserves the right to add to, delete from, or modify this plan either on an individual or organization-wide basis. Such additions, deletions or modifications will be effective when approved or implemented by the employer. The Barrington Board of Selectmen retains the right to make decisions involving employment as needed in order to conduct its work in a manner that is beneficial to the employees and Barrington NH. This Manual supersedes and replaces any and all prior oral or written manuals, policies, procedures, and practices of Barrington NH.

This Manual also summarizes the current benefit plans maintained by Barrington NH for eligible employees. If any questions arise regarding the implementation or interpretation of any benefit plan, the terms and conditions of the actual plan documents and summary plan descriptions will control rather than the summaries contained in this Manual. The Manual (and other plan documents) are not contractual in nature and do not guarantee any continuance of benefits.

This Manual is not, and should not be construed as an express or implied contract and does not modify any existing at-will status of any Barrington employee. It is not intended to create any due process protections or requirements in excess of federal or state constitutional or statutory requirements, nor does it guarantee any fixed terms and conditions of employment and/or benefits. Employment at-will means that employees are free to resign from their employment at any time, with or without cause or notice, and Barrington NH has similar rights and can terminate the employment relationship at any time, with or without cause or notice, except as provided by law.

As used in this manual, “Town”, “Barrington” and “Barrington, NH” refer to the Board of Selectmen carrying out the directions of Town Meeting and the executive authority vested in them by the state of New Hampshire. As such the overall responsibility for administration of this plan rests with the Board of Selectmen or their representative, the Town Administrator. The Town Administrator shall coordinate the administration of this plan with the Department Heads for administration of the plan within their department.

Please also be aware that Barrington NH reserves the right to change, revise, or eliminate any of the policies, procedures, or benefits described in this Manual at any time, in its sole discretion. If and when provisions are changed, employees will be given replacement pages for those that have become outdated. A copy will also be placed on our bulletin boards.

RECEIPT AND ACKNOWLEDGMENT OF PERSONNEL POLICIES AND PROCEDURES MANUAL

This Personnel Policies and Procedures Manual is an important document intended to help you become acquainted with Barrington NH. This Manual will serve as a guide; it is not the final word in all cases. Individual circumstances may call for individual attention.

Please read the following statements and sign below to indicate your receipt and acknowledgment of the Manual.

- I have received a link to the electronic copy and have the right to a paper copy if I so request of the Town Personnel Plan as recently amended and adopted and I understand that it is my obligation to read the Personnel Policies and Procedures Manual. I understand that the policies described in the Manual are subject to change at Barrington NH's sole discretion at any time. I understand that this Manual supersedes and replaces all other previous manuals and personnel policies for the Town as of June 3, 2013.
- I acknowledge that I have the right to terminate my employment with Barrington NH at any time without notice. In turn, I acknowledge that Barrington NH has the right to terminate my employment in its sole discretion, subject to any statutory or federal or state constitutional requirements.
- I am aware that the descriptions of benefits in this Manual are not contractual in nature and do not guarantee any continuance of said benefits. Employees are directed to review the revisions to see any affected fringe benefits.
- I am aware that during the course of my employment, confidential information may be made available to me. I understand that this confidential information must not be given out or used outside of Barrington premises or with non-Barrington employees, except as required by law.
- I understand that my signature below indicates that I have read and understand the above statements and have received a copy of the Personnel Policies and Procedures Manual.

Employee's Name (please print)

Date: _____

Employee's Signature

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I. GENERAL PROVISIONS

OUR WORKPLACE

As you review this Manual, you will notice that terms such as “workplace” and “premises” appear in many of Barrington NH’s policies. For most employers, such terms encompass the buildings and surrounding property that they own or lease. However, the nature of our work as a municipality requires that our use of these terms have a broader definition. Accordingly, whenever our “workplace” or “premises” is discussed in this Manual, please understand that we are discussing not only Barrington buildings, facilities and properties, but also any remote job site to which you may be assigned to work and any vehicle you may be traveling in or using for Barrington related business.

EQUAL EMPLOYMENT OPPORTUNITY AND POLICY AGAINST DISCRIMINATION

Barrington NH is committed to a policy of equal employment opportunity to all persons based on individual merit, competence and need. Barrington NH will not discriminate against employees or applicants for employment based on any legally-protected status, including, but not limited to: veteran or military status, marital status, physical or mental disability, age, race, color, religion, sex, sexual orientation, pregnancy, national origin, genetic information or ancestry. This policy applies to all terms and conditions of employment including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, benefits and training.

In support of our commitment to equal employment opportunities, Barrington NH prohibits any and all discrimination or harassment of one employee by another employee or supervisor on any of the bases discussed above. Any employee who harasses or discriminates against another employee, citizen, or visitor on any of the bases discussed above will be subject to discipline, up to and including discharge. Prohibited conduct includes:

- epithets, slurs, negative stereotyping, or threatening, intimidating or hostile acts that are based on or that relate to race, color, religion, gender, national origin, genetic information, ancestry, pregnancy, age, disability, sexual orientation, marital status, or veteran status;
- written or graphic material that denigrates or shows hostility toward an individual or group because of race, color, gender, religion, marital status, pregnancy, national origin, genetic information, ancestry, age, disability, sexual orientation or veteran status; and,
- Offensive comments, jokes, innuendos, and other statements or conduct based on an individual’s membership in any of the legally protected categories listed above.

Please also refer to Anti-Harassment policy for more information on prohibited conduct.

Barrington NH prohibits all of the activities discussed above, whether engaged in by a supervisor, agent, employee, co-worker, or non-employee (such as a vendor) who is on our premises or who comes in contact with our employees. Any supervisor or employee who harasses or discriminates against another employee or non-employee on any basis discussed above will be subject to discipline, up to and including termination of employment.

If you experience or witness what you believe may be harassment and/or discrimination in violation of this policy, you should immediately report the incident. All reports must be made in accordance with the Reporting Procedure contained in this Manual. The matter will be promptly investigated and appropriate action will be taken, depending on the nature and severity of any proven incident.

Retaliation against an employee who complains in good faith about harassment and/or discrimination or who participates in good faith in an investigation of a complaint is a violation of this policy. Retaliation is a form of unlawful harassment and will be handled in the same manner as other forms of harassment. If you believe that you have been subjected to retaliation, you must report the incident in accordance with the Reporting Procedure contained in this Manual.

SEXUAL HARASSMENT POLICY

A. Introduction

Barrington NH's goal is to provide a workplace that is free of sexual harassment. Sexual harassment of employees in the workplace or in other settings in which employees may find themselves in connection with their employment is unlawful and will not be tolerated by the Town. Further, any retaliation against an individual who has complained about sexual harassment and/or retaliation against an individual who has cooperated in an investigation of sexual harassment is unlawful and will not be tolerated.

Because Barrington NH takes allegations of sexual harassment seriously, we will respond promptly to complaints of sexual harassment. Where it is determined that inappropriate conduct has occurred, whether or not it rises to the level of legally actionable harassment, Barrington NH will act promptly to eliminate the conduct and implement any necessary remedial or corrective action, including disciplinary action where appropriate.

B. Definition of Sexual Harassment

Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal, physical, and nonphysical conduct of a sexual nature when:

- Submission to such conduct is made explicitly or implicitly a term or condition of employment; or

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- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting that individual, or for awarding or withholding a favorable employment opportunity, evaluation or assistance; or
 - Such conduct has the purpose or effect of unreasonably interfering with an individual's performance at work, or creates an intimidating, hostile, or offensive work environment.

Sexual harassment includes a wide range of behaviors from the actual coercion of sexual relations to unwelcome offensive comments, jokes, innuendoes and other sexually oriented statements and unwelcome behavior emphasizing sexual identity. Sexual harassment may be indirect and even unintentional. Employees are prohibited from bringing into the workplace or otherwise displaying any written materials or pictures that are sexually suggestive or offensive in nature.

This policy prohibits all of the activities discussed above, whether engaged in by a supervisor, employee, co-worker, agent or non-employee who is on Barrington premises or who comes into contact with Barrington employees.

It is not possible to list all of the additional circumstances and behaviors that may constitute sexual harassment or other inappropriate conduct that will not be tolerated. However, the following are some examples of prohibited conduct:

- Unwelcome sexual advances, whether or not they involve physical touching;
- Sexual epithets; sexual jokes; written or oral references to sexual conduct, gossip regarding one's sex life; comment on an individual's body; comment about an individual's sexual activity, deficiencies, or prowess;
- Displaying sexually suggestive objects, pictures, cartoons;
- Leering, whistling, brushing against the body; sexual gestures;
- Suggestive or insulting comments;
- Inquiries into an individual's sexual experiences; and
- Discussion of one's sexual activities.

C. Complaints of Sexual Harassment

Experience has shown that a clear statement to the person engaging in the offensive behavior is sometimes all that is necessary to stop the conduct. If you believe you are being harassed, we encourage you to let the person engaging in the conduct know how you feel. However, if you do not feel comfortable taking this step, you are not required to do so. If you believe that you have been subjected to sexual harassment, you should report the incident immediately. All reports must be made in accordance with the Reporting Procedure contained in this Manual. The matter will be promptly investigated and where it is determined that such inappropriate conduct has

occurred, action will be taken to eliminate and correct the conduct. Employees who violate this policy will be subject to disciplinary action, up to and including termination of employment.

D. Retaliation

Retaliation against an employee who complains in good faith about sexual harassment or who participates in good faith in an investigation of a complaint is a violation of this policy and is prohibited by law. If you believe that you have been subjected to retaliation, you must report the incident in accordance with the Reporting Procedure contained in this Manual.

**REPORTING PROCEDURE FOR SEXUAL AND OTHER
UNLAWFUL HARASSMENT, DISCRIMINATION AND
RETALIATION**

Any employee who feels that he or she has experienced sexual or other unlawful harassment and discrimination or retaliation should immediately report such actions. All reports must be made in accordance with the following procedure. All complaints will be promptly and appropriately investigated.

1. If you believe that you have experienced sexual or other unlawful harassment, discrimination or retaliation, you should report the incident immediately to the Finance Director or the Town Administrator or if the claim is against the Town Administrator to the chairman of the Board of Selectmen.
2. Supervisors and managers who become aware of discriminatory or harassing conduct, a complaint of discrimination or harassment, or retaliation must report the conduct and/or complaint immediately to the Finance Director or the Town Administrator.
3. Barrington NH will promptly investigate incidents reported through this procedure. Any employee, supervisor, or agent of Barrington NH who has been found to have engaged in conduct that violates our policies against discrimination and/or harassment will be subject to appropriate remedial and/or disciplinary action, up to and including immediate discharge. The complainant will be informed generally of the outcome of the investigation and whether remedial action is being undertaken by Barrington NH.
4. Barrington NH will conduct all investigations in a discreet manner. Disclosure of complaints will be limited to those with a need to know in order to investigate the complaint and take appropriate remedial action.

ACCOMMODATION FOR INDIVIDUALS WITH DISABILITIES

In accordance with the Americans with Disabilities Act of 1990 (“ADA”) and RSA 354-A, Barrington NH prohibits any form of discrimination in hiring as well as in all terms and conditions of employment against individuals with physical or mental disabilities. We will make every effort to make reasonable accommodations to ensure equal opportunity for qualified individuals with disabilities in the application process and in performing essential job functions,

so as to afford enjoyment of the same benefits and privileges of employment as are enjoyed by employees without disabilities.

Please notify your department head, the Finance Director or the Town Administrator if, because of a disability, you require an accommodation to perform the essential functions of your job. You may be asked to provide medical information regarding your disability and possible accommodations, and we expect that you will engage in this interactive process in good faith so that we may determine eligibility for accommodation and identify reasonable accommodations. We will maintain all medical information in a confidential manner in accordance with the ADA, and will provide reasonable accommodations as required by law. Barrington NH may decline to provide accommodations to individuals who are not qualified individuals within the meaning of the law, and may also decline to provide accommodations that are not reasonable or that cause an undue hardship.

II. EMPLOYEE CLASSIFICATIONS

EMPLOYMENT AT-WILL

Unless otherwise provided in a written contract or unless set forth by statute, Barrington employees are considered to be employees at-will. Employment at-will status enables both Barrington NH and the employee to terminate the employment relationship with or without cause or notice, at any time, for no reason or for any reason not prohibited by law. Neither the policies contained in this Manual, nor any other written or verbal communication by a supervisor or official, are intended to change the at-will relationship or create a contract of employment.

EMPLOYMENT CLASSIFICATIONS

At the time that you are hired, you are classified as full-time, part-time, or temporary and are informed as to whether you qualify for overtime pay. Unless otherwise specified in this Manual or as required by law, the benefits described in this Manual apply only to full-time employees. All other policies described in this Manual apply to all employees, with the exception of certain wage, salary and time off limitations. If you are unsure of which job classification into which your position fits, please ask the Town Administrator.

REGULAR FULL-TIME EMPLOYEES: Individuals who are regularly scheduled to work 35 or more hours per week and whose employment is not temporary.

REGULAR PART-TIME EMPLOYEES: Individuals who are regularly scheduled to work less than 35 hours per week. For individuals who are collecting New Hampshire Retirement benefits, part time is working 32 hours a week or less.

TEMPORARY EMPLOYEES: Individuals who are hired for specific periods of time or for the completion of a specific project, also known as seasonal employees. Temporary employees are not eligible for benefits described in this Manual except to the extent required by state or federal law.

NON-EXEMPT AND EXEMPT EMPLOYEES: All employees will be classified as either “exempt” or “non-exempt.” Exempt employees are usually paid on a salary basis and their

duties and responsibilities allow them to be considered exempt from the overtime requirements of the Fair Labor Standards Act (“FLSA”). Therefore, these employees are not eligible to receive overtime pay. Non-exempt employees do not meet the requirements necessary to be considered exempt from the overtime provisions of the FLSA. Therefore, these employees are eligible for overtime pay in accordance with the FLSA and Barrington policy.

Upon hiring or at the time of a promotion, employees are told whether they are classified as exempt or non-exempt from the overtime provisions of the FLSA. If you have questions about whether you are classified as exempt or non-exempt under the FLSA, please contact the Town Administrator.

Certain employees of the Town may be required to maintain a residence within a certain radius of their work place. These personnel are generally considered necessary to handle emergency situations and, therefore, must be able to respond in a timely manner. The job description and work rules of a department will designate these personnel and the expected response time. This requirement will be clearly articulated during the job search to fill vacancies in these positions.

PROBATIONARY PERIOD

All new employees will be required to successfully complete a probationary period, commencing on the first day of employment. The probationary period for all employees, other than police officers who will be attending the academy to become certified, will normally be three (3) months in duration, and may be extended for an additional 3 month period by the Town Administrator. During the probationary period, an employee is eligible for those benefits for which the position qualifies. The Police officers who attend the academy to become certified will have a probationary period of three months beginning upon the completion of the academy and after any subsequent field training.

The supervisor shall meet with each new employee at the conclusion of one third and of two thirds of the probationary period to review the employee’s performance. Where appropriate, the supervisor will offer remedial suggestions for improvement.

Upon satisfactory completion of the probationary period, employees enter the “regular” employment classification, although they remain employed on an at-will basis.

All employees who have been promoted to new positions shall be required to complete a three month probationary period in the new position before the promotion is considered to be fully approved.

Personnel who leave the employ of the Town and are re-hired more than ninety (90) days after separation, except those granted a leave of absence or recalled after a layoff of less than 12 months, shall serve another probationary period and shall in all other respects be treated as a new employee.

The Board of Selectmen may waive or shorten the requirement of a probationary period in cases of promotional appointments if they deem it to be appropriate.

III. COMPENSATION AND HOURS OF WORK

REPORTING OF TIME WORKED

It is important that your time be accurately reported so that you are compensated for the hours that you work. You may be required to complete time sheets or to punch a time clock. No one is authorized to punch a time clock on your behalf, and falsification of time records could lead to disciplinary action, up to and including termination from employment. Failure to file a time sheet in a timely fashion is grounds for disciplinary action. If there are any changes needed to your weekly time card, then you must initial the change, indicating that you agree to the change and the accuracy of the change. Your supervisor will provide you with details concerning your obligation to report all time you have worked.

PAY/PAY PERIODS

Employees are paid on a weekly basis on Thursdays for all hours worked during the preceding calendar-week pay period. Please review your paycheck for errors. If you find a mistake, report it to your supervisor or the Finance Director immediately. Paychecks will be distributed only to you. Paychecks are distributed either by your supervisor or a representative from the Finance Department. Employees may have payment directly deposited into their bank accounts at no charge if they provide advance written authorization to the Town.

WORK WEEK/HOURS OF WORK

Barrington NH's work week begins on Monday morning at 12:00 a.m. (midnight) and ends on Sunday evening at 11:59 p.m. If an assigned police shift begins on Sunday and carries past midnight, the assigned hours after midnight will be included with the previous day for payroll purposes. Because of the nature of our business, your work schedule may vary depending on your job and department. The Town of Barrington requires the presence and diligent efforts of employees in order to provide the requisite level of service to our community. Accordingly, normal weekday hours vary by department.

The Town of Barrington reserves the right to alter or amend any employee's work schedule at its own discretion and in accordance with the needs of the Town of Barrington. An honor code of conduct exists whereby employees are entrusted to work their scheduled hours. Employees are encouraged to embrace this show of responsibility and commitment to the Town of Barrington, the community and to each other. Employees who are asked by the Town of Barrington to keep time records must also adhere to this honor code when completing their time records. Time records must be completed fully and accurately, and employees may not provide any false information on time records or any other Town of Barrington records.

PAYROLL DEDUCTIONS

A. Payroll Deductions for All Employees

There are two categories of payroll deductions, those required by state or federal law and those allowed by the Town and authorized by the employee. Payroll deductions required by state and federal law include federal withholding, income tax, social security tax, state retirement and wage garnishments as required by law (i.e. child support payments, court-ordered payments, IRS garnishments). If authorized by an eligible employee, Barrington NH will also make payroll deductions for health insurance and voluntary contributions to a 457 retirement plan. These deductions will be itemized on your check stub.

Under New Hampshire law, Barrington NH may not withhold, make use of any portion of, or require any employee to remit any portion of an employee's wages except, with appropriate authorization and if allowed by the Town, as follows: union dues, health, welfare pension, and apprenticeship fund contributions; medical, surgical, hospital and other group insurance benefits without financial advantage to the employer; voluntary contributions to charities; housing and utilities; payments into savings funds held by someone other than the employer; voluntary payments for the recovery of tuition for non-required education costs; voluntary rental fees for non-required clothing; voluntary cleaning of uniforms and non-required clothing; voluntary contributions into cafeteria plans or flexible benefit plans, or both, as authorized by section 125 or section 132 of the Internal Revenue Code; and voluntary payments by the employee for the following: child care fees by a licensed child care provider; fees for the employee's use of a qualifying fitness facility; contributions to a political action committee; installment payments of loans made by the employer to the employee; voluntary repayment of accidental overpayments made to the employee; repayment of unearned advances on vacation or other paid time off where supported by appropriate documentation; required clothing not considered to be uniforms; the use of a demonstrator vehicle as defined in RSA 261:111; and legal plans and identity theft plans without financial advantage to the employer. The Town may decide not to make some or all of the above deductions, even if authorized by an employee.

B. Payroll Deductions for Salaried Exempt Employees

Barrington NH complies with all federal and state laws with regard to deductions from paychecks, including deductions from the salaries of exempt employees. In accordance with the laws, salaried exempt employees receive a predetermined salary which is not subject to reduction because of variations in the quality or quantity of work performed and is not subject to reduction for absences requested by Barrington NH or due to the operating requirements of Barrington NH. Barrington NH recognizes that under federal and state law there are only limited times when a salaried employee's salary can be subject to deductions.

Barrington NH prohibits deductions from salaries that are inconsistent with the status of an exempt employee. Exempt employees should note that salaries are subject to modification from time to time, such as at evaluation time, when an employee's position or responsibilities change, and at other appropriate times. Exempt employees should also note that it is permissible for an employer to apply earned time, vacation, sick, personal and other forms of paid time off to partial or full-day absences for personal reasons, sickness, or disability, and that applying such paid time off is not considered a deduction from salary. With adequate notice as specified by law, the Town may also provide for disciplinary time off without pay.

C. Questions Regarding Paychecks and Deductions

If you have any questions or concerns about your paycheck or any deductions from your pay, please contact the Finance Director as soon as possible. If you do not receive a prompt response or are dissatisfied in any way with the response you receive, you should feel free to contact the Town Administrator.

Questions and concerns regarding pay and deductions will be investigated and addressed promptly. If there has been an error, such as a deduction made in error, the employee will receive a corrected check or a check reimbursing the employee for the error, whichever is more practicable under the circumstances.

Employees should feel free to communicate any questions or concerns regarding pay or deductions. Barrington NH will not tolerate retaliation against employees who have expressed concerns using this procedure.

REIMBURSABLE EXPENSES

With prior approval by the Department Head, or in the case of Department Heads, approval by the Town Administrator, legitimate expenses will be reimbursed by the Town of Barrington to the employee. Necessary travel incident to duties and performed in the town employee or official's personal vehicle shall be reimbursed at a rate per mile to be determined by the Board of Selectmen.

With prior authorization, town employees and officials shall be reimbursed for meals when on official business involving an overnight stay, or attending a meeting or training session. Reasonable expense of the meal (excluding any alcoholic beverage) shall be allowed.

The reasonable cost of lodging incidental to travel shall be reimbursable, and hotel or motel bills must be attached to expense vouchers.

It is the responsibility of all employees and officials on travel status to make sure there are sufficient funds available before they undertake the travel or incur the expense.

All reimbursement vouchers must be approved by the Department Head and for Department Heads approved by the Town Administrator. The employee must submit receipts in order to be reimbursed. Reimbursement may be in the form of petty cash or a separate check. See the Finance Director with any questions as to whether and what expenses may be reimbursed.

OVERTIME

It may be necessary for you to perform overtime work. All overtime must be approved in advance by the department head. Except in the event of an emergency, Barrington NH will attempt to provide you with advance notice of the necessity for overtime work. Most non-exempt employees, with the exception of certain law enforcement and fire protection employees, are entitled to be paid one and one-half (1-1/2) times their regular rate of pay for all time worked in excess of forty (40) hours per week. Employees in fire protection or law enforcement

activities as those terms are used in sections 7(k) and 13(b)(20) of the Federal Fair Labor Standards Act and applicable regulations shall be subject to a work period of 28 consecutive days. For those employees, overtime will be paid for all hours worked in excess of the average of forty (40) hours per week during that period.

Overtime pay shall not be paid for any period when no work is performed such as earned time, holidays (with the exception of the Highway Department), leaves of absences, and other time off benefits. These are not counted as “time worked” for purposes of overtime. Holidays count toward time worked in a week for only the Highway Department. You will be advised when you are hired if you are entitled to overtime pay.

Overtime is only paid to non-exempt employees.

“Compensatory time” instead of overtime is unavailable.

BREAKS AND MEAL PERIODS

Generally, all Barrington employees will be provided with a thirty (30) minute meal period/break after five consecutive hours of working, unless it is feasible to eat while working and the employee is permitted to do so. Fire protection and law enforcement personnel will receive meal breaks as established by their respective Departments. One or two paid break periods of fifteen (15) minutes will be granted during the work day if possible, but these breaks are not guaranteed.

Break Time for Nursing Mothers: Employees will be provided with a reasonable break time for the employee to express breast milk for her nursing child for 1 year after the child’s birth each time such employee has need to express the milk. A private area will be provided. For non-exempt employees these breaks are unpaid unless part of a paid break.

SHIFT DIFFERENTIAL & ON CALL

If an employee’s entire regular work shift falls between the hours of 6:00 PM and 6:00 AM he or she will be paid a shift differential of \$1.00 per hour for work time scheduled and worked.

On Call Stand by Compensation: As on call hours are not defined as hours worked under FLSA, employees who are on call will be paid one hour at their normal hourly rate of pay for each four-hour on call period. An employee who receives on call pay must respond to timely call backs or will forfeit all on call pay for that week.

Call Back Compensation: As call back hours are defined as hours worked under FLSA, all employees who are called back to duty after the conclusion of the full-time regular workday shall be compensated at a minimum of two (2) hours. These hours will be paid at time and one-half provided the number of hours worked during the workweek meets or exceeds forty hours. If an employee has not met or exceeded forty hours worked during the workweek, call back compensation will be paid at the employee’s regular rate of pay.

IV. TIME AWAY FROM WORK AND OTHER BENEFITS

HOLIDAYS

The Town currently allows 12 holidays each year. On or before January 1 of each year, the Board of Selectmen or the Town Administrator on its behalf will post a list of approved holidays for the coming year. All holidays will be observed on the day designated by the Federal Government other than the day before or after Christmas which is set by the Town Administrator. Normally, holidays falling on a Saturday will be celebrated on Friday. Holidays falling on a Sunday will be scheduled on a Monday. One exception is that those employees at the transfer station will be paid for holidays falling on a Saturday and the hours they work when they also work on a holiday Saturday as well as paid for Christmas if it falls on a Saturday.

1. New Year's Day - Floats -
2. Martin Luther King - Monday -
3. President's Day – Monday -
4. Memorial Day - Monday -
5. Independence Day - Floats
6. Labor Day - Monday -
7. Columbus Day - Monday -
8. Veterans Day - Floats
9. Thanksgiving Day -Thursday
10. Day after Thanksgiving - Friday -
11. Christmas Eve or the day after Christmas-Floats
12. Christmas Day - Floats

Police employees and Fire employees will be paid for 12 holidays whether they work them or not and that time will not count as time worked. This will be done by paying these employees 1.84 hours per week throughout the year for employees who average 40 hours per week. This time will not count as time worked. Other employees (but not Police or Fire employees) scheduled to work an approved holiday will be compensated for all such scheduled hours worked in addition to receiving Holiday pay which will be paid at the employee's regular rate of pay for regularly scheduled hours. Thus if a person is not scheduled to work on a Friday on which a holiday falls, they do not receive holiday pay but if they are scheduled for 10 hours on a Wednesday holiday, they will be paid 10 hours at the regular rate. Holidays are counted as time worked for purposes of overtime for only the *Highway Department employees* and do not count towards overtime for hours worked for any other employee.

EARNED TIME

This policy to allow Earned Time Payment was developed to provide paid time off from work for such reasons as holidays, vacations, sickness, and personal reasons.

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- A. The following schedule details the rate at which time will be accrued for all employees, for the indicated consecutive years of employment, prorated by the number of hours paid. (Schedule is based upon an 8-hour workday, 2080 hours worked annually and shows the highest number of vacation & sick days that can be accrued. Employees who regularly work less than 40 hours will be paid based upon the hours they are regularly scheduled to work. Earned time shall apply to all employees regularly working 20 hours or more).

Town Employees

Group A: 0-4 years of service 8.5%

10 vacation days 12 sick days

Group B: 5-9 years of service 10.4%

15 vacation days 12 sick days

Group C: 10+ years of service 12.4%

20 vacation days 12 sick days

Example: An employee is paid for 40 hours per pay period. His/her time is calculated by multiplying the hours paid by the accumulation percentage and adding the number to the employee's earned time bank.

Town Employees

Group A: 40 hours x 8.5% = 3.4 hours

Group B: 40 hours x 10.4% = 4.16 hours

Group C: 40 hours x 12.4% = 4.96 hours

Earned Time General Rules:

1. Earned Time is available for all employees who regularly work a minimum of 20 hours per week and is calculated upon the number of hours regularly scheduled up to 40 hours in a workweek. Exempt salaried employees are calculated on the basis of 40 hours per week.
2. Earned time is **not** accrued during any period of time when on unpaid leave including short and long term disability.
3. Earned Time can be accrued to a maximum of 320 hours for full-time employees. Part time employees may accumulate to a maximum of 8 times their regular weekly schedule, for example 20 hours per week times 8 equals 160 hours maximum for that part-time employee. Starting January 1, 2014, and at each subsequent January 1, any hours in excess of that maximum limit will be lost without compensation for them, reducing the total earned time down to the maximum. The Town Administrator has the authority to grant a temporary excess

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- of hours for a limited period of time based upon unique circumstances. Upon leaving service an employee will not be paid for more than the maximum number of hours allowed above.
4. During the course of any year, including 2012, an employee may only cash in an amount equal to 50% of his or her total annual accrual other than upon termination of employment. During the course of any year an employee of the Police and Fire Department may only cash in an amount up to that equal to 60% of his or her total annual accrual other than upon termination of employment.
 5. Earned time can be used in amounts of one hour or more.
 6. When using Earned Time, the total pay for any one day shall not exceed an employee's usual work hours.
 7. Only the amount of Earned time ACTUALLY accrued and deposited in the Earned Time bank shall be available for use.
 8. All Earned Time requests for reimbursement must be recorded on payroll time sheets and Appendix A must be completed and submitted to Payroll.
 9. Whether through a voluntary or involuntary termination of employment during the first six months, the employee shall forfeit all Earned Time benefits.
 10. Upon termination of employment (other than during the first six months of employment), the employee will be paid for all Earned Time accrued and deposited in the Earned Time bank.

Earned Time Scheduling: Except in emergencies beyond the employee's control, (e.g., an illness, unexpected appointment or occurrence, etc.) all requests to utilize Earned Time shall be granted or denied at the discretion of the employee's immediate supervisor as work schedule permits and on a first come/first served basis.

Earned Time and Sick Days: These are a part of the earned time policy or for those employees in the earned sick bank.

Earned Time: Earned time is intended to provide for the continuation of compensation. Therefore, it is advisable for an employee to accrue at least two weeks of earned time as protection for unexpected periods out of work due to illness. No employee may purchase earned time bringing him or her below two weeks of time in the Earned Time bank.

Maternity: See Family Medical Leave section of this personnel policy.

Earned Time Exceptions: Any variation from this Earned Time Policy will require the approval of the Board of Selectmen.

Earned Time Buyout Options: Earned time may be "bought out" four times a year, as indicated below. Full-time and part-time employee must retain a minimum of two weeks in their Earned Time bank when cashing out. Employees may not purchase hours that would reduce their bank below the minimum required hours. Use of this cash option will be permitted quarterly during March, June, September and December. Such requests must be submitted to Payroll in the first two weeks of the appropriate month and will be paid in the next pay period for that month. (In cases of unique hardship, a person can appeal to the Board of Selectmen for

buy-out at another time. The first quarterly buy-out for 2012 will open the month following approval of the amendment with the second in December.) A completed Earned Time Cash Option Form will be required and must be submitted by the employee to Payroll in a timely manner. (See Appendix A)

SICK BANK

To insure that time previously accrued as sick time but not taken by the employee will not be lost with the initiation of Earned Time. This was created for employees who were hired before 12/31/2000 and had unused sick time. All previously accrued but unused sick time will go into an extended sick-time bank for use by the employee for prolonged sickness or disability only.

Sick Bank Procedure:

- A. Following the second consecutive day of absence due to illness or disability, the employee may submit a request for use of the extended sick-time bank to the department head. These may only be used for the employee's own illness or that of a family member living in the same household.
- B. The department head will notify the bookkeeper to pay out of the employee's extended sick bank for the duration of the absence or until the accrued cash balance has been utilized.
- C. The sick bank is closed to any additional deposits of time. No employees may add time to the sick bank and those with a zero balance may not open an account. All time in the sick bank will be converted to dollars as of October 1, 2012 at the current wage rate of each employee who has time in the sick bank. This dollar total will not increase with future salary increases and will be used out by purchasing time at the then current rate of pay. The town will consider budgeting to buy down the total in the sick bank in future years.
- D. Upon separation of employment, accumulated money within the sick bank shall be forfeited, however, when an employee in good standing, who is separating his/her employment with the Town has a minimum of 10, 15, or 20 years of employment with the Town they will be paid on a prorated basis for their years of service as indicated below*:

10 years of service = 50% of accumulated funds

15 years of service = 75% of accumulated funds

20 years of service = 100% of accumulated funds

FAMILY AND MEDICAL LEAVE

Under the Family and Medical Leave Act ("FMLA"), eligible employees may take an unpaid leave of absence and be restored to the same or an equivalent position upon their return to work for any of the following reasons:

- (1) The birth of the employee's child and to care for the newborn child (leave must be taken within twelve (12) months of the birth of the child);

(2) The placement of a child with the employee for adoption or foster care, and in order to care for the newly placed child (leave must be taken within twelve (12) months of the adoption or placement of the child);

(3) The serious health condition of a spouse, parent, minor child, or adult child when the adult child is incapable of self-care and the employee is needed for such care (“covered family members”);

(4) The employee’s own serious health condition that renders the employee unable to perform his or her job;

(5) A “qualifying exigency” (as defined in the Department of Labor Regulations) arising out of the fact that the spouse, or a son, daughter, or parent of the employee is on “covered active duty” or has been notified of an impending call or order to “covered active duty” in the United States Armed Forces;

(6) The employee is a spouse, son, daughter, parent, or next of kin of a “covered service member” (as defined in the Department of Labor Regulations) who has a serious injury or illness and the employee is needed to care for such person.

Eligibility Requirements: To be eligible for FMLA leave, an employee must satisfy both of the following conditions:

- The employee must have worked for Barrington NH for at least twelve (12) months, and must have performed at least 1,250 hours of work in twelve (12) months prior to a leave request; and
- At the time leave is requested, the employee must either: (a) work at a site where Barrington NH employs fifty (50) or more employees or (b) work at a worksite where Barrington NH employs less than fifty (50) employees if fifty (50) or more employees are employed within a seventy-five (75) mile radius of the worksite.

Leave Entitlement: If an employee takes FMLA leave for a reason stated in paragraphs (1)-(5), above, the employee is entitled to up to twelve (12) workweeks of unpaid leave during a twelve (12) month period. That twelve (12) month period is defined as a "rolling" twelve (12) month period measured backward from the date an employee begins an FMLA leave. In other words, the number of weeks the employee has available upon the beginning of a FMLA leave will be twelve (12) weeks less the number of FMLA leave weeks taken in the twelve (12) month period prior to the beginning of the current FMLA leave (the "Available Leave Weeks"). For example, if an employee used four weeks beginning February 1, 2008, four weeks beginning June 1, 2008, and four weeks beginning December 1, 2008, the employee would not be entitled to any additional leave until February 1, 2009. Beginning on February 1, 2009, the employee would be entitled to start accruing a new four weeks of leave; on June 1, 2009, the employee would be entitled to start accruing four additional weeks; and so on.

If an employee takes FMLA leave for the reason stated in paragraph (6), above, the employee may take up to 26 weeks of unpaid FMLA leave within a single 12-month period. This 12-month period begins on the first day of leave.

An employee who takes FMLA leave for a reason stated in paragraph (6), above, will be limited to a combined total of 26 workweeks of leave for any FMLA-qualifying reason during the single 12-month period. The leave entitlement described in paragraph (6) above is to be applied on a per-covered-service-member, per injury basis such that an eligible employee may be entitled to take more than one period of 26 workweeks of leave if the leave is to care for different covered service-members or to care for the same service-member with a subsequent serious illness or injury, except that no more than 26 workweeks of leave may be taken within any single 12-month period.

Tracking FMLA Leave: When an eligible employee requests any leave of absence that qualifies under the FMLA, Barrington NH has the right to designate such leave as FMLA leave. For example, if an eligible employee suffers a work related injury that qualifies as a serious health condition, Barrington NH has the right to designate any time away from work as FMLA leave. In such circumstances, Barrington NH will provide the employee with the same notifications as though the employee had specifically requested FMLA leave.

Intermittent and Reduced Schedule Leave: Under some circumstances, employees may take FMLA leaves of absences intermittently (in separate blocks of time due to a single FMLA qualifying reason) or on a reduced leave schedule (reducing the usual number of hours an employee works per workweek or workday). Certification will be required to show that an intermittent or a reduced schedule leave is a medical necessity for leaves under paragraphs (3), (4), and (6), above. Other documentation or certification may be required to show that such an intermittent or a reduced schedule leave is necessary in the case of a leave of a “qualified exigency” under paragraph (5), above.

If FMLA leave is for birth and care, or placement for adoption or foster care, as described in paragraphs (1) and (2), above, use of intermittent leave is subject to Barrington NH approval.

When an employee takes intermittent or reduced schedule leave, time spent working will not be counted against the employee’s FMLA entitlement.

Employees taking intermittent or reduced schedule leave will be paid for the time they work, and the leave time away from work will be unpaid unless the employee qualifies for workers’ compensation, short-term or long-term disability, or other benefits. If an employee is a salaried employee, Barrington NH will adjust the employee’s salary based on the amount of time actually worked.

While an employee is on intermittent or reduced schedule FMLA leave, Barrington NH may temporarily transfer the employee to an available alternate position that better accommodates the employee’s recurring leave and that has equivalent pay and benefits.

Employees who take intermittent leave for a planned medical treatment have an obligation to

make a “reasonable effort” to schedule the treatment so as not to disrupt unduly Barrington NH’s operations.

Status Of Employee Benefits: Employees are required to use any accrued, unused paid time off days during FMLA leave unless the FMLA leave is otherwise paid through workers’ compensation benefits, short-term disability benefits, or other benefits. The substitution of paid leave time for unpaid leave time does not extend the FMLA leave period. Also, the employee’s FMLA leave may run concurrently with other types of leave.

During an approved FMLA leave, Barrington NH will maintain the employee’s health benefits under the same terms and conditions applicable to employees not on leave.

- If paid leave is substituted for unpaid FMLA leave, Barrington NH will deduct the employee’s portion of the health plan premium as a regular payroll deduction.
- If an employee’s leave is unpaid, or is paid through workers’ compensation, short-term or long-term disability benefits, or other benefits not provided through Barrington NH’s payroll system, the employee must pay his or her portion of the premium by making arrangements with the Finance Director.
- Health and other benefit coverage may be canceled if the employee’s premium payment is more than (thirty) 30 days late.

If an employee elects not to return to work at the end of the leave, the employee will be required to reimburse Barrington NH for the cost of the premiums paid by Barrington NH for maintaining coverage during the unpaid leave, unless the employee cannot return to work because of a serious health condition or because of other circumstances beyond the employee’s control. If the FMLA leave is for a condition that is covered under Barrington NH’s short-term and long-term disability insurance, covered employees may apply for benefit coverage.

Benefit entitlements based on length of service will be preserved at the level earned as of the commencement of the leave, but will not accrue further during the leave period. For example, an employee on leave will not accrue additional sick/personal days.

Requesting Leave: Employees must complete the appropriate FMLA leave request forms. These forms are available from the Finance Director.

If an employee’s need for leave is foreseeable, such as for the birth of a child or planned medical treatment, you must give your department head or for department heads the Town Administrator (thirty) 30 days’ prior written notice. In cases of planned medical treatment, please make efforts to schedule the treatment to avoid disrupting Barrington NH’s operations.

If the need for leave is not foreseeable, the employee must give notice to his or her supervisor as soon as practicable (generally, either the same day or the next business day of learning the employee’s need for leave) and the employee must comply with all of Barrington NH’s policies regarding absences from work. Failure to provide such notice may be grounds for delaying the

leave. If the employee is unable to notify Barrington NH of his/her need for leave personally because of illness, the employee should ask someone else to call on his or her behalf.

Medical Certifications: If an employee is requesting leave because of the employee's serious health condition, a covered family member's serious health condition, or for the serious injury or illness of a covered service member, the employee must provide a medical certification from the appropriate health care provider. It is an employee's responsibility to provide a complete and sufficient certification. Please obtain a medical certification form from the Finance Director for the health care provider to use. If possible, the employee should provide the medical certification before the leave begins. If that is not possible, the employee must provide the medical certification within fifteen (15) days of requesting leave. If the employee does not provide the required medical certification in a timely manner, the employee's leave may be delayed. If you do not provide the certification at all, Barrington NH will not be able to determine whether you are eligible for FMLA leave and your leave will be denied. Barrington NH reserves the right to authenticate or clarify any medical certification if necessary.

In the case of an employee's own serious health condition, or that of a family member's serious health condition, Barrington NH, at its expense, may require an examination by a second health care provider designated by Barrington NH. If the second health care provider's opinion conflicts with the original medical certification, Barrington NH, at its expense, may require a third health care provider agreed upon by the employee and Barrington NH to conduct an examination and provide a final and binding opinion.

Barrington NH may also require subsequent medical recertification. Failure to provide requested recertification(s) within fifteen (15) days may result in delay of further leave.

Certifications for a Qualifying Exigency: Employees who request a leave for a "qualifying exigency" arising from an immediate family member's call to active duty or impending call or order to active duty will be required to provide a copy of the family member's active duty orders or other documentation issued by the military indicating the member is on active duty or call to active duty status in support of a contingency operation. Other documentation certifying the exigency necessitating the leave will also be required.

Confirmation of Familial Relationship: Employees requesting a leave of absence based on a familial relationship, may be required to provide reasonable documentation or statement of family relationship. This documentation may take many forms, including but not limited to a child's birth certificate, a court document, etc.

Reporting While On Leave: If an employee takes leave because of his or her own serious health condition, to care for a covered family member with a serious health condition, to care for a covered service member with a serious illness or injury, or for a qualifying exigency, the employee must contact the office of the Finance Director on a regular basis to provide updates about the status of the need for leave (e.g. the medical condition of the employee or the individual for whom the employee is caring, or other circumstances necessitating leave) and the employee's intention to return to work. In addition, the employee must give notice as soon as practicable (within two (2) business days if feasible) if the dates of leave change or are extended

or initially were unknown.

No Work While On Leave: The taking of another job (including self-employment) while on FMLA leave or any other authorized leave may lead to disciplinary action, up to and including discharge.

Returning To Work: At the end of an authorized FMLA leave, the employee will be reinstated to his or her original position or an equivalent position. However, certain highly compensated employees or “key employees” may be denied restoration to their prior or equivalent position if keeping the job open for the employee would result in substantial economic injury to Barrington NH. Key employees are those employees who are among the highest paid ten percent of employees within 75 miles of the worksite.

If an employee takes leave because of his or her own serious health condition, the employee will not be reinstated until the employee provides a fitness for duty certificate from his or her health care provider confirming that the employee is medically able to resume work and perform the essential functions of his or her job. The return-to-work medical certification forms are available from the Finance Director. Barrington NH reserves the right to clarify and authenticate such certification.

Coordination With Maternity Leave: As stated in our Maternity leave policy, Barrington NH provides female employees with a leave of absence for the period of temporary physical disability resulting from pregnancy, childbirth, and related medical conditions. If an employee is also eligible for FMLA leave, the employee’s FMLA leave and Maternity Leave will run concurrently. Please refer to Barrington NH’s Maternity Leave policy for more information regarding Maternity Leave.

For purposes of coordinating FMLA and maternity leaves, maternity disability leave will be treated in the same manner as the FMLA leave of absence described in paragraph (4) above. Maternity disability leave begins when an employee is medically determined to be disabled and ends when medically determined to be able to return to work. If a maternity disability leave is for the number of available FMLA leave weeks or less, the employee may take additional FMLA leave pursuant to paragraph (1) or (2) after the end of the disability period, not to exceed the number of remaining available leave weeks and will be reinstated in accordance with this FMLA policy. If a maternity disability leave exceeds the number of available FMLA leave weeks, then reinstatement will be governed by the maternity leave policy.

Coordination With Other Barrington Policies; Reference To FMLA And Federal Regulations: In the event of any conflicts between this policy and other Barrington policies, the provisions of this policy will govern. The FMLA and the FMLA regulations issued by the U.S. Department of Labor contain many limitations and qualifications that are not stated in this policy. Barrington NH reserves the right to apply the terms of the FMLA and the FMLA federal regulations.

Any questions relative to FMLA leaves, including eligibility requirements, should be directed to

the Finance Director at the town offices.

MATERNITY LEAVE

All female employees may take an unpaid leave of absence for the period of temporary physical disability resulting from pregnancy, childbirth or related medical conditions. A maternity leave begins when an employee is medically determined to be disabled and ends when she is medically able to return to work. Employees will be required to take FMLA leave, if they are eligible for such leave, concurrently with maternity leave, as described in our FMLA policy.

Employees must use their accrued earned time before taking unpaid leave under this policy. Employees on maternity leave may also be eligible for short-term or long-term disability benefits.

Employees on maternity leave who are not eligible for FMLA leave or who have exhausted their FMLA available leave weeks will be allowed to continue to participate in our health insurance benefit for the calendar month during which the leave begins. When that calendar month expires, the employee may continue medical insurance coverage by making arrangements with Finance Director to pay the entire amount of the appropriate monthly premium in advance each month.

When the employee is physically able to return to work, her original job or a comparable position will be made available to her unless business necessity makes this impossible or unreasonable. An employee who cannot be returned to her original or a comparable position will remain eligible to apply for any available position within Barrington NH.

PERSONAL LEAVE OF ABSENCE

Barrington NH recognizes that due to personal circumstances, it may be necessary for an employee to request more time off than is provided under our policies. A personal leave of absence may be granted at the sole discretion of the Barrington NH Board of Selectmen to employees who have exhausted their leave available under our other leave policies, including earned time, maternity leave and FMLA, and is normally only granted for compelling reasons. Employees generally are eligible to request extended leaves of absence if they have completed at least one (1) year of service, or as specified by law. The granting and duration of each leave of absence and the compensation received by the employee, if any, during the extended leave will be determined by the Town in conjunction with applicable Town policy, and state or federal law. There will be a definite "return by date" that is no more than 60 days from the date of the start of the leave. Personal leaves can be granted by the Board of Selectmen at the sole discretion of the Board for employees with less than one year of service in unusual circumstances. Personal leaves can be extended in increments of up to 60 days at the sole discretion of the Board of Selectmen.

Employees may be granted an unpaid leave of absence by the Board of Selectmen to attend to personal matters in cases in which the Town determines that an extended period of time away

from the job will be in the best interest of the employee and the Town. There will be a definite “return by date” that is no more than 60 days from the date of the start of the leave. Personal leaves can be extended in increments of up to 60 days at the sole discretion of the Board of Selectmen.

Personal leaves of absence will be unpaid, and an employee on an unpaid personal leave of absence is not entitled to accrue any benefits, including, but not limited to holidays and earned time.

Employees who are granted a personal leave of absence may continue to participate in our health insurance benefit for the calendar month during which the leave begins. When that calendar month expires, the employee may continue health insurance coverage by making arrangements with the Finance Director to pay the entire amount of the appropriate monthly premium in advance each month.

To request a personal leave of absence, please contact the Town Administrator. You may be asked to provide a written request for the leave and/or a health care provider’s certificate if it is for medical reasons stating the reason for the leave and the expected date of return to work. An employee who has taken leave for medical reasons must submit a fitness for duty certificate from his or her health care provider before reinstated to work.

Requests for leave will be considered on a case-by-case basis, taking into account the Town’s staffing needs and other factors. If a personal leave is granted, you may not accept other employment of any kind, including a business of your own, while you are on leave. If you are granted a personal leave of absence, you must inform us when you are able to return to work.

We will make reasonable efforts to reinstate employees returning from personal leaves to the same or similar job as held prior to the leave of absence, subject to our staffing needs and other requirements. Please understand that we cannot guarantee reinstatement from a personal leave. If Barrington NH is not able to reinstate an employee returning from leave, the employee’s employment will be terminated, and the employee will remain eligible to apply for employment in the future. If an employee fails to return to work following the expiration of the leave, the employee will be considered to have voluntarily resigned from his or her employment with Barrington NH. An employee who accepts full-time employment from another employer while on leave without pay shall be deemed to have voluntarily severed the employer/employee relationship with the Town.

MILITARY LEAVE

Employees who voluntarily or involuntarily serve in the United States armed forces or National Guard (collectively referred to as “uniformed services”) will be provided with leaves of absence for such service or training in connection with such service in accordance with the federal Uniformed Services Employment and Reemployment Rights Act (“USERRA”).

For each such period of military service, the employee will be paid the difference between service pay and the employer’s regular compensation, for up to a maximum of 10 days per calendar year. Military leaves of absence longer than 10 days will be unpaid, unless otherwise required by law. You may elect to take part of, or all of, your accrued vacation time with pay

during your military leave of absence, but you are not required to do so.

Notice of Leave Request: An employee needing time away from work for service or training in the uniformed services should make the Town Administrator and Finance Director aware of the need for leave as soon as the employee receives the written or verbal orders. It is requested that notice should be provided at least 30 days before the leave begins where it is at all possible to do so.

An employee's request for leave may include reasonable time off to get personal business in order prior to commencing service in the uniformed services. Reasonable time off will be decided by the Town Administrator based on a case by case basis.

Health Coverage: If a military leave lasts less than 31 days, the employee's health insurance will be continued and the employee will pay his/her regular contribution for the cost of health insurance. Payment for insurance with less than 31 days leave may be paid in advance or upon return through payroll deductions.

If a military leave lasts 31 days or more, then the employee's health insurance coverage will cease and the employee will be eligible to elect to continue his or her health insurance coverage or coverage for dependents at his or her own expense for up to 24 months, in accordance with USERRA. The cost for continuation coverage will be the full cost of the premium, and a 2% administrative fee may also be charged.

When the employee returns to work, he or she will be reinstated to the health insurance benefit with no waiting period, even if coverage terminated during the leave.

Pension: Upon reemployment the employee is treated as if there was no break in service for participating, vesting and accrual purposes. If applicable, the employee may elect to make up any missed contributions or elective deferrals, but is not required to do so.

Reinstatement: Employees wishing to be reinstated following military leave should promptly notify the Town Administrator of their desire to be reinstated. If the leave is for service of less than 31 days, then the employee should return to work on the first full regularly scheduled work day following completion of service, allowing for 24 hours of rest and time for safe transportation back from the service. If the service lasts 31 to 180 days, then the employee should notify Town Administrator of the desire for reinstatement within 14 days of completing service. If the military leave lasts more than 180 days, then the employee should notify Town Administrator of the desire for reinstatement within 90 days of completing service.

Barrington NH will reinstate eligible employees promptly. Eligibility for reemployment will be determined with reference to USERRA and its implementing regulations. Employees seeking reinstatement may be asked to provide documentation of the timeliness of the reinstatement request, the total time spent in service, and/or a statement that the reason for separation or dismissal from service is not disqualifying.

Employees cannot waive their reemployment rights in advance of being released from uniformed service.

Disabled Service Members: If a returning employee was disabled or a disability was aggravated during uniformed service, Barrington NH will make reasonable accommodations and efforts to help the employee become qualified to perform the duties of his or her reemployment position.

Statement Against Discrimination and Retaliation: Barrington NH will not discriminate in hiring, employment, reemployment, or any benefits of employment against any individual because of that individual's service in the United States uniformed services. Barrington NH also will not tolerate any retaliation against any individuals because of their service in the uniformed services or their engagement in any other activities protected under USERRA.

Questions regarding this policy should be directed to the Town Administrator.

BEREAVEMENT LEAVE

Bereavement leave may be granted by the Board of Selectmen, Town Administrator, and/or Department Head without loss of pay for the death of an immediate family member to full and part-time employees. The employee, on request, will be excused for any of three (3) normally scheduled working days between the date of death and the date of the funeral, inclusive. For the purposes of this section, immediate family shall be defined as: a spouse and children of the employee; children of the spouse; grandmother, grandfather, mother, father, brother, and sister of either the employee or the employee's spouse.

One day off from work without loss of pay will be allowed for the death of a family member not listed above.

Exceptions can be made by the Town Administrator for unique circumstances.

JURY DUTY/WITNESS LEAVE

Barrington NH considers it a civic duty to serve on a jury if summoned and will grant you leave in order to serve on a jury. An employee shall be excused from employment for the day or days required in serving as a juror or witness in any court of the United States or the employee's state of residence. For temporary employees, jury or witness duty will be considered an excused unpaid absence. Part-time and full-time employee called for jury duty or subpoenaed as a witness shall be granted leave, some of which may be partially paid. Employees who are compensated for jury duty or as a witness shall be paid up to ten days in a given calendar year the difference between their regular day's straight-time pay and the amount of compensation they receive for performing their jury or witness duty.

Employees summoned for jury duty must inform their supervisor as soon as possible, and must present a copy of the summons to the Finance Director. If released from jury duty or testifying on any day, the employee is expected to return to work. Exceptions may be made by the Town Administrator for jury duty required beyond ten days.

LEAVE OF ABSENCE FOR VICTIMS OF CRIME

Barrington NH will grant an employee unpaid time off from work to attend court or other legal or investigative proceedings associated with the prosecution of a crime in which the employee was a victim. For purposes of this policy, a “victim” is any person who suffers direct or threatened physical, emotional, psychological, or financial harm as a result of the commission or attempted commission of a crime.

Employees may also qualify for leave under this policy if they are part of the immediate family of a homicide victim or part of the immediate family of a child under the age of 18 or an incompetent adult who is the victim of a crime. For purposes of this policy, “immediate family” means the father, mother, stepparent, child, stepchild, sibling, spouse, civil union partner, grandparent, or legal guardian of the victim, or a person who is otherwise in an intimate relationship with and residing in the same household as the victim.

An employee needing time off under this policy should notify the Town Administrator or Finance Director as far in advance as possible. The employee may be asked to submit copies of the notices of each scheduled hearing, conference, or meeting that is provided to the employee by the court or agency involved in the prosecution of the crime. Employees must comply with any requests to submit these notices, and failure to do so may result in denial of the leave of absence. Barrington NH will maintain any such notices or records in confidence, and will disclose them only on a need to know basis.

The employee will be notified as soon as practicable whether the leave request is granted or denied. Requests falling within the definitions of this policy will typically be granted unless the leave of absence would cause an undue hardship on Barrington NH. An “undue hardship” for purposes of this policy means significant difficulty and expense. In determining whether an undue hardship may exist, we will consider the size of our operations, the employee’s position, and our need for the employee to be at work.

Leave taken under this policy is unpaid, although an employee may elect to use his or her accrued earned time.

Barrington NH will not discharge, threaten, or discriminate against an employee for taking leave under this policy, and employees taking leave under this policy will not lose any seniority during the leave of absence.

ADMINISTRATIVE LEAVE

Administrative leave is intended to allow the Town to place an employee in a leave status with pay or without pay for a fixed duration pending the conclusion of an investigation, review of performance or other circumstances not covered under other policies of the Town that may require the removal of the employee from the workplace until the matter is reviewed and/or resolved.

A request for administrative leave shall be initiated by an employee’s department head, Town Administrator or in the case of the Town Administrator, the Board of Selectmen, for the

circumstances stated above. The request shall clearly state the reasons for the request and the duration of the leave. The request shall be reviewed and approved by the Town Administrator.

The Town Administrator has the right to declare an employee on paid administrative leave for the purpose of a curtailed operation due to weather related incidents or other unsatisfactory workplace conditions that are out of the Town's control and that may result in the closing of Town Offices or certain departments.

MEDICAL BENEFIT PLAN

The Town will maintain the status quo on health insurance until July 1, 2014. The Town will have the option of changing to whatever health insurance plan(s) the school district offers its employees or to make changes in the plan offerings with the then current provider with 60 days notice to employees prior to the date of the change. All eligible employees regularly scheduled to work more than 20 hours a week may enroll in either a single, two-person, or family plan after meeting the eligibility criteria stated in our plan documents. This does not include seasonal employees. The coverage and type of policy shall be as approved by the Selectmen. The Town's contribution will be as listed below.

Regular full-time employees who are not seasonal and who are scheduled for 35 or more hours per week: As of July 1, 2014, whether the Town changes health insurance plans or not, the amount of the Town's contribution, for employees regularly scheduled for more than 35 hours a week, toward a health insurance plan will be no more than 85% of the total premium cost for the HMO option offered by the Town. If an employee elects a different plan option offered by the Town that is more expensive than 85% of the total premium cost for the HMO option, the employee will be solely responsible for paying the difference. If an employee elects a different plan option that is less expensive than 85% of the total premium cost for the HMO option, the Town will pay no more than 100% of the total premium cost for the less expensive plan option.

Regular part-time employees who are not seasonal, and who are scheduled for 30 or more hours per week, but less than 35 hours per week: Regular employees (not including seasonal employees) who are regularly scheduled to work less than 35 hours per week, but who are regularly scheduled for more than 30 hours a week are eligible for a single plan toward which the town will pay 85% of the cost of the HMO. Further these employees who are regularly scheduled (not including seasonal employees) may purchase, at their expense, two-person or multi-person coverage, as appropriate to his/her family status, for hospitalization and medical insurance through the Town's group policy.

Regular part-time employees who are not seasonal, and who are scheduled for 20 or more hours per week, but less than 30 hours a week: Regular part-time employees who are not seasonal and who are scheduled for 20 or more hours per week, but less than 30 hours per week may purchase at their expense Health Insurance Coverage from any of the plans the town offers after meeting the eligibility requirements of the plan document.

Further information concerning this benefit can be found in the Summary Plan Description available from the Finance Director. Enrollment forms may be obtained from the Finance Director. To assist you with the cost of this insurance, Barrington NH currently pays a portion of the premium for single, two-person, or family coverage. The balance is to be paid by the

employee through an authorized payroll deduction. Barrington NH may adjust these contribution amounts periodically in its discretion.

Please see the Finance Director for more details.

OPT-OUT OF HEALTH INSURANCE

Town employees frequently have choices for health insurance coverage. They may have the option to be covered by spouses' plans through the spouse's employer(s), or perhaps to cover dependents under someone else's plan. Town employees will be required to secure, as a benefit of their employment with the Town, a basic package of health insurance for themselves. Full-time employees eligible to receive Town medical insurance may avoid the minimum health insurance coverage requirements and receive a cash payment in lieu of such coverage provided they show satisfactory proof of coverage in a non-Town health insurance plan. Full-time employees eligible to receive Town medical insurance but choosing to have alternative non-Town supplied health insurance coverage and electing to forgo the Town insurance plan for which they are eligible may receive a cash payment. If you opt out, you will receive a portion of the monthly premium savings that you can receive as taxable compensation in your paychecks through the year. The amount you can receive depends on your eligible coverage level as shown below.

Employee Eligible Coverage Level	Weekly Opt Out amount
• Family Coverage	\$150
• Two-person coverage	\$100
• Single coverage	\$ 50

This payment shall be paid weekly through the employee's pay check. This cash incentive must be considered as income and is subject to withholding of taxes. Payment in lieu of insurance requests must be submitted annually by June 1st.

Application for payment in lieu of insurance shall be made to the Town Administrator on the form shown at Appendix B, and it must be renewed annually each December to continue the payments. Falsification of the application, or failure to notify the Town Administrator immediately when eligibility for benefit ceases, may make employees subject to disciplinary action up to and including termination.

Full-time Town employees who are eligible for health insurance coverage under any other plan for which the Town or Barrington School System also pays the premiums (such as two Town/School employees married to each other) shall not "double dip". For example, a married couple employed by the Town and/or School each has the right to take a single person plan if they so choose, or one may decline health insurance while the other selects to take two-person or family coverage. In this case, the declining employee shall not be eligible for the cash incentive, as the Town's taxpayers will receive no cost savings.

Eligible employees are prohibited from declining Town-provided health insurance for themselves or their dependents when no other health insurance coverage is in effect.

DENTAL PLAN

There is no dental plan available to employees.

LIFE INSURANCE

Barrington NH currently provides group life insurance to all eligible full-time employees. The amount of coverage is currently \$25,000, and is subject to change. Upon meeting the insurance underwriter's requirements, the Town will pay 100% of the employee's premium up to \$115 per quarter. Please see Finance Director for more details.

RETIREMENT PLAN

Retirement Full time employees eligible for coverage under the New Hampshire Retirement System (employees who work thirty-five (35) hours or more per week) will receive the benefit of the Town's contribution required by that System. The employees will contribute their share toward the program.

Deferred Compensation All employees of the Town of Barrington, regardless of the hours they may work and having met any required eligibility standards, are eligible to participate in a deferred compensation plans offered through the Town. Participation in any of these programs is strictly voluntary and will involve the employee's own money through a payroll deduction process.

Town employees may participate in a 457 plan through the Nationwide; the International City/County Management Association Retirement Corporation (IMCA-RC); or the State of New Hampshire Deferred Compensation Program currently administered by the Great West. . Any employee not enrolled in one of the first two, Nationwide or International City/County Management Association (ICMA-RC), plans at the time this amendment is adopted may only enroll in the NH Deferred Compensation Program unless granted permission by the Board of Selectmen because of prior enrollment in one of the other two plans with a previous employer. Those current employees enrolled in either ICMA-RC or Nationwide may continue to contribute to those plans.

COBRA

The Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA") provides eligible employees and their eligible dependents with the opportunity to continue medical and dental insurance for a period of time, at their own expense, if they would otherwise lose coverage due to certain qualifying reasons. Please see the Finance Director for more information about COBRA.

WORKERS' COMPENSATION INSURANCE AND REPORTING WORKPLACE INJURIES

On-the-job injuries are covered by Workers' Compensation Insurance, which is provided at no cost to the employee. We ask for your assistance in alerting Barrington NH to any condition which could lead or contribute to an employee accident.

Reporting Injuries: If you are injured on the job, no matter how slightly, you **must** report the incident immediately to your supervisor. Employees must complete the necessary workers'

compensation forms following any injury. The Finance Director must be given the information as soon as possible. The Workers' Compensation carrier must also be contacted prior to seeking medical attention (unless it is a life-threatening injury).

Weekly Income Benefits: The amount of the weekly worker's compensation benefit is set by the New Hampshire Department of Labor. The weekly benefit is currently based upon 60% of an employee's average weekly wages. These benefits are paid by our workers' compensation carrier to eligible employees.

Temporary Alternative Duty: Employees with work-related injuries may also be entitled to temporary alternative duty in accordance with New Hampshire's workers' compensation laws. Please see the the Barrington Safety & Health Plan which is a separate document containing more details on safety or speak to the Town Administrator.

Reinstatement: A full-time employee who has sustained an on-the-job injury will be reinstated to his or her former position upon request within eighteen (18) months of the initial injury if the position exists and is available, and the employee is not disabled from performing the duties of the position. A fitness-for-duty certificate may be required before an employee is permitted to return to work.

Under New Hampshire law, an employee's reinstatement rights expire eighteen (18) months from the date of injury. An employee also will not be reinstated if he/she has accepted a job with another employer at any time after the date of the injury or if there is a medical determination that the employee cannot return to his/her former position. Other circumstances concerning reinstatement will be governed by the New Hampshire Department of Labor requirements.

TEMPORARY ALTERNATIVE DUTY POLICY

In accordance with the provisions of RSA 281-A: 23-b, Barrington NH will provide temporary alternative work opportunities for employees who suffer a work-related injury or illness.

When practicable, employees will be returned to their regular duties with modifications consistent with a healthcare provider's stipulated work restrictions. In the event that such restrictions make it impracticable for an employee to perform his or her normal job duties, even with modification, the employee may be reassigned to different duties or a different work schedule and may include assignment to a different department with the town.

The specific assignment of duties shall be determined on a case-by-case basis pursuant to the healthcare provider's restrictions and the work available at the time of the injury or illness.

The Temporary Alternative Work Program will be available to employees for a period of time extending as long as the circumstances of the illness/injury requires, but not longer than four (4) months as dictated by the treating physician and as such duties are available.

The treating healthcare provider and the ill/injured employee share the responsibility of

providing Barrington NH the NH Workers' Compensation Medical Form. This form provides information relating to the employee's capabilities necessary to structure a temporary duty program. The Department Head and/or Town Administrator will work with the employee to facilitate a safe return to work program within limitations listed by the treating physician. If necessary, the Town may contact the treating physician for additional information.

After each subsequent visit, the ill/injured employee will be responsible for providing an updated medical form completed by the treating healthcare provider and returned to the Department Head or Town Administrator. Additional modifications will be made to the return to work program as required.

Upon release by the healthcare professional, the employee will assume normal duties of his or her regular position.

For more details one can look at the Barrington Safety & Health Plan which is a separate document containing more details on safety.

UNEMPLOYMENT INSURANCE

Barrington NH pays into the unemployment compensation fund established by the State of New Hampshire. Individuals may be eligible for unemployment compensation benefits through the New Hampshire Department of Employment Security upon discharge from employment or reduction of hours from full time to part time pursuant to applicable laws and regulations.

SOCIAL SECURITY

Social Security is a payroll deduction representing your contribution to the federal government's Social Security and Medicare Program. Barrington NH also contributes money on your behalf to the Social Security Program to those who are eligible for Social Security. Police officers and Fire Fighters pay on the Medicare portion only.

ATTENDANCE

Attendance and punctuality are important factors for your success in Barrington NH. However, Barrington NH is aware that emergencies, illnesses, or pressing personal business that cannot be scheduled outside work hours may arise.

If an employee is unable to report to work, or if an employee will arrive late, the employee must contact their department head or in the case of department heads the Town Administrator. The Department head or Town Administrator should be given as much time as possible to arrange for someone else to cover the position until the employee arrives. If the employee knows in advance that he or she will need to be late or absent, the employee is required to request, in writing, this time off directly from their department head or Town Administrator.

For late arrivals, the employee should indicate when he or she expects to arrive for work. If the employee is unable to call in because of an illness, emergency or for some other reason, the employee should arrange to have someone call on his or her behalf.

Absence from work for three (3) consecutive days without notifying the department head, or for department heads the Town Administrator, will be considered a voluntary resignation. Furthermore, three (3) absences in a 90-day period, or a consistent pattern of absence, may be considered excessive, and the reasons for the absences may come under question.

Tardiness or leaving early is often as detrimental to Barrington NH as an absence. Three (3) such incidents in a 90-day period may be considered a “tardiness pattern” and may be considered excessive, and the reasons for tardiness or leaving early may come under question. Other factors, like the degree of lateness, may be considered.

All employees should be aware that excessive absenteeism, lateness, or leaving early may lead to disciplinary action, up to and including dismissal from employment.

Attendance records will be considered when evaluating requests for promotions, transfers, leaves of absence, and approved time off, as well as disciplinary, termination, and layoff decisions.

SEPARABILITY

If any Chapter or Section of these rules should be held to be invalid by competent authority, the remainder shall not be affected thereby.

SUPERSESION

These rules and regulations shall take effect in 2013 upon the vote of the Board of Selectmen and shall supersede all previous rules, regulations, customs and/or past practices that may be in use on the effective date, unless specific exceptions are made by the Board of Selectmen or within these rules and regulations themselves. Any exceptions shall be noted in the action of the Board of Selectmen to adopt amendments, additions or deletions to these rules.

The employer reserves the right to add to, delete from, or modify this plan either on an individual or organization-wide basis. Such additions, deletions or modifications will be effective when approved or implemented by the employer. This plan is not intended to and does not create contractual obligations for the employer.

The rules and regulations herein shall apply to all employees, unless otherwise noted. These policies shall not apply to contractors, their employees, town officials who are elected; or to bona-fide volunteers of the town. These policies shall be the minimum requirements for all employees, unless otherwise provided.

The Town Administrator or other designee of the Board of Selectmen shall be responsible for the administration of this plan. He/she shall coordinate procedures with the Department Heads, and shall require such regular reports and information as necessary for proper implementation of this plan.

If there is any conflict between these rules and any federal or state law or negotiated agreement, then those rules shall apply.

AMENDMENT PROCEDURE

These rules may be amended and changed from time to time as conditions require and as deemed appropriate by the Board of Selectmen. The Town reserves the right to add to, delete from, or modify this plan either on an individual or organization-wide basis.

Any proposed amendments shall be presented to the Board of Selectmen for action. However, all amendments must be reviewed at least once at a public meeting and shall normally not be rejected nor adopted until at least fourteen (14) days after the public meeting. This will not prevent the Board instituting a temporary change during the time leading up to the public hearing or the days after the public meeting. If any proposed amendment is amended, there shall normally be at least one public meeting held prior to adoption of the amended version of the rule(s).

CONFIDENTIALITY

The Town's information and records relating to Barrington business, operations, plans, projects, strategies, employees, or citizens may be confidential. Many materials are also subject to the Right-to-Know disclosure laws. Knowing the difference is critical and therefore, employees must treat all matters accordingly.

No Barrington information, including, without limitation, documents, notes, files, records, oral information, computer files or similar materials (except in the ordinary course of performing duties on behalf of Barrington NH) may be removed from the Town's premises without permission from the Town Administrator.

Additionally, the contents of the Town's records may not be disclosed to anyone, except as required by law.

Employees unsure about the confidential nature of specific information are expected to seek clarification from their department head or the Town Administrator. Employees will be subject to appropriate disciplinary action, up to and including dismissal, for knowingly or unknowingly revealing information of a confidential nature.

COMPUTER USE AND COMMUNICATIONS EQUIPMENT POLICY

Barrington NH provides communication tools including computers, fax machines, telephones, voice mail, e-mail, and access to the Internet to help you do your job. This policy is designed to

help you understand our expectations for the use of these resources and to help you use these resources wisely.

All employees should be aware that Barrington NH has the right, but not the duty, to monitor the computer, network, fax, voice mail, e-mail, smart phones, and Internet use of all employees. ***For this reason, employees should not have any expectation of privacy in their use of our computers or other communications equipment, including e-mail, social media sites, and voice mail systems.*** Barrington NH reserves the right to suspend individual user accounts for violation of this policy and to take disciplinary action up to and including termination of employment for the misuse of these resources or other violations of this policy.

The following guidelines apply to all employees:

- Employees should be aware that in addition to having the ability to monitor e-mail messages sent and received on our system (including e-mail messages sent and received from personal e-mail accounts accessed from our system), Barrington NH has the ability and the right to monitor its systems for such things as Internet web site visits, newsgroup discussions, chat room discussions, blogs, social media sites, computer network use, and voice mail accounts. Our computers and other communications equipment and the communications, information, and documents created on them are the property of Barrington NH and may be monitored by Barrington NH at any time.
- Our computers and other communications equipment may not be used to violate any federal, state, or local laws or regulations. Use of any Barrington resources for illegal activity is grounds for immediate termination of employment, and we reserve the right to report the matter to law enforcement authorities. We will cooperate with any resulting law enforcement investigation.
- Barrington NH reserves the right to inspect any and all files stored on our computer network, including any files in private areas of our network, in order to assure compliance with this policy.
- The display or transmission of any sexually explicit image or document by e-mail or through any other means using the Town's system or town supplied communications equipment is a violation of our policy on sexual harassment. Our computers and other communications equipment also may not be used to transmit or display ethnic or racial slurs, or any other comment, message, or image that offensively addresses age, race, sex, sexual orientation, genetic information, religion, national origin, disability, veteran status, marital status or other protected status in a manner that may be viewed as harassing, discriminating, or disparaging of others. Transmission of harassing, discriminatory or otherwise objectionable e-mail or files is strictly prohibited.
- Transmission of any religious or political messages is strictly prohibited. The term political refers to actions like taking positions in partisan politics or advocating for candidates for elected office.
- Access to non-work related obscene or offensive web sites is strictly prohibited.

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- Any personal use of our computers or other communications equipment for any commercial activity (other than Barrington business) is strictly prohibited, as is the use of our computers and communications equipment for anything that may not be in the best interest of Barrington NH including, but not limited to, activities that disclose any confidential or proprietary information of Barrington NH. Occasional personal use may occur provided it does not hinder the performance of one's duties and complies with all the other provisions in this policy, similar to taking or making a quick occasional personal phone call.
 - Barrington computers and other communications equipment are to be used only by authorized users. Non-employees (other than contracted personnel such as Assessing, IT, temporary agency staff, etc.) may not use the Town's computers, network, or other communications equipment for any reason.
 - Use of another employee's account, user name, or password, or access to their personal files without their consent (by anyone other than the Town Administrator, Finance Director, authorized representatives of the IT department, or as part of a police investigation of the individual under the oversight of the Police Chief or outside agency authorized to conduct the investigation) is strictly prohibited. Obtaining, or trying to obtain, other users' passwords, or using programs that compromise security in any way is prohibited other than as part of a secure and confidential appendix to a Continuity of Operations/Emergency Management Plan.
 - All passcodes and passwords are the property of Barrington NH. No employee may use a passcode, password, or voice mail access code that has not been issued to that employee by Barrington NH or that is unknown to Barrington NH. Users of the Town's computers, network, and other communications equipment must take reasonable precautions to prevent unauthorized access to our systems. Passwords should not be divulged to unauthorized persons.
 - Destruction, theft, alteration, or any other form of sabotage of the Town's computers, programs, software, hardware, networks, websites, files, data, and other communications equipment and resources is prohibited and will be investigated and prosecuted to the fullest extent of the law.
 - The breaking into and/or corrupting of any of the Town's computers, network, or other communications equipment is strictly prohibited. Hacking into third party computer or other information systems using the Town's technology is also prohibited, and will be reported to the authorities.
 - Any vulnerability in the Town's computers, network, or other communications equipment or resources should be reported immediately to the Town Administrator.
 - The use of viruses, worms, or other destructive programs is prohibited. If a virus, worm, or other destructive program is identified, it should be immediately reported to the Town Administrator or Finance Director and the IT consultant or staff.

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- Accessing the Town's files or any other files on the network or the system that you do not have a right to access is prohibited unless you have prior written authorization from the Town Administrator or Finance Director.
 - Disruptive behavior such as intentionally destroying or modifying files on the network is strictly prohibited. Any form of tampering, including, but not limited to, snooping, drilling down, or hacking, erasing files that should not be erased, or introducing malware or spyware is strictly prohibited.
 - Confidential information is not to be transmitted over the Internet or otherwise disclosed without prior authorization and proper encryption. All Barrington data and information is considered confidential unless Barrington NH has granted permission for an employee to disclose that information or unless required by law. Accessing or attempting to access confidential data is strictly prohibited. Confidential information should be used only for its intended purpose. Employees' responsibility for confidentiality continues outside of work. Employees may not work on Barrington documents, data, or other business on home computers or other portable technology without the express prior written approval of the Town Administrator
 - All employees are responsible for taking precautions to safeguard the physical security of the Town's network, Internet, computers, and other communications equipment. Disks, CDs, USB portable drives, Zip drives, and other removable drive devices containing sensitive, confidential, or proprietary information should be stored in a locked drawer, whenever possible. Computers should be set to save on power consumption to automatically start after being unused for a short period of time. Computers should be turned off when not in use for an extended period of time or when an employee is out of his or her office.
 - Employees are not allowed to introduce programs or files to our network, Intranet, computers, or other communications equipment media from any external sources, including, but not limited to CDs, disks, Zip drives, personal digital assistants (including, but not limited to, BlackBerries and palm pilots), USB portable drives, and other removable drive devices without prior written authorization from the Town Administrator.
 - Employees also may not copy, transmit, or otherwise remove any information from our network, Intranet, computers, or other communications equipment to CDs, disks, Zip drives, personal digital assistants, USB portable drives, or other removable drive devices without prior written authorization from the Town Administrator unless part of providing information to the public or others as a legitimate exercise of one's employment.
 - Employees may not intentionally download anything from the Internet, other than information directly related to employment, without prior written authorization. This includes, but is not limited to, screensavers, music, E-mail stationary, and other images.

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- Nonexempt employees may not do town work on computers outside the workplace without specific permission and tracking of hours worked because of wage and hour issues.
 - All downloaded files or applications are to be scanned for viruses before being saved on the Town's network. The Town Administrator must review all downloaded applications before being installed on the network.
 - Barrington NH retains the copyright to any Barrington-related material posted to any forum, newsgroup, chat or World Wide Web page by any employee in the course of his/her duties.
 - All information on the network, Intranet, computers, storage devices and other communications equipment is the property of Barrington NH. Deleting, altering, or sharing confidential, proprietary, or any other information during employment or after separation from employment is prohibited, unless you have received prior authorization. Upon separation from employment, any computer or other equipment, including CDs, disks, Zip drives, USB portable drives, personal digital assistants, and other removable drive devices, must be returned with the appropriate passwords, identification codes, and other information necessary for Barrington NH to continue using its equipment. Copies of work-product may be retained with the prior written permission of the Town Administrator.
 - All employees are required to report any violations, or suspected violations, of this policy.

PERSONAL DRESS

We expect all employees to come to work with a neat, well-groomed appearance and workplace appropriate clothing. Dress requirements may vary by department; however, certain rules apply across the board to all employees. All clothes should be clean and neat in appearance. Footwear for outside use such as flip flops or other beach type sandals is not acceptable. Jeans, tight-fitting clothing, low riding pants, tank tops, bare midriff (half) shirts, shirts with bare backs, inappropriate shorts, and short skirts or dresses are not considered workplace appropriate clothing. Exceptions to the personal dress policy may be made for inclement weather and for certain work tasks. The Town Offices may allow for a dress-down day at the discretion of the Town Administrator.

If an employee is not dressed or groomed appropriately for work, the employee may be sent home to change. This time will be unpaid unless otherwise required by law.

Any questions concerning dress should be directed to the Finance Director or Town Administrator.

INCLEMENT WEATHER

Employees generally are expected to report to work during inclement weather. However, there may be occasions when some town offices in Barrington NH will be closed due to severe

inclement weather. Employees should be contacted of this fact by someone on the inclement weather calling tree and some employees may have responsibility to call certain other co-workers on the calling tree. The cancellation may also appear at the WMUR website and on WMUR-TV or on local radio. Employees will be paid their regular hours at regular pay if the town cancels work but such time does not count towards hours worked for overtime.

If a Barrington NH department is not closed due to inclement weather, but a nonessential employee does not feel he/she can safely get to work, then he/she must call his/her supervisor to explain why he/she cannot get to work. If a nonessential employee does not come to work because of inclement weather, they will not be paid for the hours not worked. That person may use earned time. If an hourly employee's earned benefits have been exhausted, the person will not be paid for the time missed, unless otherwise required by law.

If an hourly employee is at work and their office for Barrington NH closes because of weather, loss of electricity or an emergency beyond our control, that hourly employee will be paid his/her normal hours at that employee's regular wage.

SOLICITATION AND DISTRIBUTION

No solicitation of any kind is permitted during working time, unless first approved by the Town Administrator. "Solicitation" is defined as requests for contributions, donations, raffles, lotteries, membership in organizations, attendance at events, sale of fund raising items, or other similar conduct. "Working time" is defined as time during which the employee is scheduled to be working, exclusive of established break periods, meal times, and time before and after work hours. This rule applies to solicitations of both charitable and non-charitable causes.

No distribution of any non-work related written materials is permitted in any work area of any kind, unless first approved by the Town Administrator. "Work areas" are defined as any Barrington office or facility, other than designated break areas.

Employees may solicit or distribute materials only during break time or outside of scheduled work hours. Persons not employed by Barrington NH are likewise prohibited from distributing materials or soliciting employees on the Town's premises at any time, unless authorized by the Town Administrator.

PARKING FACILITIES

Barrington NH assumes no liability to any employee or official for any damage to or by any motor vehicle owned or operated by any employee or official on Barrington property unless caused by an action of the town, for example a town vehicle striking a parked car.

MOTOR VEHICLE VIOLATIONS

All employees who operate Barrington vehicles are required within seventy-two (72) hours to notify the Town Administrator if they have been convicted of or plead nolo contendere to any and all motor vehicle violations. If the license of any employee who operates Barrington vehicles is suspended, revoked, or otherwise restricted, the employee must notify their department head who shall notify the Town Administrator within one working day of learning of

the suspension, revocation, or restriction. No employee is authorized to operate any vehicle on town business while his or her license is under revocation or suspension. Employees who are required to but are unable to drive, may be suspended without pay or face termination of employment.

All employees who operate Town vehicles may be required to provide an official copy of their driving record annually at the Town's expense.

OPERATION OF VEHICLES

Only authorized employees may operate Town of Barrington-owned vehicles. Unless prior written approval has been granted by the Town Administrator, they are not to be used for personal business and are not to be operated at times outside the scheduled workday. Using a Town of Barrington vehicle outside the scheduled workday without Town of Barrington permission will result in disciplinary action, up to and including termination.

Any employee who, as a part of his/her duties, has a need to operate a Town of Barrington-owned vehicle must hold a valid appropriate driver's license and an acceptable driving record. In addition, the Town of Barrington reserves the right to conduct annual motor vehicle record checks as well. Employees must cooperate in completing any required authorizations or other paperwork for the motor vehicle records checks. Copies of the reports received by the Town of Barrington will be furnished to the employee upon request. Having a driving record that, in the opinion of the Town of Barrington, is unsatisfactory, or one that is unacceptable to the Town's risk pool/insurance carrier, may be grounds for disciplinary conduct, including but limited to loss of driving privileges and/or dismissal.

Safe Operation: As employees of a public agency, it is expected that the driving habits of all employees will serve as an outstanding example to the community.

Any employee who drives a Town of Barrington-owned vehicle and receives a citation or any other fine or penalty for unlawfully operating any motor vehicle, Town owned or non-Town of Barrington owned, shall notify the Town Administrator consistent with the above MOTOR VEHICLE VIOLATIONS policy of the citation and/or fine and also shall be personally responsible for the payment of said fine(s) or any costs associated with the actual fine or legal representation in any such related matter. If a person is cleared of the charges the Town shall reimburse the legal representation costs.

Collision: In the event of a collision involving property or vehicle damage, or personal injury, the following steps must be taken:

- The accident must be reported to your supervisor immediately
- An accident report must be completed with the Finance Director.
- At the accident scene, contact the local police department for all accidents regardless of the extent of physical damage.
- If applicable, obtain the other driver's name, address, phone number, description of vehicle, insurance company information as well as the name(s) of any witnesses.
- No repairs should be completed on any damaged Town of Barrington vehicle unless express permission is obtained from the Town of Barrington.

Failure to comply with any of the steps may result in discipline up to and including termination.

Seat Belts: Employees are required to wear seat belts when operating or riding in Town-owned vehicles, or in personal vehicles while on Barrington business. It is recommended that

passengers also wear their seat belts, and to the extent required by state or federal law.

Passengers: No passengers will be transported unless related to town business and approved by the department head.

Use Of Cell Phones And PDAs: Except in emergency situations, the use of hand-held cell phones or personal digital assistants to make calls during the operation of a Town-owned vehicle or while driving a personal vehicle on Town of Barrington business is prohibited. Failure to adhere to this policy could result in disciplinary action. Hands-free headsets are acceptable. It is strongly recommended, however, that the operator pull over to the side of the road at a safe location prior to using the cell phone. TEXTING WHILE DRIVING IS AGAINST LAW AND EXPRESSLY PROHIBITED BY THE Town of Barrington.

Smoking: Employees are prohibited from smoking in Town-owned vehicles at all times.

SECURITY

It is each employee's responsibility to help ensure that proper security measures are exercised at all times. You should be familiar with emergency exits and with alarm systems and the proper steps to take upon hearing them. Any suspicious person or events should be called to the immediate attention of the police department. Most town offices have panic alarms which should be used when a situation does not feel appropriate.

CONFLICT OF INTEREST & ETHICS

Barrington NH expects its employees and officials to conform to the highest ethical and legal standards. Employees are required to refrain from engaging in any activities that create an actual conflict or the appearance of a conflict of interest. Employment with the Town carries with it a responsibility to be constantly aware of the importance of ethical conduct. Employees must refrain from taking part in, or exerting influence in, any transaction in which their own interests may conflict with the best interests of the Town. Each employee is individually responsible for adhering to the policy and for reporting violations to his or her line supervisor.

The Town recognizes and respects the individual employee's right to engage in activities outside of his or her employment which are private in nature and do not in any way conflict with or reflect poorly on the Town. Management does reserve the right, however, to determine when an employee's activity represent a conflict with the Town's interests and to take whatever action is necessary to resolve the situation including, but not limited to, suspension, demotion and termination.

The list below includes, but is not limited, to type of activity that would reflect negatively on the employee's personal integrity or that would limit his or her ability to discharge their job duties and responsibilities in an ethical manner. Guidelines A, B, & C shall not apply if the employee does not have the ability 1. to recommend or make the decision to engage the firm and 2. the engagement of the firm is a result of an open public bid and award by the Board of Selectmen and 3. the employee discloses to the Board of Selectmen the relationship before any award is made.

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- A) Simultaneous employment by a firm that is a supplier to or contractor with the Town.
 - B) Conducting town business with a firm in which the employee, or a close relative of the employee, has a substantial ownership or interest.
 - C) Hold a substantial interest in, or participating in the management of a firm from which the Town makes purchases.
 - D) Borrowing money from individuals or vendors, other than recognized loan institutions, from which the Town buys services, materials, equipment or supplies.
 - E) Accepting gifts whether it be money, services, loan, travel, entertainment, hospitality, promise, or any other form--under the following circumstances: (1) it could be reasonably inferred or expected that the gift was intended to influence them in the performance of their official duties; or (2) the gift was intended to serve as a reward for any official action on their part.
 - F) Speculating or dealing in materials, equipment, supplies, services or property purchased by the Town.
 - G) Participating in civic or professional organization activities in a manner whereby confidential information is divulged.
 - H) Misusing privileged information or revealing confidential data to outsiders.
 - I) Using one's position in the Town or knowledge of its affairs for outside personal gains.
 - J) Engaging in practices and procedures that violate federal, state or local laws, ordinances or rules.
 - K) Using, directly or indirectly, Barrington funds, assets, or other resources for any unlawful goal or purpose.
 - L) Using for private gain any information that was learned in the course of ones duties that is not generally and readily available to the general public.
 - M) Engaging in practices that violate federal, state or local laws or ordinances

Employees with any questions regarding these guidelines are required to discuss them with the Town Administrator, prior to engaging in any activity or conduct that may violate this policy, as violations may lead to disciplinary action, up to and including termination.

POLICY AGAINST NEPOTISM

While Barrington NH is committed to hiring the most qualified and capable individuals available for every position, it recognizes the importance of maintaining a collegial and positive work environment. Therefore, no relative may work in the same department as a regular employee if the employment relationship is such that the relative is directly supervised by the employee or where the employment relationship may cause a potential conflict of interest, unless specifically approved by the Town Administrator.

A relative is defined to include spouse, civil union partner, children, parents, step-parents, step-children, brothers, sisters, immediate in-laws, grandparents, grandchildren, or other person living in the employee's household.

SUGGESTIONS AND IDEAS

We are always interested in your constructive ideas and suggestions for improving our operations. We believe that constructive suggestions indicate initiative on the part of an

employee, and we encourage employees to submit them. A constructive suggestion notes an issue and offers a reasonable suggestion for improvement.

STANDARDS OF CONDUCT

All employees are required to comply with our standards of conduct, which are intended to promote consistency and harmony in the workplace, and to support the missions and objectives of Barrington NH. We recognize that no list of rules can be all inclusive. Incidents may arise that are not covered by the standards of conduct which may lead to discipline, up to and including termination. The following areas are intended to guide you in recognizing certain behaviors which are clearly prohibited and which are considered by Barrington NH to constitute cause for disciplinary action, up to and including discharge.

1. Absence and Lateness

Excessive absenteeism and/or lateness; failing to call in when absent; overstaying allotted break time; leaving the work area or work early without permission; misuse of any leave of absence. Absence of three consecutive working days without notification will be considered a resignation.

2. Employment/Barrington Records

Making a false statement on the application form; falsifying Barrington and employment records, falsifying time cards, or failing to maintain an accurate time record.

3. Attitude

Using abusive language to any person while at work, creating any type of disturbance, demonstrating a lack of cooperation, verbally abusing or neglecting visitors or residents of Barrington NH.

4. Safety

Violation of safety regulations or endangering the health or safety of other persons; failing to report any work-related accidents.

5. Employee Relations

Using abusive or profane language to another employee or the public; negligent or intentional destruction of another employee's personal possessions; threatening bodily harm; intent to strike; striking another employee. Using threatening, intimidating, abusive or profane language or other provocation which might reasonably be expected to result in a disturbance.

6. Crime

Conviction of any felony or misdemeanor.

7. **Dishonesty**

Dishonesty to a coworker, resident, visitor or to Barrington NH. Violation of the Town's conflict of interest/ethics standards

8. **Incompetence**

Repetition of avoidable mistakes to a point that the mistakes demonstrate a disregard for Barrington NH's interest.

9. **Intoxicants**

Bringing, possessing, dispensing, selling, buying or using alcoholic beverages or illegal drugs on Barrington property or while on the job unless it is part of the police duty assignment; being under the influence of or testing positive for these substances during working hours.

10. **Neglect of Duty**

Negligence in the performance of duties which conflicts with Barrington NH's interest. Neglect of duty resulting in inferior work, equipment breakdown, or waste of materials, supplies or products. Sleeping on the job.

11. **Unsatisfactory Job Performance**

Failing to demonstrate the requisite skills, attitudes, or abilities to satisfactorily discharge the employee's duties.

12. **Weapons**

Possession of any kind of weapons (other than town issued weapons) or other dangerous weapons or explosives on Town of Barrington property other than town issued weapons or privately owned weapons which have been approved by the Barrington Chief of Police specifically to be carried on Town of Barrington property.

13. **Telephone, Facsimile, Computer, E-Mail, Copier**

Excessive use of Barrington telephone, facsimile, computer, e-mail, Internet access and/or copier for personal purposes.

14. **Theft or Destruction of Property**

The attempt or act of theft or negligent or intentional destruction of any Barrington property or the personal property of a coworker, resident or visitor.

15. **Sexual or Other Unlawful Harassment**

Discrimination, sexual or other unlawful harassment, and/or inappropriate conduct in violation of Barrington policies. Retaliation against anyone who has complained of alleged harassment or discrimination or has participated in an investigation of a complaint.

16. **Insubordination**

Acting in an insubordinate manner toward any supervisor or directing abusive or threatening language at any supervisor, employee or official or acting in disregard of any directive of the Town.

17. **Violation of the Town's Policies, Procedures or Rules**

Violating or failing to follow the Town's policies, procedures or rules.

18. **Immoral or indecent conduct on Town property or while on the job**

DISCIPLINE

It is the policy of Barrington NH to take corrective action against employees who violate rules, regulations, or standards of conduct, or who endanger the safety of others, or perform in an unsatisfactory manner. Generally, there are four (4) types of disciplinary actions used by Barrington NH: documented verbal warning, written warning, suspension, and dismissal. While Barrington NH will apply the concept of progressive discipline when appropriate, it reserves the right to determine the appropriate level of discipline in any circumstance. In addition, nothing in this policy or Personnel Manual undermines the at-will nature of the employment relationship, which may be terminated at any time by either party with or without cause, and regardless of whether any prior disciplinary action has been taken. Barrington NH may also place an employee on administrative leave, paid or unpaid, on a temporary basis, as permitted under federal and state law.

DISPUTE/GRIEVANCE RESOLUTION PROCEDURE

If an employee feels he/she has a dispute or grievance, the employee should present the situation to his/her supervisor so that the problem can be settled by examination and discussion of the facts. It shall be the policy of the Town that any complaint shall be settled at the lowest possible level.

The dispute resolution procedure is as follows:

Step #1: The employee shall verbally bring the complaint to the attention of his/her immediate department head/supervisor within two (2) work days of knowledge of the event causing the

complaint. The immediate department head shall verbally respond within two (2) work days of hearing the complaint. For purposes of this process the work days will be defined as the work days of the individual from whom a response or action is required.

Step #2: If any party, including the department head in the case of a supervisor decision, is unsatisfied with the response at the first step, that person shall submit the complaint in writing to the department head. Submission of the complaint to the department head shall be within three (3) work days of the decision of the supervisor in step 1 or when that decision was due, whichever is sooner. The department head shall respond in writing within three (3) work days to this second request.

Step #3: If the employee is unsatisfied with the response at the second step or if the department head failed to respond, the employee shall submit the complaint in writing to the Town Administrator. Submission of the complaint to the Town Administrator shall be within five (5) work days of the department head's written decision or when that decision was due, whichever is sooner. The Town Administrator shall hold a hearing on the complaint and shall render a written decision within ten (10) days of the hearing. The Town Administrator will schedule a hearing on the matter normally within 5 work days, although this will be delayed if there is a scheduling problem or by mutual agreement of the parties.

Step #4 If not satisfied with the written decision of the Town Administrator, the employee or the Department Head shall submit the complaint in writing to the Board of Selectmen within five (5) work days of receipt of the Town Administrator's decision. In the case of a complaint against the Town Administrator by one of his direct reports including Department Heads, the appeal of the issue must be filed in writing with the Chairman of the Board of Selectmen within five (5) days of the event. The Board of Selectmen may conduct a hearing on the matter and will typically render a written decision within fifteen (15) days of receipt of the complaint. The decision of the Board of Selectmen will be final.

We urge every employee to follow through with a concern rather than be dissatisfied. Any complaint will be investigated and the findings and determination reported back to the employee.

Employee suggestions and comments on any subject are important to the Town so we encourage employees to take every opportunity to discuss them with management. An employee's job will not be adversely affected in any way because an employee chose to use this procedure.

PERSONNEL RECORDS

Barrington NH maintains certain records containing job-related information on all employees to ensure compliance with state and federal law and to keep a record of your progress as an employee. Your personnel file is our record of information relative to your employment. You may inspect your own personnel file during regular office hours, upon reasonable request. However, you may not be permitted to review your personnel file if you are subject to an investigation at the time of your request and disclosure of such information would prejudice law enforcement. File inspection must be done on your own time, and must be arranged through Finance Director for most employees and the Police Chief for police officer files. You may read

your personnel file, but you may not remove any portion of the file. Upon request, you will be provided with a copy of all or part of your personnel file.

If upon inspection of your personnel file, you disagree with any of the information contained in such file, you may submit a written statement explaining your version of the information together with evidence supporting such version. Barrington NH will maintain such statement as part of your personnel file and will include the statement in any transmittal of the file to a third party.

It is important that your personnel file includes accurate information regarding who should be contacted in case of emergency. Please notify the Finance Director as soon as possible of any changes in your name, address, telephone number, marital status, dependents and/or beneficiaries.

PERFORMANCE APPRAISALS

In order for you to improve your performance and better understand Barrington NH's expectations, the performance of employees will be periodically reviewed. You will generally receive performance appraisals from the person to whom you report administratively. However, performance review is a continuing process throughout the course of employment, and you may meet with your supervisor to discuss performance more frequently.

Your supervisor will discuss your performance review, giving you the opportunity to understand the expectations of your position and to examine your strengths, as well as areas in which you need to improve. You will have the opportunity to comment on and sign the review. Your signature on the performance appraisal form indicates that you have seen the appraisal; it does not indicate agreement or disagreement with the content of the review.

A performance appraisal is not a contract or a commitment to provide a compensation adjustment, a promotion, a bonus, or continued employment. Appraisals are only one of several factors that Barrington NH uses in connection with compensation, promotion, and retention decisions.

PROMOTIONS, TRANSFERS & JOB POSTINGS

Barrington NH strives to provide employees with the opportunity to make full use of their skills, interests and potential. To support employee growth and development, we will make every effort to promote qualified employees from within Barrington NH, if possible, based upon the needs of Barrington NH and employee qualifications. We may also recruit individuals from outside of Barrington NH, depending upon the circumstances.

In an effort to inform employees of promotion and transfer opportunities, we list vacancies for non-exempt positions on the bulletin boards. Generally, in order to maintain stability, employees who have been working in their current position for less than one year will not be considered for another position, unless Barrington NH, in its discretion, decides otherwise. However, a transfer or promotion initiated by Barrington NH may take place at any time regardless of the employee's length of service in their present position.

Employees may obtain additional information about open positions and request consideration for any opening by contacting the Finance Director. The Board of Selectmen will have final approval over all transfers and promotions.

If a transfer or promotion is granted, the employee's pay rate in the new position will be determined at the time of the transfer or promotion. The pay rate will be based upon the employee's qualifications, experience, job performance evaluations, and other considerations within the discretion of Barrington NH, unless otherwise governed by a collective bargaining agreement or other Barrington policy.

Employees will generally receive a performance evaluation after 30 days in a new position. Another performance evaluation will typically be conducted after two and a half months of service in the new position. Employees may be eligible for a pay increase in conjunction with the month evaluation, depending upon the circumstances.

V. EMPLOYEE SAFETY AND HEALTH

BARRINGTON SAFETY PLAN

The complete safety plan is a separate document, which should be consulted for greater detail on these issues.

HEALTH & SAFETY PROGRAM

Safety is of great concern to Barrington NH. It is important that we all keep safety foremost in our minds to ensure that our work environment is as safe as possible. Safety can only be achieved through teamwork. Each employee, supervisor, and official must practice safety awareness by being alert, anticipating unsafe situations, and reporting unsafe conditions immediately. Please observe the following precautions:

- a. Notify your supervisor of any emergency situations. If you are injured or become sick at work, no matter how slightly, you must inform your supervisor immediately.
- b. The use of alcoholic beverages, illegal drugs, or the abuse of legal drugs during work hours will not be tolerated. Possession of alcohol or any illegal drugs on Barrington property is prohibited.
- c. The use, adjustment, and/or repair of machines or equipment are to be performed by you only if you are trained and qualified.
- d. Get help when lifting or pushing heavy objects.
- e. Understand your job fully and follow instructions. If you are not sure of a safe procedure for performing work, ask your supervisor.
- f. Know locations, contents, and intended use of all first aid and firefighting equipment.

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- g. Wear personal protective equipment as directed in accordance with the job you are performing.
 - h. Understand and practice all safety procedures when handling, loading, or transporting hazardous materials.
 - i. All job descriptions include keeping our facilities and lots clean and safe. Every employee must participate in this effort.

Violations of safety precautions may lead to disciplinary action, up to and including termination.

A copy of the town's safety policy is available for review.

SAFETY JOINT LOSS MANAGEMENT COMMITTEE

Barrington NH maintains an active Safety Committee comprised equally of management and regular employees, which meets at least quarterly. All participation is voluntary and is strongly encouraged. If you are interested in becoming a member, please see the Town Administrator for details.

WORKPLACE VIOLENCE

Unfortunately, violence in the workplace has become a reality for many employers. We hope that we never have to face this growing problem. Barrington NH therefore prohibits employees from bringing weapons on our premises, including our parking lots. Moreover, violence and verbal or physical threats of violence of any kind in the workplace or on Barrington property will not be tolerated, and employees engaging in such conduct will be subject to discipline, up to and including separation from employment. Responsive action may also include notifying the police or other law enforcement and prosecuting violators of this policy. If you become aware of any violence or threat of violence, you must immediately report the matter to the Town Administrator or the Chairman of the Board of Selectmen, or if the risk of danger is imminent, the police should be contacted directly, and then the Town Administrator should be contacted as quickly as practicable.

ALCOHOL AND DRUG POLICY

The Town is committed to providing a safe work environment that is free from the effects of drugs and alcohol.

Drug and alcohol use in the workplace can create health, safety, and security issues for our employees, citizens and visitors. Barrington is committed to providing a safe work environment that is free from the effects of drugs and alcohol. In support of our commitment, Barrington prohibits the following conduct and other conduct which, in our determination, is inconsistent with our commitment:

- the manufacture, distribution, sale, dispensation, possession, storage, or use of a controlled substance, unauthorized prescription drug, or drug paraphernalia at any time on Barrington premises, on Barrington business, or during working hours;

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- use, possession, storage, manufacture, distribution, dispensation, or sale of alcohol at any time while on Barrington premises, on Barrington business, or during work hours;
 - reporting to work or otherwise working under the influence of drugs or alcohol, or under the influence of legal drugs that may impair your ability to safely perform your job functions;
 - reporting to work in a condition that is not fit for work. In addition to being under the influence as mentioned above, other indications of a lack of fitness for duty are smelling of alcohol, appearing to be hung over, or otherwise appearing or being unable to effectively interact with citizens, visitors and co-workers and work safely and properly without impairment;
 - failing to submit to a required fitness for duty exam.

Barrington also maintains the following reporting requirements:

- Any employee who is taking medication that may impair his or her ability to safely perform job functions must inform his or her supervisor immediately, and must not perform any work until authorized to do so by Barrington.
- If any employee is involved in drug misconduct (including the use or possession of illegal drugs or unauthorized prescription drugs) on Barrington premises or while working for Barrington NH, Barrington reserves the right to report the incident to law enforcement authorities;
- If any person observes an employee exhibiting behavior that may be indicative of impairment by drug or alcohol use, he or she should immediately report the behavior to his/her supervisor or if it involves the supervisor or there has been no action taken reporting to the Town Administrator.

Investigations and Searches:

When Barrington determines that there is reasonable cause to suspect that an employee has violated this policy, Barrington reserves the right to inspect, without prior notice, lockers, work areas, desks, cabinets, purses, bags, briefcases, other belongings, and vehicles brought on Barrington premises or at locations where work-related activities are being conducted. Cause to suspect shall be solely in the judgment and discretion of Barrington.

Violations of this Policy:

Employees must, as a condition of employment, abide by the terms of this policy. Violations of this policy will result in disciplinary action, up to and including termination, and may also have legal consequences.

Fitness for Duty Exams:

Barrington reserves the right to require any employee to submit to a fitness for duty exam when there is a reasonable basis for Barrington to believe that the employee may be under the influence of alcohol or drugs or may be otherwise unfit for duty. Fitness for duty exams may include, but not be limited to, tests for the presence of drugs or alcohol. Employees must consent to fitness for duty exams as a condition of employment. The cost of any such fitness for duty exams will be covered by Barrington NH. Within Barrington's discretion, an employee may be placed on paid or unpaid administrative leave or suspension pending the results of a fitness for duty exam.

CDL DRUG AND ALCOHOL POLICY

SUBJECT: Drug & Alcohol Testing of Employees

DISTRIBUTION: Employees of the Town of Barrington holding a valid
Commercial Driver's License

REFERENCE: (A) 49 CFR – Federal Motor Vehicle Safety

(B) Drug Free Work-Place Act 1988

(Pub. Law 100-690 title V)

I. PURPOSE

This delineates the policy under which the Town of Barrington will comply with Federal Highway Administration mandates, of reference (A), prohibiting the use of certain controlled drugs and alcohol by employees who, by position or function, perform safety sensitive functions that require the possession of a Commercial Driver's License (CDL). Within this policy are the procedures for testing, record keeping and enforcement that will be used by the Town to monitor and ensure compliance.

II. BACKGROUND/DISCUSSION

It is the policy of the Town, under guidelines of reference (B), that all of its work sites, facilities and vehicles be free from alcoholic beverages and illegal substances and that employees not report for duty in a condition that renders them unable to perform safely and properly. Specifically, the Town's general policy:

Prohibits the use, possession, dispensing, distribution or manufacturing of any Alcoholic beverage or controlled substance by a Town employee on Town premises, work sites, vehicles, or equipment.

Prohibits any employee from performing work duties in an impaired condition resulting from use of alcohol or controlled substances.

Requires employees to notify their department head, within five days, of conviction of a violation of a criminal drug statute if the violation occurred in the workplace or while on duty.

Provides for disciplinary action, up to and including termination, and/or required satisfactory participation in an approved assistance or rehabilitation program as a condition of continued employment.

Beyond this overall commitment to a drug and alcohol free workplace, the Town and employees who perform duties requiring a CDL, will adhere to the distinct requirements set by the Federal Highway Administration. The Federal Highway Administration requires all employers, including the Town of Barrington, to implement and administer specific anti-drug and alcohol abuse programs and a regulated drug and alcohol testing program for those covered employees. The intent of all of these programs and policies is to help prevent accidents and injuries resulting from the misuse of alcohol or the use of controlled substances.

III. DEFINITIONS (Extracted from 49 CFR Federal Motor Vehicle Safety

A. Covered Employee: Any Town employee who must have a valid CDL as a condition of employment. Employees, who possess a CDL, but are not required to as a condition of employment, will not be assigned to duties requiring a CDL unless they meet the same criteria and participate in the same testing program as covered employees.

B. Safety Sensitive Function: An employee is considered performing a safety sensitive function when performing, preparing to perform or having just completed any of the following activities:

1. All driving time in a Commercial Motor Vehicle (CMV) or heavy equipment such as loaders, graders, excavators or any other vehicle or equipment weighing 26,001 lbs. or more.
2. All inspecting, servicing, maintaining or conditioning of any CMV.
3. All time, in or on a CMV, other than driving.
4. All time loading, unloading or preparing a CMV or supervising those activities.
5. All time in readiness, or on call, in readiness to operate a CMV or waiting to be dispatched.
6. All time repairing, obtaining assistance or remaining in attendance of a disabled CMV.
7. All time related to accidents.

B. C. Substance Abuse Professional: A licensed physician, or licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission) with knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substance-related disorders.

IV. RESPONSIBILITIES

A. The Town of Barrington as the employer will:

1. Administer and execute the provisions of this policy and defining regulations. The Board of Selectmen or their duly appointed agent will be the coordinator of the program

for the Town. For the purposes of this policy, the Town Administrator has been appointed the Board's agent

2. Pay all costs for mandatory testing, training and record keeping. The town may contract for testing and other services related to this policy and will ensure that services related to this policy will ensure that procedures used for testing meet the requirements of reference (A), Part 40. The Town will closely monitor contractor performance to protect the employees, ensure the integrity of the testing processes, and safeguard the validity and attributability of the test results.
 3. Provide annual training for all covered employees on the content of this policy and governing directives. Additional training will be provided when changes in the policy or those directives occur. (Material to be provided to employees is outlined in 49 CFR 382.601).
 4. Provide specifically targeted training for supervisors and management personnel responsible for the performance of covered employees. This training will include a minimum of one hour of training on the recognition of the abuse of alcohol abuse and one hour on the recognition of the abuse of controlled substance use covering the physical, behavioral, speech, and performance indicators of probable participation in these activities.
 5. Ensure confidentiality of individual employee records kept under provisions of this policy and governing directives. Except as required by law or expressly authorized or required by the governing directives, employee records will be released to individuals or outside agencies only with the written authorization of the employee, which indemnifies the Town.
 6. Provide anti-drug use and anti-alcohol abuse training. Information on counseling and rehabilitation services will be provided prior to the start of testing and that anyone subsequently hired or transferred will be provided the material through the Employee Assistance Program (EAP) or the Personnel Department.
- B. Supervisors, responsible for the safety and performance of employees assigned to them, will:
1. Prohibit employees, about whom they have actual knowledge of prohibited conduct, from performing or continuing to perform safety sensitive functions.
 2. Observe and monitor the physical characteristics, conduct, behavior and performance of assigned employees for indications that they may be under the influence of drugs or alcohol. When personal observation provides reasonable suspicion, the employee will be immediately prohibited or removed from safety sensitive functions and directed to submit to appropriate testing.
 3. Fully document, in writing within 24 hours, the circumstances, conditions and observances that result in the removal of an employee from safety sensitive functions.
 4. Immediately report to the responsible department head and program coordinator any violation of prohibited activities or prescribed procedures.
 5. Ensure the employees are scheduled for and attend required training.
 6. Make strong effort, short of detaining an employee against his/her will, to arrange transportation to the employee's residence whenever an employee is prevented from reporting for or removed from duty in accordance with this policy.

C. Employees, whose duties require a valid CDL, will:

1. Submit to and cooperate with mandated drug and alcohol testing as delineated.
2. Not report for duty or remain on duty requiring the performance of safety-sensitive functions while using any controlled substance, except when the use pursuant to the instructions of a physician who has advised the employee that the substance does not adversely affect the employee's ability to safely operate a CMV. Employees must provide written notice from a medical professional to their department head and the program coordinator of any therapeutic drug use.
3. Not report for duty or remain on duty requiring the performance of safety-sensitive functions while under the influence of alcohol. An alcohol concentration greater than 0.02 will preclude assignment to safety-sensitive duties.
4. Not use alcohol while performing safety-sensitive functions.
5. Not consume alcohol within four hours prior to performing safety-sensitive functions.
6. Not consume alcohol after an accident that requires alcohol testing for eight hours or until tested, whichever occurs first.
7. Report immediately to their supervisor any disqualification or incidents that may result in disqualification that occur on or off duty.
8. Properly participate and successfully complete any rehabilitation program prescribed by a substance abuse professional.

V. **TESTING** In accordance with Part 40 reference (a)

A. Requirements for controlled substance testing:

THE NEW HAMPSHIRE OCCUPATIONAL HEALTH ALLIANCE WILL TEST ALL TOWN EMPLOYEES.

1. Random Testing: Periodic, unannounced, scientifically random selection of covered employees, identified by their social security number, will determine participants to meet the annual requirement for random controlled substance testing. The percentage of covered employees tested will be at least 50 percent, or the minimum percentage applicable for that calendar year as promulgated by the FHWA Administrator.
2. Post-Accident Testing: Any employee performing safety-sensitive functions with respect to a Town CMV involved in an accident will be tested as soon as practicable, within 32 hours of that accident, if; the accident involved loss of human life; or a citation for moving violation under State or local law. Testing conducted by Federal, State or local officials having independent authority, conforming to applicable requirements may be considered to meet these requirements.
3. Reasonable Suspicion Testing: Testing will be required whenever an appropriately trained supervisor or management official observes specific, contemporaneous articulable conditions of appearance, behavior, speech or body odors and including chronic or withdrawal symptoms indicating the use of a controlled substance by a covered employee.

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4. Pre-Employment Testing: Prior to any final offer of employment, any applicant who will perform safety-sensitive functions must be tested for controlled substances with a negative result. Employees seeking internal transfer or promotion to positions requiring CDL's, will not be assigned to that position or allowed to perform safety-sensitive functions until a controlled substance test with negative results has been completed.
 5. Return to Duty Testing: A controlled substance test with verified negative results must be completed for any employee who has previously tested positive before the employee may return to duty requiring the performance of safety-sensitive functions.
 6. Screening Testing: Any initial test for the presence of controlled substances. Any non-negative test will result in confirmation testing.
 7. Confirmation Testing: A second independent analytic procedure to determine the specific drug or metabolite involved.
 8. Follow-up Testing: Following return to duty after removal for controlled substance use, an employee who has completed a prescribed rehabilitation program, will be tested for at least 6 times in the first twelve months after return. Further follow-up testing may be conducted for up to 60 months.

B. Requirements for alcohol testing:

1. Random Testing: Periodic, unannounced, scientifically random selection of covered employees, identified by their social security numbers, will determine the participants to meet the annual requirement for random alcohol testing. The percentage of covered employees tested will be at least 25 percent, or the minimum percentage applicable for that calendar year as promulgated by the FHWA Administrator. Testing will be performed; while the employee is performing safety-sensitive functions; or just after performing safety-sensitive functions. The employee must immediately report to the testing center for testing when notified.
2. Post-Accident Testing: Any employee performing safety-sensitive functions with respect to a Town commercial vehicle involved in an accident will be tested within two hours following the accident. The employer shall develop and maintain memos as to why the driver was not promptly tested. Attempts to accomplish the testing shall cease at eight hours of that accident if alcohol use is suspected, or 32 hours if controlled substance use is suspected, if; the accident involved loss of human life; or a citation for moving violation under State or local law. Testing conducted by Federal, State or local officials having independent authority, conforming to applicable requirements may be considered to meet this requirement.
3. Reasonable Suspicion Testing: Testing will be required, within two hours, whenever an appropriately trained supervisor or management official observes specific, contemporaneous articulable conditions of appearance behavior, speech or body odors indicating prohibited use of alcohol by a covered employee. Testing may be directed just before, while, or just after the period the employee must be in compliance with this policy.
4. Return to Duty Testing: An employee who has engaged in conduct prohibited by this policy, involving alcohol, must have an alcohol test with result indicating alcohol concentration less than 0.02 before being assigned to safety-sensitive functions.

-
5. Follow-up Testing: Following return to duty after removal for alcohol misuse, an employee who has successfully completed or is participating in a prescribed rehabilitation program, will be tested at a number of times to be determined by the Substance Abuse Professional (SAP), unannounced, in the first twelve months after return. Follow-up testing may be conducted for up to 60 months. This testing will be at the expense of the employee.
 6. Screening Testing: any initial test for alcohol. This test is used to determine if confirmation testing is required. Any non-negative test, alcohol greater than 0.02, will result in confirmation testing.
 7. Confirmation Testing: Any test resulting in indication of alcohol concentration greater than 0.02 will be followed by a second test within twenty minutes of the original test that read positive to confirm the quantitative date of alcohol concentration. An employee who tests between 0.02 and 0.04 will be removed from duty requiring safety-sensitive functions for 24 hours.

VI. CONSEQUENCES: Prescribed by the Town of Barrington:

- A. Positive Test Result: When prescribed testing results indicate that an employee has engaged in conduct prohibited by this policy, the following will happen:

FIRST OFFENSE: The employee may not return to work until he/she has undergone, at their own expense, evaluation by a Substance Abuse Professional (SAP), commenced treatment if determined necessary by (SAP), and has successfully undergone return to duty testing. The employee must use his/her available leave and then may apply for a leave of absence during this period. Sick time will not be allowed for the employee's use for this purpose.

SECOND OFFENSE: The employee will be terminated effective immediately.

- B. Refusal to Submit: Any employee who has been notified of the requirement for testing who fails to provide adequate breath for alcohol testing, fails to provide adequate urine for controlled substance testing, or engages in conduct that clearly obstructs the testing process will be considered to have refused to submit to testing. Refusal to submit to testing will result in termination for an employee required by position to have a valid CDL. Other employees will be permanently excluded from assignments requiring a CDL and may be disciplined up to and including termination.
- C. Rehabilitation Failure: When the evaluation of a substance abuse professional determines that a rehabilitation program is required by an employee to resolve problems associated with alcohol misuse or controlled substance abuse, the employee will properly follow the prescribed program as a condition of continued employment with the Town. For employees required by position to have a CDL failure to properly follow or successfully complete a prescribed rehabilitation program, as determined by a substance abuse professional, will result in termination. Other employees will be permanently excluded from assignments requiring a CDL and may be disciplined up to and including termination.

-
- D. Other Compliance: Any employee or supervisor who fails to comply with provisions and requirements of this policy, except as delineated above, will be subject to disciplinary action up to and including termination.

PRE-EMPLOYMENT URINALYSIS CONSENT FORM

The Town of Barrington has a strong commitment to the health, safety and welfare of its employees, their families, its customers, and the public at large. Therefore, the Town needs to hire and employ workers requiring a Commercial Driver's License (CDL) who are free of illegal and abused drugs and alcohol, and protect employees, their families and the public from the adverse effects of alcohol and drug abuse. The Town requires the final applicant selected for a position requiring a CDL to undergo an Alcohol and Drug Test to detect the presence of alcohol and drug abuse substances in the body.

Any applicant with a positive pre-employment test may be denied employment with the Town by reason of the positive test. Also, any applicant refusing to be tested will be denied employment.

I UNDERSTAND THAT AS REQUIRED BY TITLE 49, CODE OF FEDERAL REGULATIONS, ALL APPLICANTS FOR POSITIONS REQUIRING A COMMERCIAL DRIVERS LICENSE MUST BE TESTED FOR THE USE OF CONTROLLED SUBSTANCES AS A PRE-CONDITION FOR EMPLOYMENT.

I CONSENT TO URINE SAMPLE COLLECTION AND TESTING FOR CONTROLLED SUBSTANCES.

I UNDERSTAND THAT A POSITIVE TEST RESULT FOR CONTROLLED SUBSTANCES WILL RENDER ME UNQUALIFIED TO OPERATE A COMMERCIAL MOTOR VEHICLE AND RESULT IN MY BEING DENIED EMPLOYMENT WITH THE TOWN OF BARRINGTON.

THE MEDICAL REVIEW OFFICER CONTRACTED BY THE TOWN WILL MAINTAIN THE RESULTS OF MY TEST. NEGATIVE AND POSITIVE RESULTS WILL BE REPORTED TO THE TOWN. IF THE RESULTS ARE POSITIVE, THE CONTROLLED SUBSTANCE WILL BE IDENTIFIED. THE RESULTS WILL NOT BE RELEASED TO OTHER PARTIES WITHOUT MY WRITTEN CONSENT.

I UNDERSTAND THE ABOVE CONDITIONS AND HEREBY AGREE TO COMPLY WITH THEM.

Applicants Name (Please Print)

Date

Applicants Signature

DRUG AND ALCOHOL TERMS OF AGREEMENT FORM

I, the undersigned, certify that I have read and understand the Town's Policy Memorandum on Drug Abuse and have received a copy of that policy.

By accepting employment with the Town, I also consent to submit to urine testing for drugs and controlled substances and I agree to comply with all of the requirements of the Town, the Federal Motor Carrier Safety Regulations and any federal, state or local laws and rules governing the use or abuse of drugs and controlled substances.

I understand that my failure to honor the terms of this agreement will be grounds for the termination of my employment or the consideration of my application for employment with the Town.

Drivers Signature

Drivers Name (Please Print)

Date

SMOKING POLICY

Barrington NH is committed to providing a safe, healthy, and smoke-free work environment for our employees, visitors, and vendors. Consistent with our commitment and state law, we have declared a no smoking policy within our building and in Barrington vehicles, except in a designated smoking area.

No smoking is allowed in any areas of Barrington buildings, except in the designated smoking area. Anyone wishing to smoke must do so only during authorized breaks in the designated area. Barrington NH hopes and expects that our employees will comply with the non-smoking policy. If you have a concern or complaint with respect to any employee, visitor, or vendor violating this policy, please report such concern or complaint to the Town Administrator.

If an employee fails to comply with these rules, the employee will be subject to disciplinary action, up to and including termination.

WORKPLACE SEARCHES

To safeguard the safety and property of our employees, residents, and Barrington NH and to help prevent the possession and use of weapons and illegal drugs on Barrington premises, it may become necessary to question employees and all other persons entering and leaving our

premises, and to inspect any packages, parcels, purses, handbags, briefcases, lunch boxes, or any other possessions or articles carried to and from Barrington property. In addition, Barrington NH reserves the right to search any employee's office, desk, files, locker, or any other area or article on our premises in pursuit of our concern to safeguard the safety and property of employees and Barrington NH. Employees should understand that all offices, desks, files, lockers, and so forth, are the property of Barrington NH and are issued for the use of employees only during their employment with Barrington NH. Inspections may be conducted at any time at the discretion of Barrington NH.

Employees working on or entering or leaving the premises who refuse to cooperate in an inspection, as well as employees who after the inspection are believed to be in possession of stolen property, weapons, or illegal drugs, may be subject to disciplinary action, up to and including discharge.

VI. OTHER

UNIT OPERATING RULES

Each separate and identifiable department of the Town may develop, implement, and revise as necessary such policies, procedures, and rules pertaining to unique operational requirements and their effect upon employees as are needed for efficient performance of the department. Such policies, procedures, and rules should not conflict with these policies and procedures, or amendments thereto, and must therefore be approved by the Board of Selectmen prior to implementation. Where conflicts arise, the policies and procedures outlined in this plan will prevail.

CHAIN OF COMMAND

It is expected and required that all employees will follow the levels of authority, sometimes referred to as the chain of command, in reporting grievances, problems, violations of laws, policies and procedures, etc. This line of reporting is spelled out in the Complaint Procedure.

The only exception to this policy will be for reports of sexual or other harassment. However, no retaliatory action shall be taken against any employee who reports violations of federal and/or state laws to regulatory authority pursuant to the provisions of the state "Whistle Blowers Law" (RSA 275-E).

SOCIAL NETWORKING AND BLOG POSTINGS

Postings on social networking sites such as Twitter, Facebook and MySpace as well as on blogs has become a common activity of many individuals. The Town of Barrington prohibits employees from any such postings, viewing or in any way participating in such sites while on work time or using any of the resources or equipment of the company. There is an exception when an employee is specifically authorized by the Department Head or Town Administrator for a direct business purpose, such as police investigations, or using social media as a tool to communicate official Town business. The Town of Barrington's internet resources are only to be used in accordance with the office rules and policies on confidentiality, harassment, use of the internet and use of office equipment.

The Town of Barrington neither encourages nor discourages any of its employees from posting on social networking sites or blogging on their own time, using their own equipment. However, employees should be aware that these postings are public, even if access to them is restricted they may be forwarded out of the restricted group by those who have rightful access, and live on virtually forever. And, even if a posting is taken down it never truly disappears but rather continues to exist somewhere in cyberspace. As a result, employees need to be mindful that social networking postings (whether images or comments), even though done on personal time and using personal equipment, can cause damage to not only their own reputation and interests but also the reputation and interests of the Town of Barrington, co-workers, and the public we serve.

Should you choose to blog or participate in any social networking site on your own time, using your own resources and equipment, you are requested to follow the following guidelines:

1. You must never disclose any confidential information of the Town of Barrington.
2. Your postings must not violate any laws or policies of the Town of Barrington, including but not limited to harassment, violence, or confidentiality of other employees or residents.
3. Should you reference the Town of Barrington in any way you must state that the views, opinions, ideas or information belong to you personally and are not in any way attributable to the Town of Barrington.

Employees should report violations of this policy to the Town Administrator. It is the responsibility of all employees to help the Town of Barrington ensure compliance with the policy.

Violation of any aspect of this policy is subject to disciplinary action, up to and including termination of employment, regardless of whether such conduct occurred away from work or on non-work time.

VII. SEPARATION FROM EMPLOYMENT

1. **Termination** An employee may be terminated from employment with the Town for misconduct in connection with his or her work for the Town. The examples that are included in this personnel policy are illustrative, not all-inclusive. Employees terminated for misconduct shall forfeit severance benefits, as they will not have separated in good standing. An employee may be terminated when it is determined that the employee is unsuited for or incapable of performing the work assigned to the quality level required by the Town.

2. **Resignation**

Voluntary separation occurs when the separation is initiated by the employee by:

- A. A written or oral resignation; A statement of resignation is presumed to be accurate and accepted.
- B. Failure to appear without notice for three consecutive work days;
- C. Failure to return from an approved leave of absence;
- D. Failure to report for work upon recall from a layoff or Reduction-in-force; or
- E. Retirement

3. **Layoffs/Reductions-in-Force** The Board of Selectmen may lay off an employee in the service of the Town by reason of shortage of work and/or funds, abolition of the position(s), other material changes in the organization, or for other reasons beyond the employer's control and which do not reflect discredit upon the employee. The Board of Selectmen will endeavor to provide affected employees with at least two calendar weeks' notice.

REQUESTED NOTICE OF DECISION TO TERMINATE EMPLOYMENT

Should you decide to resign from your employment with Barrington NH, we ask that you notify your supervisor and the Finance Director of your decision at least two (2) weeks in advance of your planned departure date. Your thoughtfulness will be appreciated, and will allow Barrington NH to maintain work schedules and provide important services to the public.

EXIT INTERVIEWS

In most instances, employees who terminate their employment will be asked to participate in an exit interview with the Town Administrator. The purpose of the exit interview is to discuss any relevant separation benefits and benefit continuation, to receive keys, passwords, security codes, town equipment, etc. and to receive feedback from you on ways in which our Barrington can improve our operations and retention of employees.

VIII. ADDITIONAL POLICIES, FORMS, AND GUIDELINES

HIRING PROCEDURE GUIDELINES

Hiring Procedure for all positions under the responsibility of the Board of Selectmen:

1. Obtain permission to hire for the position. Depending upon the circumstances this may be from the Town Administrator or the Board of Selectmen. This will also determine the extent of involvement by the Town Administrator and Board of Selectmen in the decision making process.
2. Review position description
 - a. Analyze position duties, supervisory structure, job requirements, etc.
 - b. Review structure of department(s) as it relates to the position
 - c. Review and determine grading for position
 - d. Seek approval of any changes in the grading, position description, or departmental structure
3. Recruitment process & schedule
 - a. Determine scope of search.
 - b. Determine if the process will involve an interview team or not and if so select the members.
 - c. Set a reasonable schedule for each task with adequate timelines.
 - d. Develop a list of required and desired qualifications and experience levels based on the position description.
4. Advertise
 - a. Consider if the position is going to be advertised first in-house with a decision made at that level before opening to outside applications.
 - b. Balance cost and effectiveness when considering, general Internet sites, newspaper, LGC or professional organizations, list-serves, or other means of notifying potential candidates.
 - c. Use the town's website and post the opening and the position description.
 - d. Consider a shortened version for the newspaper with expanded versions for sites that do not charge by the length of the advertisement, but keep it reasonably brief.
5. Review and screen applications
 - a. Grade candidate's application and/or resume based on how well the cover letter and resume indicate the candidate meets the requirements of the position found in the job description.
 - b. Eliminate those that do not meet minimum qualifications and those that are ranked lower in the candidate pool
 - c. Depending upon the position and total number of well-ranked candidates do a phone interview to narrow the field to a manageable size, usually 3-6 candidates.
6. Select and prepare interview team if one is part of the process
 - a. Decide scope and role of team and clearly convey that to those recruited.

-
- b. Develop questions for standard core questions stressing open ended and situation analysis type questions.
 - c. Explain what kinds of questions cannot be asked.
 7. Set time and place for interviews balancing availability of the team with reasonable options for candidates.
 8. Start background examination of candidates through a brief review of publically available information
 - a. Do an Internet check for readily available information.
 - b. Consider other sources of information that are in the public domain such as town reports, newspapers, and minutes.
 9. Interview
 - a. Begin ice-breaker question and explain the format.
 - b. Use mainly open ended questions that do not use yes-no answers
 - c. Go through the list of questions to be asked, all of which should focus on job performance, work and communication style and qualifications.
 - d. Ask the same basic questions of all candidates, but further explore specifics based off answers given and information on the resume.
 - e. Before the candidate leaves, have the candidate sign to allow background checks including authorization to look at the candidate's personnel file from prior places of employment, criminal and driving records check, as appropriate a credit check and other such testing.
 10. Testing
 - a. Decide on appropriate testing including competency testing and other testing to reveal how well the person is suited to the job. This step does not include a physical which cannot be required until after an offer of employment.
 11. Do detailed background but leave any disability or health questions and testing until after conditional offer of employment. The exception would be situations such as uncertified police candidates who could be asked to pass the Academy entrance fitness requirements, certified candidates who will be subject to the ongoing fitness testing from the state, or a fire candidate to pass a standard job related physical ability test if it is an entrance requirement of the department.
 - a. As appropriate include review of personnel file at prior employers (permission needed from applicant), criminal background, driving record, sex offender list, credit check, or similar research.
 - b. Call references listed plus develop additional ones
 - i. Ask a list of 4-6 questions especially if the reference would hire that person again for the type of job being advertised.
 - c. Consider hiring an outside agency for background check in certain cases provided there is assurance it provides current and comprehensive information. Consider

checking other states in which the applicant has lived and worked for the preceding decade.

12. Second Interview if needed depending upon results of first Interviews and background check.

13. Conditional Offer and then more detail on background

a. Any ADA issues, physical based on job description.

14. Final offer in standard format with expectations, compensation and benefits.

a. Time limit for response of acceptance or rejection of offer

b. Starting date

c. Necessary paperwork (I9, W4, NHRS or other forms as appropriate) before allowing the employee to work. Use DOL checklist

d. Provide copy of Personnel Policy and require applicant to sign that they have received it and will read it.

15. Orientation

a. Make new employee feel welcome

b. Explain processes, location of things, introductions, different roles of others, how things are done, show person around and go over expectations.

c. Check back frequently at first to be sure person has any questions answered.

Guidelines - Pre-Employment Inquiries

The following is intended as a guide only. It is not an inclusive list of proper and improper pre-employment inquiries.

	Examples of Proper Inquiries	Examples of Improper Inquiries
(a) Name	Whether applicant has worked for this employer or another under a different name and, if so, what name. Name under which applicant is known to reference if different from present name.	Inquiry into original/maiden name for unlawful purpose of divulging marital status, lineage, ancestry, national origin or descent.
(b) Birthplace and Residence	Inquiry into place of residence and length of time at present address.	Inquiry into birthplace of applicant, or birthplace of applicant's parents, spouse or relatives. Do not require prior to hiring: birth certificate, naturalization or baptismal record.
(c) Religion or Creed	None.	Inquiry into applicant's religious denomination, religious affiliations, church, parish, temple, pastor, minister or religious holidays observed.
(d) Race or Color	None, except for inquiries made for	Inquiries into race, color of skin,

	statistical purposes on a form separate from the application when the information will be used <i>only</i> for statistical purposes and answer or failure to answer does not affect hiring decision, and inquiries required by state or federal law or regulation.	eyes, hair, etc.
(e) Photographs	Photographs may be required only after hiring.	Do not request that applicant provide a photograph before hiring.
(f) Citizenship	Whether applicant is legally permitted to work in the United States.	Inquiries regarding the citizenship of applicant or family members.

	Examples of Proper Inquiries	Examples of Improper Inquiries
(g) National Origin and Ancestry	None, except for inquiries made for statistical purposes only, in the same manner as statistical inquiries regarding race or color, and inquiries required by state or federal law or regulation.	Inquiry into an applicant or family member's lineage, ancestry, national origin, descent, parentage, or nationality.
(h) Organizations	None.	Inquiries regarding membership in unions, trade or professional organizations, social fraternities, lodges or organizations other than unions and trade or professional organizations.
(i) Sex and Family Composition	Inquiries as to sex may be made only when required by bona fide occupational qualification (BFOQ) or for statistical purposes in the same manner as for statistics on race or color, or when required by state or federal law or regulation.	Inquiries regarding applicant's sex except for BFOQ or statistical purposes or when required by law or regulation. Inquiries relating to children, child care arrangements, and plans to have children.
(j) Criminal Record	Inquiries regarding convictions that have not been annulled.	Inquiries regarding arrest record, unless there is a business necessity.
(k) Height and Weight	Proper only when required by bona fide occupational qualification.	All inquiries on height and weight except when required by a bona fide occupational qualification.
(l) Marital Status	None.	All inquiries regarding applicant's marital status.
(m) Disability - Physical and	Inquiry regarding how an applicant with an <i>obvious</i> disability would	General, non-job related inquiries regarding any disability.

Mental	perform the essential functions of the job with or without accommodations.	
(n) Age and Date of Birth	Inquiry as to age in order to comply with youth employment laws.	Inquiry into age or birth date when not needed to comply with laws, such as questions regarding retirement.

Town of Barrington

PO Box 660, 333 Calef Highway

Barrington, NH 03825

Phone (603) 664-7009 Fx (603) 664-5179

APPLICATION FOR EMPLOYMENT

The Town is an **equal opportunity employer** and does not discriminate in hiring, promotion, or other employment decisions on the basis of race, sex, color, pregnancy, religion, national origin, sexual orientation, genetic information, marital status, disability, age, veteran or military status, or any other basis protected by law. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

PLEASE PRINT (USE INK)

PERSONAL:

Name: _____

(Last)

(First)

(Middle)

(EMAIL ADDRESS)

Current Address: _____ Telephone: _____
 (Street) (Town) (State) (Zip Code) (Include Area Code)

Permanent Address (if different)

 (Street) (Town) (State) (Zip Code) Telephone: _____
 (Include Area Code)

Have you ever applied for employment here before? ____ Yes ____ No If yes, when? _____

Have you ever worked for the Town before? ____ Yes ____ No If yes, where? _____

WORK EXPERIENCE: PRESENT OR MOST RECENT EMPLOYMENT

Employer: _____ Address _____
(Street) (Town) (State)

May We Contact Your Present Employer? ____ Yes ____ No

Telephone _____ Kind of Business _____ Name and Title of
(Include Area Code) Immediate Supervisor _____

Employed From _____ to _____ Job Title _____
(Mo., Yr.) (Mo., Yr.)

Duties
Performed _____

Starting Salary _____ Final Salary _____ Reason for Leaving _____

PREVIOUS EMPLOYMENT:

Employer: _____ Address _____
(Street) (Town) (State)

Telephone _____ Kind of Business _____ Name and Title of
(Include Area Code) Immediate Supervisor _____

Employed From _____ to _____ Job Title _____
(Mo., Yr.) (Mo., Yr.)

Duties
Performed _____

Starting Salary _____ Final Salary _____ Reason for Leaving _____

PREVIOUS EMPLOYMENT:**PREVIOUS EMPLOYMENT:** (Use additional sheets if necessary to describe all previous employment)

Employer: _____ Address _____
(Street) (Town) (State)

Telephone _____ Kind of Business _____ Name and Title of
(Include Area Code) Immediate Supervisor _____

Employed From _____ to _____ Job Title _____
(Mo., Yr.) (Mo., Yr.)

Duties
Performed _____

Starting Salary _____ Final Salary _____ Reason for Leaving _____

EDUCATION:

	Name	Town/State	Degree Received Yes or No	Type of Degree Diploma or GED	Major
High School	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Trade School	_____	_____	_____	_____	_____

Commercial courses completed (Include skills, typing, shorthand, business machines, personal computers, etc.) _____

GENERAL:

Are you authorized to work in the United States? ____ Yes ____ No (Proof of eligibility to work in the U.S. will be required upon employment.)

Are you 18 years old or older? ____ Yes ____ No How did you happen to contact the Town? _____

Are you available to work full-time ____ part-time ____ temporary ____? If part-time, indicate maximum hours per week _____

What position are you applying for? _____ Starting salary desired _____

Can you perform the essential functions of the job with or without reasonable accommodation? ____ Yes ____ No

Are you currently on layoff or leave from another employer? ____ Yes ____ No

CONVICTION INFORMATION:

Have you ever been convicted of a crime (including pleading guilty or no contest) that has not been annulled by a court, except for minor traffic violations? ____ Yes ____ No (If yes, please fill in information below.)

SAMPLE INTERVIEW QUESTIONS

1. Why do you want to change jobs?
2. Does your present employer know you are looking?
3. What attracted you to our Barrington?
4. What interests you most about this position?
5. Why should we hire you?
6. What kind of experience do you have for this position?
7. How do you feel about your career progress to date?
8. What have been your greatest accomplishments?
9. What would you like to be doing five years from now?
10. What would you say is your major weakness?

-
11. I noticed that there is a five-year gap in your employment history. What were you doing during that five-year period?
 12. The job for which you applied requires the following: [insert essential job functions, including lifting requirements, etc.]. Can you perform this job with or without reasonable accommodation?

TELEPHONE REFERENCE CHECK FORM

Name of Applicant: _____

Position Applied for: _____

Person Contacted: _____ Tel. No. _____

Title: _____ Organization: _____

Address: _____ State: _____

Please verify the following information:

1. In what capacity did you know this person: _____
2. Dates of Employment: from _____ to _____
(If applicable)
3. What were his/her duties? _____
4. What position(s) is s/he competent to fill? _____
5. Did s/he have any supervisory responsibilities? _____
6. On a scale of 1-5, 5 being highest, how would you evaluate his/her work? _____
7. What were his/her strong points? _____
8. What weaknesses, if any? _____
9. Would you rehire? _____

Questions specific to the position:

How would you rate, 1-5, his/her ability to perform the following (please define a 1 and a 5):

1. _____
2. _____
3. _____
4. _____

Name of interviewer: _____ Title: _____

Date of interview: _____

SAMPLE OFFER LETTER - Non-Exempt Employees

[Date]

[Name]

[Address]

Dear _____ :

We are pleased to offer you a position with Barrington as a _____. As we have discussed, your starting date would be _____ and you would report directly to _____.

The following are additional terms of our offer:

- You will be paid at the rate of \$ _____ per hour. In addition, you will be entitled to overtime at the rate of 1 ½ times your regular rate for all hours worked in excess of 40 in a work week. You will be paid weekly on Thursdays. Paychecks are available in the Human Resource Office after 9:00 a.m. on Thursdays.
- (if full-time) You and any eligible dependents will be eligible to participate in our group medical coverage on the first of the month following 60 days of employment, provided an enrollment application is completed and returned within 31 days of your start date.
- All Barrington benefits will be explained in detail to you in your orientation package.
- Your regular work schedule will be _____. Your schedule may vary, however, depending upon the needs of Barrington NH.

Your employment is contingent upon completing the Form I-9 (Employment Eligibility Verification) and providing the required documentation establishing your legal right to work in the United States and completing a W-4.

You will be considered to be an employee at-will. You therefore can resign from your employment at any time, for any reason. Likewise, Barrington NH can terminate the employment relationship at any time, for any reason. This letter is not intended to change that at-will relationship or create a contract of employment or for benefits.

We hope that you will accept this offer of employment and look forward to having you join us. Feel free to contact me with any questions regarding this offer.

If you accept this offer of employment, please acknowledge your acceptance by signing and returning the enclosed copy of this letter in the envelope provided. Please also complete the enclosed Second Injury Fund Employee Information Form and return it with your signed acceptance of employment.

Sincerely,

[name] [title]

My signature below indicates acceptance of the offer of employment as outlined in this letter.

[Date]

[Name]

Enclosure

cc: Personnel File

SECOND INJURY FUND
EMPLOYEE INFORMATION FORM

[To be sent with Offer Letter.]

Employee:

Date:

Position:

Date of Hire:

We require the following in order to satisfy our obligations under the New Hampshire Workers' Compensation Law, RSA 281-A. In order to apply for reimbursement from the Second Injury Fund in the event that you may suffer a work-related injury while employed with us, we must have written documentation of any physical or mental impairment that you may have suffered. This documentation and any related information that you provide in connection with this inquiry will be maintained confidentially and separately from your employee personnel file.

This document and any related information that you provide in connection with this inquiry will only be used as permitted under the Americans with Disabilities Act and New Hampshire Workers' Compensation Law.

Please identify any prior or current physical or mental impairments, whether work related or not, including, but not limited to, high blood pressure, diabetes, respiratory or cardiovascular concerns, prior back injuries, and any surgical procedures. Attach additional pages, if necessary.

Nature of Injury Or Impairment	Date of Origin	Name & Address Of Treating Provider	Workers' Compensation? (Yes or No)	If Yes, Name & Address of Employer

Please check here if you have no history of significant Injuries or Illnesses.

I certify that all of the information that I provide on this Second Injury Information Form is complete, true, and accurate. I understand that if any such information is later found to be incomplete, false, or misleading in any respect, I may be discharged from employment.

Signature:

Date:

Witness:

NEW EMPLOYEE ORIENTATION CHECKLIST

Employee's Name: _____ Date of Employment _____

Job Title: _____ Location/Dept. _____

Supervisor: _____

Forms Completed:

_____ Application for employment
_____ Signed offer letter
_____ W-4 federal tax withholding
_____ State tax withholding (if applicable)
_____ EEO information questionnaire
_____ I-9 verification
_____ Second Injury Fund Form
_____ Other (specify) _____

Introduction to the Organization:

_____ History and general information about Barrington NH
_____ Personnel Policies and Procedures Manual
_____ Other policies and procedures
_____ Sexual and other harassment reporting procedures

Compensation:

_____ Job title, rate of pay
_____ Payment of salary--when and how
_____ Payment of overtime
_____ Timecard procedure
_____ Salary increases, performance review system
_____ Travel arrangements (expense reports)

Benefits:

_____ Medical insurance coverage and enrollment
_____ Pre-existing conditions limitations
_____ Life insurance coverage and enrollment
_____ Earned time
_____ Disability leave
_____ Other leaves of absence
_____ NH Retirement System plan
_____ 457 plan
_____ Other benefits (specify) _____

Town Property:

_____ Keys
_____ Credit cards
_____ Uniforms
_____ Vehicles
_____ Other property (specify)

Tour of Facilities:

_____ Location of work area
_____ Introduced to all employees
_____ Location of restrooms, storage for personal belongings, procedure for coffee, lunches, etc.
_____ Location of cafeteria or local eating places
_____ Location of bulletin boards

Hours:

_____ Start and stop times
_____ Personal calls
_____ No smoking, eating at workstation, responsibility for good housekeeping, etc.
_____ Personal appearance and dress
_____ Punctuality
_____ Reporting when absent
_____ Importance of good attendance
_____ Parking
_____ Entrance to facilities during off hours
_____ Other (specify)

Operations:

_____ General operating procedures
_____ How department integrates with rest of organization
_____ How job integrates with departmental and organizational operations
_____ Why the job is important
_____ Conduct and performance standards
_____ How work is scheduled
_____ Job duties and responsibilities

Safety and Health:

_____ Importance of safety on the job
_____ Safety is everyone's job/safety responsibilities
_____ Reporting safety hazards
_____ Reporting work-related injuries/illnesses
_____ Copy of Safety Plan

Initial Training:

_____ Where and when
_____ Training agenda
_____ Performance benchmarks, quantity and quality standards

Where to Get Information and Assistance:

_____ Within the department
_____ Other departments

Security/Emergency Procedures:

_____ Opening and closing procedures
_____ Special security procedures
_____ Location of exits
_____ Location of fire extinguishers
_____ Location of first aid kits
_____ Procedure in case of earthquake or fire
_____ Emergency shutdown of facilities

Communications:

_____ Introduced to management
_____ Manuals, literature, reading material
_____ First day lunch companion

Orientation Completed by:

Name Date

My signature below indicates that the items checked above have been covered with me during my new employee orientation.

Signature of New Employee Date

SAMPLE JOB DESCRIPTION FORMAT

Job Title_____	Job Code _____
FLSA Job Status_____	Location_____
Grade_____ Points_____	Department _____
Pay Range_____	Date Written_____

Written By_____

Approval(s)_____

Job Analyst _____

Job Summary_____

Essential Functions_____

Other Responsibilities_____

Accountabilities_____

Supervision:

Received:_____

Given: _____

Job Specifications

Education_____

Experience_____

Initiative_____

Responsibility_____

Contacts_____

Physical Requirements_____

Mental Requirements_____

Supervision_____

Working Conditions_____

Equipment Used_____

COMPENSATION SYSTEM

1. **GENERAL POLICY.** The Board of Selectmen shall be responsible for the development and maintenance of a uniform and equitable pay plan for Barrington, NH which shall consist of minimum and maximum rates of pay for each position and such intermediate steps as deemed necessary and equitable, unless otherwise determined by a collective bargaining agreement. The Board of Selectmen has the authority to make adjustments periodically to the wage matrix including realignment and cost of living increases as well as initial placement upon the matrix. Wages shall be linked directly to the position classification plan and may take into consideration the following factors:
 - A. Ranges of pay for other positions.
 - B. Prevailing rates of pay for similar employment in both public and private organizations.
 - C. Cost of living factors.
 - D. Other benefits received by employees.
 - E. The financial policy and economic conditions of Barrington.
2. **PAY PLAN DEVELOPMENT AND ALLOCATION.** The Town Administrator shall make recommendations for each position level to a pay range based upon the relationship to other levels as defined in the position level plan and by market data. Implementation of adjustments are subject to the availability of funds.
3. **APPOINTMENT.**
 - A. Pay for newly hired employees shall normally be set at the minimum of the pay range assigned to a job class. However, the Town Administrator or Board of Selectmen may approve hires higher on the scale, as warranted by job qualifications and experience subject to the availability of funds.
 - B. The Town Administrator shall not authorize hiring above the midpoint of a pay range except in unusual circumstances.
4. **SELECTIVE SALARY ADJUSTMENT.**

-
- A. The Town Administrator may recommend to the Board of Selectmen a selective salary adjustment in order to mitigate an inequity caused by merit increase, freeze or other similar circumstances. He/She may also make a recommendation to the Board of Selectmen for a one-time merit adjustment based upon exceptional performance.
 - B. The Town Administrator shall submit a written rationale supporting the recommendation to the Board of Selectmen.
 - C. A selective adjustment is subject to the availability of funds and guidelines established by the Board of Selectmen.
- 5. **COST OF LIVING ADJUSTMENTS.** When the Board of Selectmen grants a cost-of-living adjustment (COLA) which adjusts the entire scale, the Board will make clear if steps are also to occur.
 - 6. **PROMOTION.** When an employee is offered a promotion, the Town Administrator will make a salary recommendation to the Board of Selectmen, who shall vote upon that recommendation before the promotion is completed.
 - 7. **REASSIGNMENT.** Except when due to a demotion or a disciplinary action, an employee who is reassigned shall be paid at least the same salary received prior to the assignment.
 - 8. **RECLASSIFICATION.** The Town Administrator may recommend to the Board of Selectmen a reclassification of a position based upon job responsibilities and requirements to a higher or lower level with a subsequent increase or decrease in the salary. Normally if an employee's position is reclassified to a lower level the incumbent will be ineligible to receive a salary increase until the salary range increases to incorporate the incumbent's pay rate. An employee is ineligible to receive cost-of-living increases until the salary range increases above the new level.
 - 9. **DEMOTION.** If an employee is demoted, either voluntarily or involuntarily, the Town Administrator may treat the employee's salary according to paragraph 8 above or reduce the salary to the applicable pay range.

REQUEST FOR FAMILY/MEDICAL LEAVE OF ABSENCE

DATE: _____

TO: Finance Director

FROM: _____
(Employee Name)

This is to request a Family and Medical Leave of Absence for the following reason (check one):

- ☐ the birth of a child in order to take care of the child (leave must be taken within twelve (12) months of the birth);
- ☐ the adoption or foster care placement of a child in order to care for the child (leave must be taken within twelve (12) months of the placement);
- ☐ a serious health condition affecting my ☐ spouse, ☐ child, ☐ parent, because the ill person is not capable of self-care and I am needed for such care;
- ☐ my serious health condition which results in my inability to perform my job;
- ☐ a qualifying exigency arising out of the fact that my ☐ spouse; ☐ son or daughter; ☐ parent is on "covered active duty" or call to "covered active duty" status in the Armed Forces; or
- ☐ I am the ☐ spouse; ☐ son or daughter; ☐ parent; ☐ next of kin of a covered service member with a serious injury or illness, and I am needed to care for such person.

I wish to commence this leave of absence on _____. I anticipate that this leave of absence will end on _____.

**NOTICE OF ELIGIBILITY AND RIGHTS & RESPONSIBILITIES
UNDER THE FAMILY AND MEDICAL LEAVE ACT**

DATE: _____

TO: _____
(Employee's Name)

FROM: _____

A. NOTICE OF ELIGIBILITY

On _____ you notified us of an event which qualifies for leave under the Family Medical Leave Act (FMLA) due to:

- ☐ the birth of a child in order to take care of the child (leave must be taken within twelve (12) months of the birth);
- ☐ the adoption or foster care placement of a child in order to care for the child (leave must be taken within twelve (12) months of the placement);
- ☐ a serious health condition affecting my ☐ spouse, ☐ child, ☐ parent, because the ill person is not capable of self-care and I am needed for such care;
- ☐ my own serious health condition which results in my inability to perform my job;
- ☐ a qualifying exigency arising out of the fact that my ☐ spouse; ☐ son or daughter; ☐ parent is on "covered active duty" or call to "covered active duty" in the U.S. Armed Forces; or
- ☐ I am the ☐ spouse; ☐ son or daughter; ☐ parent; ☐ next of kin of a covered service member with a serious injury or illness, and I am needed to care for such person.

You notified us that you need this leave beginning on _____ and that you expect leave to continue until on or about _____.

This Notice is to inform you that: *(check appropriate boxes; explain where indicated)*

1. You are ☐ eligible for leave under the FMLA. (See Section B below for Rights and Responsibilities)
2. You are ☐ not eligible for leave under the FMLA, because (only one reason need be checked, although you may not be eligible for other reasons):
 - ☐ You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately ____ months towards this requirement.
 - ☐ You have not met the FMLA's 1250-hours-worked requirement.
 - ☐ You do not work and/or report to a site with 50 or more employees within 75-miles.

If you have any questions, please contact _____ or view the FMLA poster located in _____.

B. RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE

1. Requested Information from Employee

As explained above in Section A, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12 month period. **However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us by _____.** (If a certification is requested, you have 15 calendar days from receipt of this notice to return it; additional time may be allowed in some circumstances). If sufficient information is not provided in a timely manner, your leave may be denied.

- a. You ☐ will ☐ will not be required to furnish certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request is enclosed.
- b. You ☐ will ☐ will not be required to furnish documentation to establish the required relationship between you and your family members.
- c. You ☐ will ☐ will not be required to furnish the following other information: _____

- d. ☐ No additional information requested.

2. Responsibilities of Employee While On Leave

If your leave qualifies as FMLA leave, you will have the following responsibilities while on FMLA leave:

- a. We will require that you substitute accrued paid leave for unpaid FMLA leave. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.
- b (i) If you normally pay a portion of the premiums for your health insurance, you must continue to make these payments during the period of FMLA leave. Please contact the Finance Director to make arrangements for these payments.
- (ii) You have a 30-day grace period in which to make payment. If payment has not been made timely, your group health insurance may be canceled, provided we notify you in writing at least 15 days before your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.
- c (i) Due to your status within the Company, you ☐ are ☐ are not a "key employee" as described in §825.217 of the FMLA regulations. If you are a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us.
- (ii) We ☐ have ☐ have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us.
- d. You ☐ will ☐ will not be required to furnish us with periodic reports of your status and intent to return to work every 30 days while on FMLA leave.

Note: If the circumstances of your leave change, and you are able to return to work earlier than the date on the first page of this form, you will be required to notify us at least two workdays prior to the date you intend to report for work.

3. Rights of Employee While on FMLA leave

If your leave does qualify as FMLA leave, you will have the following rights while on FMLA leave:

- a. You have a right for up to 12 weeks of unpaid leave in a 12-month period calculated a “rolling” 12 month period measured backward from the date of any FMLA leave usage.
 - ☐ You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered service member with a serious injury or illness. This single 12-month period commenced on _____.
- b. Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- c. 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 to work from FMLA-protected leave. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA).
- d. 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; 2) the continuation, recurrence, or onset of a covered service member’s serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during FMLA leave.
- e. If we have not informed you above that you must use accrued paid leave while taking your unpaid FMLA leave entitlement, you have the right to have ☐ sick, ☐ vacation and/or ☐ other leave run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policy. Applicable conditions related to the substitution of paid leave are referenced or set forth below. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave.
 - ☐ For a copy of conditions applicable to sick/vacation/other leave usage please refer to _____ available at _____.
 - ☐ Applicable conditions for use of paid leave: _____.

Once we obtain the information from you specified above, we will inform you, within 5 business days, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement. If you have any questions, contact _____ or view the FMLA poster located in _____.

**DESIGNATION NOTICE
UNDER THE FAMILY AND MEDICAL LEAVE ACT**

DATE: _____

TO: _____
(Employee's Name)

FROM: _____

We have reviewed your request for leave under the FMLA and any supporting documentation that you have provided. We received your most recent information on _____ and decided:

A. FMLA APPROVED

☐ Your FMLA leave request is approved. All leave taken for this reason will be designated as _____ FMLA leave.

The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement:

☐ Provided there is no deviation from your anticipated leave schedule, the following number of _____ hours, days, or weeks that will be counted against your FMLA entitlement:

_____.

☐ Because the leave you will need will be unscheduled, it is not possible to provide the hours, days or weeks that will be counted against your FMLA entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).

Please be advised (check if applicable):

☐ You have requested to use paid leave during your FMLA leave. Any paid leave taken for this _____ reason will count against your FMLA leave entitlement.

☐ We are requiring you to substitute or use paid leave during your FMLA leave.

☐ You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. A list of the essential functions of your positions ☐ is ☐ is not attached. If attached, the fitness-for-duty certification must address your ability to perform these functions.

B. ADDITIONAL INFORMATION REQUIRED

☐ Additional information is needed to determine if your FMLA leave request can be approved:

☐ The certification you have provided is not complete and sufficient to determine whether the FMLA applies to your leave request. You must provide the following information no later than _____,

(provide at least seven calendar days) _____, unless it is not practicable under the particular circumstances

despite your diligent good faith efforts, or your leave may be denied.

(Specify information needed to make the certification complete and sufficient)

☐ We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.

C. **YOUR FMLA REQUEST IS NOT APPROVED**

☐ Your FMLA Leave is Not Approved.

☐ The FMLA does not apply to your leave request.

☐ You have exhausted your FMLA leave entitlement in the applicable 12-month period.

**CERTIFICATION OF HEALTH CARE PROVIDER FOR
EMPLOYEE'S SERIOUS HEALTH CONDITION**
(Family and Medical Leave Act of 1993)

SECTION I: For Completion by the EMPLOYER

Employer name and contact: _____

Employee's job title: _____ Regular work schedule: _____

Employee's Name: _____

Employee's essential job functions: _____

☐ Job description is attached.

SECTION II: For Completion by the Employee

Instructions to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. You are required to submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. Your response is required to obtain or retain the benefit of FMLA protections. Failure to provide a complete and sufficient medical certification may result in a denial of your FML request. You have at least 15 days to return this form.

Your name: _____
First Middle Last

SECTION III: For Completion by the HEALTH CARE PROVIDER

Instructions to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer fully and completely all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

Provider's name and business address: _____

Type of practice / Medical specialty: _____

Telephone: (____) _____ Fax (____) _____

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Probable duration of condition: _____

Mark below as applicable:

2. Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?
☐ No ☐ Yes. If so, dates of admission: _____
3. Dates you treated the patient for condition: _____
4. Will the patient need to have treatment visits at least twice per year due to the condition?
☐ No ☐ Yes.
5. Was medication, other than over-the-counter medication, prescribed? ☐ No ☐ Yes.
6. Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)? ☐ No ☐ Yes. If so, state the nature of such treatments and expected duration of treatment: _____
7. Is the medical condition pregnancy? ☐ No ☐ Yes. If so, expected delivery date: _____
8. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions:
- Is the employee unable to perform any of his/her job functions due to the condition:
☐ No ☐ Yes.
- If so, identify the job functions the employee is unable to perform: _____
9. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

PART B: AMOUNT OF LEAVE NEEDED:

10. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ☐ No ☐ Yes.
- If so, estimate the beginning and ending dates for the period of incapacity: _____

-
11. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? ☐ No ☐ Yes.

If so, are the treatments or the reduced number of hours of work medically necessary?
☐ No ☐ Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Estimate the part-time or reduced work schedule the employee needs, if any:

- _____ hour(s) per day; _____ days per week from _____ through _____
12. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? ☐ No ☐ Yes.

Is it medically necessary for the employee to be absent from work during the flare-ups?
☐ No ☐ Yes. If so, explain:

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or _____ day(s) per episode

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER:

(Signature of Health Care Provider)

(Date)

**Safe Harbor Genetic Information Nondiscrimination Act (GINA)
Medical Certification Disclosure**

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information, except to the extent that such disclosure is necessary to make a medical certification complete and sufficient in conjunction with an employee's request for leave for a family member's serious health condition. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.''

**CERTIFICATION OF HEALTH CARE PROVIDER FOR
FAMILY MEMBER'S SERIOUS HEALTH CONDITION**
(Family and Medical Leave Act of 1993)

SECTION I: For Completion by the EMPLOYER

Employer name and contact: _____

SECTION II: For Completion by the EMPLOYEE: Please complete Section II before giving this form to your family member or his/her medical provider. You must return a completed form within 15 days of receiving it. Your response is required to obtain or retain the benefit of FMLA protection. Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request.

Your Name: _____

Name of family member for whom you will provide care: _____

If family member is your son or daughter, date of birth: _____

Describe care you will provide to your family member and estimate leave needed to provide care:

Employee Signature

Date

SECTION III: For Completion by the HEALTH CARE PROVIDER

Instructions to the HEALTH CARE PROVIDER: The employee listed above has requested leave under the FMLA to care for your patient. Answer fully and completely all applicable parts. Several questions seek a response as the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

Provider's name and business address: _____

Type of practice / Medical specialty: _____

Telephone: (____) _____ Fax (____) _____

PART A: MEDICAL FACTS

1. State the approximate date the condition commenced, and the probable duration of the condition

2. Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

☐ No ☐ Yes. If so, dates of admission: _____

-
3. Date(s) you treated the patient for condition: _____
4. Will the patient need to have treatment visits at least twice per year due to the condition?
☐ No ☐ Yes.
5. Was medication, other than over-the-counter medication, prescribed? ☐ No ☐ Yes.
6. Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)? ☐ No ☐ Yes. If so, state the nature of such treatments and expected duration of treatment:

7. Is the medical condition pregnancy? ☐ No ☐ Yes. If so, expected delivery date: _____
8. Describe other relevant medical facts, if any, related to the condition for which the patient seeks care (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

PART B: AMOUNT OF CARE NEEDED: When answering these questions, keep in mind that your patient's need for care by the employee seeking leave may include assistance with basic medical, hygienic, nutritional, safety or transportation needs, or the provision of physical or psychological care:

9. Will the patient be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ☐ No ☐ Yes.
- If so, estimate the beginning and ending dates for the period of incapacity: _____.
- During this time, will the patient need care? ☐ No ☐ Yes.
- Explain the care needed by the patient and why such care is medically necessary?

10. Will the patient need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? ☐ No ☐ Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Explain the care needed by the patient, and why such care is medically necessary: _____

11. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery? ☐ No ☐ Yes.

Estimate the hours the patient needs car on an intermittent basis, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

Explain the care needed by the patient and why such care is medically necessary:

12. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities? ☐ No ☐ Yes.

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or _____ day(s) per episode

Does the patient need care during these flare-ups? ☐ No ☐ Yes.

Explain the care needed by the patient and why such care is medically necessary:

[illegible]

(Date)

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information, except to the extent that such disclosure is necessary to make a medical certification complete and sufficient in conjunction with an employee's request for leave for a family member's serious health condition. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.''

**CERTIFICATION OF QUALIFYING EXIGENCY FOR MILITARY
FAMILY LEAVE(FAMILY AND MEDICAL LEAVE ACT)**

SECTION I: For completion by the **EMPLOYER:**

Employer name: _____

Contact information: _____

SECTION II: For completion by the **EMPLOYEE.**

Instructions to Employee: You are required to submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a qualifying exigency. Several questions in this section seek a response as to the frequency or duration of the qualifying exigency. Be as specific as you can; terms such as “unknown,” or “indeterminate” may not be sufficient to determine FMLA coverage. Your response is required to obtain your FMLA benefit. While you are not required to provide this information, failure to do so may result in a denial of your request for FMLA leave. Please return this form and any required documentation within 15 calendar days.

Your name: _____
First Middle Last

Name of covered military member on “covered active duty” or call to “covered active duty” status:

First Middle Last

Relationship of covered military member to you: _____

Period of covered military member’s active duty: _____

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a covered military member's “covered active duty” or call to “covered active duty” status as required by the Department of Labor Regulations and the FMLA, as amended by the National Defense Authorization Act. Please check one of the following:

- ☐ A copy of the covered military member's active duty orders is attached.
- ☐ Other documentation from the military is attached certifying that the covered military member is a member of the reserve component of the Armed Forces during deployment of the member to a foreign country under a call or order to active duty in support of a “contingency operation” ; or alternatively, certifying that the covered military member is a member of the regular component of the Armed Forces during deployment of the member with the Armed Forces to a foreign country;
- ☐ I have previously provided my employer with sufficient written documentation confirming the covered military member's active duty or call to active duty status as defined by the Department of Labor Regulations and the FMLA, as amended by the National Defense Authorization Act..

PART A: QUALIFYING REASON FOR LEAVE

1. Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason you are requesting leave):

2. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming an appointment with a counselor or school official, or a copy of a bill for services for the handling of legal or financial affairs.

Available written documentation supporting this request for leave is attached.

- ☐ Yes
☐ No
☐ None Available.

PART B. AMOUNT OF LEAVE NEEDED

1. Approximate date exigency commenced: _____

Probable duration of exigency: _____

2. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency: ☐ No ☐ Yes.

If so, estimate the beginning and ending dates for the period of absence:

3. Will you need to be absent from work periodically to address this qualifying exigency?
☐ No ☐ Yes.

Estimate schedule of leave, including the dates of any scheduled meetings or appointments:

Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (i.e., 1 deployment-related meeting every month lasting 4 hours):

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours _____ day(s) per event

PART C:

If leave is requested to meet with a third party (such as to arrange for childcare, to attend counseling, to attend meetings with school or childcare providers, to make financial or legal arrangements, to act as the covered military member's representative before a federal, state, or local agency for purposes of obtaining, arranging or appealing military service benefits, or to attend any event sponsored by the military or military service organizations), a complete and sufficient certification includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (i.e., either the telephone or fax number or email address of the individual or entity). This information may be used by your employer to verify that the information contained on this form is accurate.

Name of individual: _____ Title: _____

Organization: _____

Address: _____

Telephone: (____) _____ Fax: (____) _____

Describe nature of meeting:

PART D:

I certify that the information I provided above is true and accurate.

Signature of Employee

Date

**CERTIFICATION FOR SERIOUS INJURY OR ILLNESS
OF COVERED SERVICEMEMBER -- FOR
MILITARY FAMILY LEAVE (FAMILY AND MEDICAL LEAVE ACT)**

SECTION I: For completion by the EMPLOYEE and/or the COVERED SERVICEMEMBER for whom the Employee is Requesting Leave.

INSTRUCTIONS to the Employee or Covered Service member: Please complete Section I before having Section II completed. The FMLA permits an employer to require that an employee submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a serious injury or illness of a covered service member. If requested by the employer, your response is required to obtain or retain the benefit of FMLA-protected leave. Failure to do so may result in a denial of an employee's FMLA leave request. The employer must give an employee at least 15 calendar days to return this form to the employer.

PART A: EMPLOYEE INFORMATION

(1) Name and address of Employer (this is the employer of the employee requesting leave to care for Covered Service member):

(2) Name of Employee Requesting Leave to Care for Covered Service member:

First

Middle

Last

(3) Name of Covered Service member (for whom employee is requesting leave to care):

First

Middle

Last

(4) Relationship of Employee to Covered Service member Requesting Leave to Care:

☐ Spouse ☐ Parent ☐ Son ☐ Daughter ☐ Next of Kin

PART B: COVERED SERVICEMEMBER INFORMATION

(1) Is the Covered Service member a Current Member of the Regular Armed Forces, the National Guard or Reserves? ☐ No ☐ Yes

If yes, please provide the Covered Service member's military branch, rank and unit currently assigned to:

If no, is the Covered Service member a Veteran who was a member of the Armed Forces (including a member of the National Guard or Reserves) at any time during the period of 5 years preceding the date on which the Veteran is undergoing medical treatment, recuperation or therapy? ☐ No ☐ Yes. If yes, please provide dates of service: _____.

Is the Covered Service member assigned to a military medical treatment facility as an outpatient or to a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients (such as medical hold or warrior transition unit)? ☐ No ☐ Yes. If yes, please provide the name of the medical treatment facility or unit: _____

-
- (2) Is the Covered Service member on the Temporary Disability Retired List (TDRL)?
☐ No ☐ Yes.

PART C: CARE TO BE PROVIDED TO THE COVERED SERVICEMEMBER

Describe the care to be provided to the Covered Service member and an estimate of the leave needed to provide the care:

SECTION II: For Completion by a UNITED STATES DEPARTMENT OF DEFENSE (“DOD”) HEALTH CARE PROVIDER or a HEALTH CARE PROVIDER who is either: (1) a United States Department of Veterans Affairs (“VA”) health care provider; (2) a DOD TRICARE network authorized private health care provider; or (3) a DOD non-network TRICARE authorized private health care provider.

INSTRUCTIONS to the Health Care Provider: The employee listed above has requested leave under the FMLA to care for a family member who is a member of the Regular Armed Forces, the National Guard, or the Reserves who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness. For purposes of FMLA leave, a serious injury or illness is one that was incurred in the line of duty on active duty that may render the service member medically unfit to perform the duties of his or her office, grade, rank or rating. A complete and sufficient certification to support a request for FMLA leave due to a covered service member’s serious injury or illness includes written documentation confirming that the covered service member’s injury or illness was incurred in the line of duty on active duty and that the covered service member is undergoing treatment for such injury or illness by a health care provider listed above. Answer fully and completely all pertinent parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as “lifetime,” “unknown,” or “indeterminate” may not be sufficient to determine FMLA coverage. Limit your response to the condition for which the employee is seeking leave.

If you are unable to make certain of the military-related determinations contained below in Part B, you are permitted to rely upon determinations from an unauthorized DOD representative (such as DOD recovery care coordinator). Please be sure to sign the form on the last page.

PART A: HEALTH CARE PROVIDER INFORMATION

- (1) Health Care Provider’s Name and Business Address:

- (2) Type of Practice/Medical Specialty:

Please state whether you are either: (1) a DOD Health care provider; (2) a VA health care provider; (3) a DOD TRICARE network authorized private health care provider; or (4) a DOD non-network TRICARE authorized private health care provider: _____

Telephone: (____)_____ Fax: (____)_____ Email: _____

PART B: MEDICAL STATUS

(1) Covered Service member's medical condition is classified as (Check One of the Appropriate Boxes):

☐ (VSI) Very Seriously Ill/Injured: Illness/Injury is of such a severity that life is imminently endangered. Family members are requested at bedside immediately. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

☐ (SI) Seriously Ill/Injured: Illness/Injury is of such a severity that there is cause for immediate concern, but there is no imminent danger to life. Family members are requested at bedside. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

☐ OTHER Ill/Injured: a serious injury or illness that may render the service member medically unfit to perform the duties of the member's office, grade, rank, or rating.

☐ NONE OF THE ABOVE (Note to Employee: If this box is checked, you may still be eligible to take leave to care for a covered family member with a "serious health condition" as provided by the FMLA. If such leave is requested, a separate form must be completed).

(2) Was the condition for which the Covered Service member is being treated incurred in line of duty on active duty in the armed forces? ☐ No ☐ Yes.

(3) Approximate date condition commenced: _____

(4) Probable duration of condition and/or need for care: _____

(5) Is the Covered Service member undergoing medical treatment, recuperation, or therapy?

☐ No ☐ Yes. If yes, please describe medical treatment, recuperation or therapy:

PART C: COVERED SERVICEMEMBER'S NEED FOR CARE BY FAMILY MEMBER

(1) Will the patient be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ☐ No ☐ Yes.

If so, estimate the beginning and ending dates for the period of incapacity:

_____.

(2) Will the covered service member require periodic follow-up treatment appointments?

☐ No ☐ Yes. If yes, estimate the treatment schedule:

_____.

(3) Is there a medical necessity for the covered service member to have periodic care for these follow-up treatment appointments? ☐ No ☐ Yes.

(4) Is there a medical necessity for the covered service member to have periodic care for other than scheduled

follow-up treatment appointments (e.g., episodic flare-ups of medical condition)? ☐ No ☐ Yes. If yes, please
estimate the frequency and duration of the periodic care: _____

Signature of Health Care Provider

Date

Safe Harbor Genetic Information Nondiscrimination Act (GINA) Medical Certification Disclosure

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information, except to the extent that such disclosure is necessary to make a medical certification complete and sufficient in conjunction with an employee's request for leave for a family member's serious health condition. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.''

PERSONNEL FILE REQUEST

TO:

Dated: _____

Re:

S.S. No.: _____

I request a copy of all records relating to my employment with you, including, but not limited to, a complete copy of my personnel file, application for employment, dates of employment, all correspondence, time and attendance records, W-2 forms, W-4 forms, performance reviews, evaluations, occupational health data, medical examinations, disability records, workers' compensation documents, disciplinary documentation, warnings, termination(s), reasons for termination(s), merit awards, rates of pay, and all documents concerning compensation and benefits.

Witness

Address

Town

State

Zip

CHECKLIST FOR INTERNAL INVESTIGATION OF SEXUAL HARASSMENT COMPLAINT, INCLUDING DOCUMENTATION OF INVESTIGATION

- ☐ **I. Do The Investigation Promptly**
- ☐ **II. Choosing The Investigator**
 - A. Trained
 - ☐ 1. Significant knowledge of sexual harassment law and prevention techniques
 - ☐ 2. Knowledge of Barrington's policies, history, culture, and employees
 - ☐ 3. Skills of an investigator
 - ☐ 4. Good investigation techniques
 - ☐ 5. Evaluation skills
 - B. Appropriate in Relation to Witnesses, the Accused, and the Accuser
 - ☐ 1. No conflict of interest with any witness
 - ☐ 2. No conflict of interest with the accused
 - ☐ 3. No conflict of interest with the accuser
 - ☐ 4. No conflict of interest with the victim of alleged wrongdoing, if any
 - C. Qualities of a Good Investigator
 - ☐ 1. Empathy
 - ☐ 2. Patience
 - ☐ 3. Fairness
 - ☐ 4. Perception
 - ☐ 5. Persistence
 - ☐ 6. Common sense
 - ☐ 7. Able to instill confidence
 - ☐ 8. Able to present well before a jury
 - ☐ 9. Good listener
- ☐ **III. Take Interim Measures During Investigation**
 - ☐ A. Place the complainant or the accused on administrative leave.

-
- ☐ B. Temporarily transfer employees.
 - ☐ C. Be careful not to punish the complainant.
 - ☐ D. Change supervisory responsibilities.
 - ☐ **IV. Plan The Investigation**
 - ☐ A. Determine whether investigation should be covered by attorney-client or work-product privilege
 - ☐ B. Identify documents to review
 - ☐ C. Identify witnesses to be interviewed
 - ☐ D. Determine the format for recording information
 - ☐ E. Prepare a schedule for interviews
 - ☐ F. Prepare an outline of questions
 - ☐ G. Consult Barrington policy or collective bargaining agreement
 - ☐ H. Prepare timetable
 - ☐ I. Determine location of interviews
 - ☐ **V. Record The Interview**
 - ☐ A. Determine whether the interviews will be recorded
 - ☐ B. Determine whether another individual should witness interviews
 - ☐ C. Include in Interview Notes:
 - 1. Date, time and place of interview;
 - 2. Who was present during interview;
 - 3. The time that the interview was concluded;
 - 4. If there is a union involved and the accused declined union representation, a note to that effect;
 - 5. The question that was asked and the information provided in response;
 - 6. Ask the interviewee to read and sign (optional).

-
- ☐ **VI. Conducting Interviews Of The Complainant, Accused, And Witnesses**
 - ☐ A. Discuss Barrington policy regarding investigations
 - ☐ B. If disciplinary action may result from interview with witness, and witness is a member of a union, the union representative can be present.
 - ☐ C. Focus the interview on facts or matters of which the witness has personal knowledge
 - ☐ D. Follow up on answers with more questions
 - ☐ E. Ask witness for names of other witnesses or additional documentation to support their statements
 - ☐ F. View the premises where the alleged acts occurred
 - ☐ G. Use open-ended, non-leading questions
 - ☐ H. Before concluding interview, go back through notes and clarify that they are accurate
 - ☐ **VII. Interviewing The Complainant**
 - A. Ask the complainant about the incident or incidents
 - ☐ 1. Who harassed the complainant?
 - ☐ 2. How did the harassment take place?
 - ☐ 3. Where did the incident take place?
 - ☐ 4. When (exact date and time) did the incident take place?
 - ☐ 5. If the incident occurred more than once, how often and when?
 - ☐ 6. What was the complainant's response?
 - ☐ 7. Were there any witnesses to the incident? Who?
 - ☐ 8. Are there any written or computer-generated (i.e. e-mails) documents regarding the incident? Obtain copies.
 - ☐ 9. Obtain copies of the complainant's diary or journal.
 - ☐ 10. Did you tell anyone about the experience afterward? Who? When? Where? What was said? What was the other person's response?

-
- ☐ 11. Are there any other people that have complained about the accused's conduct or any other targets? Who?
 - ☐ 12. How has the Complainant been affected by the conduct?
 - B. Discuss Barrington NH's policy on harassment.
 - ☐ 1. The prohibitions against harassment.
 - ☐ 2. Barrington NH's commitment to banning it from workplace.
 - ☐ 3. Barrington NH's commitment to a neutral and impartial investigation.
 - ☐ 4. Information obtained in the investigation will be shared on a need-to-know basis (do not promise confidentiality).
 - ☐ 5. Barrington NH's prohibition against retaliatory conduct. Ask if the complainant has experienced retaliation.
 - C. Repeat the complainant's version of the incident and of the information the complainant has provided you to ensure accuracy.

☐ **VIII. Interviewing The Individual Who Is Alleged To Have Violated Barrington Policy**

- ☐ A. Treat with respect and a presumption of innocence
- ☐ B. Give the accused the full opportunity to respond to each and every allegation or complaint
- ☐ C. Explain Barrington policy regarding the infraction and the investigation, including Barrington NH's policy prohibiting retaliation
- ☐ D. Ask the accused what else should be looked into to insure fair investigation
- ☐ E. Explore the relationship between the accused and the complainant
- ☐ F. Ask the accused for any witnesses or additional documentation to support the accused's defenses
- ☐ G. Follow up on witnesses and review documentation
- ☐ H. Repeat the accused's version of the incident and of the information provided by the accused to ensure its accuracy

☐ **IX. Documenting The Investigation**

☐ A. Compile the Information Obtained

1. The complaint (if in writing)
2. Interview notes
3. Documents and physical evidence
4. Conclusions about credibility
5. Your conclusion about what occurred

☐ B. Prepare a Summary Report

1. The Complaint
2. The issues investigated
3. Witnesses interviewed
4. Documents reviewed
5. Other steps taken (including view of location)
6. Investigation time table
7. Summary of critical information
8. Credibility determinations
9. Findings (do not state make conclusions about whether “unlawful” or “sexual harassment” within the meaning of the law)
10. Recommendation for remedial action (only if asked to provide)

☐ **X. Making The Decision**

☐ A. Notify the Complainant and the Accused of the Conclusion

☐ B. If a finding of inappropriate behavior:

1. Take corrective action and disciplinary action that is reasonably calculated to deter future harassment and that is proportionate to the offense

2. Examples:

Training
Review or re-issuance of Barrington policy
Apology
Verbal reprimand
Written warning
Special counseling
Transfer or reassignment
Demotion

Withhold bonus
Suspension
Discharge

3. If individual found to have engaged in inappropriate behavior is not terminated, regularly meet with complainant to ensure behavior not continuing and no retaliation.



C. If cannot determine if inappropriate behavior occurred:

1. Reissue policy to all or certain employees
2. Conduct training for all employees
3. Regularly meet with complainant to ensure behavior not continuing and no retaliation

DISCIPLINARY/COUNSELING NOTICE

Employee: _____

Department: _____

Date of Occurrence: _____

Discipline:

- ☐ Counseling
- ☐ Verbal Warning
- ☐ Written Warning
- ☐ Suspension
- ☐ Dismissal
- ☐ Other

1. Statement of the problem: (e.g., violation of rules, standards, practices, or unsatisfactory performance)

2. Prior discussion or warnings on this subject: (e.g., oral, written, dates, etc.)

3. Statement of (Town)policy on this subject:

4. Summary of goals/corrective action to be taken:

Please be advised that failure to correct this behavior or further violation of Town Policy will result in disciplinary action, up to and including discharge from employment.

Employee comments: _____

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Supervisor's Printed Name _____

**Distribution: One copy to Employee, one copy to Supervisor and original copy to
Human Resources**

ADA

GRIEVANCES UNDER THE AMERICANS WITH DISABILITIES ACT

13.1 Purpose

To set up a grievance procedure under the Americans with Disabilities Act (ADA), this is mandated by federal law for any public entity employing fifty (50) or more persons.

13.2 ADA Coordinator

Pursuant to Section 35.107 of the ADA, the Town of Barrington will designate a person to coordinate its efforts to comply with the Americans with Disabilities Act, including investigation of any complaint alleging non-compliance or actions that would be prohibited by this Act. Through this policy, the Board of Selectmen designate the ADA Coordinator to be the Town Administrator.

13.3 Grievance Procedure

Grievances under the ADA will be handled according to the following five-step procedure:

- i) Any individual may file an ADA grievance. The complaint should be in writing and briefly describe the action alleged to be prohibited by the Act.
- ii) The ADA Coordinator shall conduct an investigation of the complaint as may be appropriate to determine its validity. In cases where the ADA Coordinator is directly involved with the grievance, the grievant shall be given the option of having an alternate ADA Coordinator, named by the Board of Selectmen, for subsequent actions on the grievance.
- iii) Within ten (10) business days, the ADA Coordinator shall meet with the grievant to discuss the findings of the investigation. The ADA Coordinator may attempt to resolve the grievance.
- iv) If unable to resolve the grievance, the ADA Coordinator shall, within ten (10) business days of the meeting with the grievant, forward a report on the facts to the Board of Selectmen, who shall meet within fifteen (15) business days of receiving the report and attempt to resolve the grievance.

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- v) If unable to resolve the grievance, the Board of Selectmen shall refer the matter to the Town's legal counsel.

The right of a person to a prompt and equitable resolution of a complaint filed there under shall not be impaired by the person's pursuit of other remedies.

SUPERVISOR'S PRE-DISMISSAL CHECKLIST

This checklist serves as a reference and guide to supervisors when considering a serious matter such as employee dismissal.

Employee Name _____ Department _____

Manager _____ Date _____

	YES	NO
1. Have I documented all facts and actions?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have I assembled the records?	<input type="checkbox"/>	<input type="checkbox"/>
3. Length of service _____ Performance records (keep examples of unsatisfactory work product) Attendance record Performance review records, reflecting candid appraisals Discipline and warning records Special action records		
4. Is my decision based on facts, not inference, suspicion or emotion?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the employee fully understood the job requirements and behavior standards?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have I given the employee specific information where he or she has fallen short in job performance or behavior standards?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the employee received at least one written warning of possible dismissal?	<input type="checkbox"/>	<input type="checkbox"/>
(Where serious misconduct is involved, immediate suspension without warning may be justified. Examples: drinking or drunkenness on duty, dishonesty, theft, immoral or indecent conduct, fighting, insubordination, violation of secrecy of communication rules, sabotage.) Am I <i>sure</i> the employee understood the warning?	<input type="checkbox"/>	<input type="checkbox"/>

8. Has the employee had sufficient time and opportunity to correct the condition that led me to take this action?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the employee had an opportunity to be heard?	<input type="checkbox"/>	<input type="checkbox"/>
Have I considered the employee's point of view?	<input type="checkbox"/>	<input type="checkbox"/>
Have personal difficulties or special, mitigating circumstances been considered?	<input type="checkbox"/>	<input type="checkbox"/>
10. Where the situation warrants, has consideration been given to transferring or demoting this employee?	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO
11. Am I sure that discharge will come as no surprise to the employee?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is dismissal in this case consistent with past practice?	<input type="checkbox"/>	<input type="checkbox"/>
13. Would the Town be able to justify treatment of this employee if he or she claims discrimination or unjust dismissal?	<input type="checkbox"/>	<input type="checkbox"/>
14. Would a jury conclude that our treatment of this employee was fair?	<input type="checkbox"/>	<input type="checkbox"/>
15. Has this decision been discussed with and approved by appropriate levels of higher management?	<input type="checkbox"/>	<input type="checkbox"/>
16. Am I prepared to handle this dismissal tactfully and objectively?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have I scheduled the dismissal interview at a time that will eliminate or minimize the employee's personal contact with other employees before he or she leaves the premises?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have I made arrangements to notify the employee in private?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have I arranged for the final paycheck and am I prepared to explain the amount?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do I know what group life and health insurance the employee has and am I able to explain what will happen to it after dismissal?	<input type="checkbox"/>	<input type="checkbox"/>
21. Is the Personnel Department prepared to conduct a careful exit interview?	<input type="checkbox"/>	<input type="checkbox"/>
22. Have I decided what statements will be made to other employees concerning this person's discharge?	<input type="checkbox"/>	<input type="checkbox"/>

CELLULAR PHONE/PDA/SMART PHONE POLICY

A. Purpose

To establish guidelines for the issuance and usage of Town of Barrington-owned cellular telephones as well as procedures for monitoring and controlling costs related to cellular telephone use in connection with Town of Barrington business. This policy outlines the cellular phone options supported by the Town of Barrington, guidelines for appropriate use, and other administrative issues relating to cellular phone acquisition and reimbursement. This policy was created in order to enhance employee safety, limit Town of Barrington liability, and help manage telecommunications costs. **Also see usage rules under computer/communications policy above.**

B. General

It is the policy of Barrington NH to consider the issuance of a cellular device when the responsibilities of an employee require:

- The employee to be reachable immediately.
- The employee to be “on call” outside of normal business hours.
- The employee is not normally present at a fixed workstation and timely communication is difficult to transact.
- The employee is required to make frequent and/or prolonged travel.

The final decision on whether an employee will be issued a cellular device rests with the Town Administrator or his designee. At the discretion of the Town, instead of a Town-issued phone, the Town of Barrington may elect to reimburse employees for an employee-owned cellular phone.

C. Issuing a Cellular Telephone

Employees requiring the use of a Town of Barrington-owned cellular phone must go through a process and clearly define why the phone is needed.

D. Town of Barrington-Owned Cellular Phones: Appropriate Use

It is imperative that cellular devices owned by the Town of Barrington used to conduct business be used appropriately, responsibly, and ethically. The following must be observed:

1. Town of Barrington-owned cellular devices are the property of the Town of Barrington and must be treated, used, and safeguarded as such. If an employee damages or loses a Town of Barrington-issued cellular phone, the employee must notify their supervisor immediately.

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2. Town issued cellular phones may not be used by anyone other than the employee to whom the phone has been issued, or another Town of Barrington employee or public official with a need to use the phone for Town of Barrington business.
 3. Employees shall have no expectation of privacy in the use of Town of Barrington cellular phones. All cellular phones and records related to them, including all itemized bills from the carrier are the property of the Town of Barrington and subject to freedom of information laws. The records and information about or stored on the phones may be used or monitored by the Town of Barrington as it deems warranted. All text messages and voice mails are the property of the Town of Barrington.
 4. No employee is to use a Town of Barrington-owned cellular phone for the purpose of illegal transactions, harassment, or obscene behavior, in accordance with other existing employee policies.
 5. Any service minutes that are “included” in the monthly plan are property of the Town of Barrington.
 6. While these phones should not be used for personal calls, it is understood that an occasional personal call may be necessary. The employee will be asked to reimburse the Town of Barrington for personal calls placed if they surpass the minutes that are “included” with the plan.

E. Reimbursement for Cellular Calls

Employees may be reimbursed for Town of Barrington business calls made on their own cellular telephones; however, such an arrangement must meet the following conditions:

1. You must be approved by your Department Head or the Town Administrator in advance for reimbursement.
2. Reimbursement requests should be made in advance.
3. The monthly reimbursement rate is set at the time of entering the agreement.

F. Policy Non-Compliance

The Department Head and Town Administrator will be advised of any breaches of this policy and will be responsible for taking appropriate remedial action, which may include revocation of the privilege to use Town of Barrington cellular devices.

I, (please print) _____, have read and understand the above ***Cellular Phone Policy***, and agree to adhere to the rules outlined therein.

Employee Signature

Date

ADA GRIEVANCE PROCEDURE

GRIEVANCES UNDER THE AMERICANS WITH DISABILITIES ACT

13.4 Purpose

To set up a grievance procedure under the Americans with Disabilities Act (ADA), this is mandated by federal law for any public entity employing fifty (50) or more persons. Employees with non-work-related disabilities who require accommodations to perform their jobs should make accommodation requests to the Town Administrator who is the ADA Coordinator.

13.5 ADA Coordinator

Pursuant to Section 35.107 of the ADA, the Town of Barrington will designate a person to coordinate its efforts to comply with the Americans with Disabilities Act, including investigation of any complaint alleging non-compliance or actions that would be prohibited by this Act. Through this policy, the Board of Selectmen designate the ADA Coordinator to be the Town Administrator.

13.6 Grievance Procedure

Grievances under the ADA will be handled according to the following five-step procedure:

- vi) Any individual may file an ADA grievance. The complaint should be in writing and briefly describe the action alleged to be prohibited by the Act.
- vii) The ADA Coordinator shall conduct an investigation of the complaint as may be appropriate to determine its validity. In cases where the ADA Coordinator is directly involved with the grievance, the grievant shall be given the option of having an alternate ADA Coordinator, named by the Board of Selectmen, for subsequent actions on the grievance.
- viii) Within ten (10) business days, the ADA Coordinator shall meet with the grievant to discuss the findings of the investigation. The ADA Coordinator may attempt to resolve the grievance.
- ix) If unable to resolve the grievance, the ADA Coordinator shall, within ten (10) business days of the meeting with the grievant, forward a report on the facts to the Board of Selectmen, who shall meet within fifteen (15) business days of receiving the report and attempt to resolve the grievance.
- x) If unable to resolve the grievance, the Board of Selectmen shall refer the matter to the Town's legal counsel.

The right of a person to a prompt and equitable resolution of a complaint filed there under shall not be impaired by the person's pursuit of other remedies.