

RESOLUTION 14-07

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

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

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

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

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

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

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

This resolution shall be effective upon passage.

Adopted this 18th day of December 2014.



Michael Arnold, Mayor

ATTEST:



Kerry Harville, City Recorder

5.11. PERFORMANCE APPRAISAL / EVALUATION

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

6.7. MILITARY LEAVE

The employee may choose to supplement military leave with vacation ~~or comp time~~, if available, up to the amount of regularly scheduled pay.

6.9. FAMILY AND MEDICAL LEAVE

Paid / Unpaid Leave. Family and medical leave runs concurrently with paid time off (i.e. sick and vacation). Payment during FMLA will be in accordance with current leave policies. If the employee does not have the time available or he/she exhausts paid time while out on family and medical leave, the remainder of the approved leave will be unpaid. When an employee is on "leave without pay" ~~for 15 calendar days or more during any calendar month~~ no benefits accrue. The combination of sick leave, annual leave, and unpaid leave may not exceed the total allowable leave under the FMLA.

7.3. TRAVEL POLICY

7.3.3. TRAVEL REQUESTS

To ensure reimbursement for official travel, an approved Travel Authorization Form is required (see appendix). ~~See Authorization for Travel Form in appendix.~~ Lack of pre-approval does not prohibit reimbursement, but it does assure reimbursement within the limits of the City travel policy. All costs associated with the travel should be reasonably estimated and *shown* on the Authorization for Travel Form. An approved authorization form is needed before advanced expenses are paid or travel advances are authorized. ~~A copy of the conference program, if applicable, should be attached to the authorization form.~~ If the program is not available prior to the travel, you must attach it to your Statement of Expense Claims Form.

7.3.4. TRAVEL DOCUMENTATION

It is the responsibility of the authorized traveler to:

- 7.3.4.1. prepare and accurately describe the travel;
- 7.3.4.2. certify the accuracy of the reimbursement request;
- 7.3.4.3. note on the reimbursement form all direct payments and travel advances made by the City; and
- 7.3.4.4. file the ~~expense form~~ **Expense Claims Form** (*see appendix*) with the necessary supporting documents and original receipts. The ~~expense form~~ **Expense Claims Form** should be filed with the finance department within 10 days of return or at the end of the month, whichever is more practical

7.3.5. TRANSPORTATION

Exceptions: When the traveler extends the trip with personal time to take advantage of discount fares, the reimbursement will be limited to the lesser of the:

- 7.3.5.2. ~~the amount that would have been incurred for the business portion only.~~ The calculations for the business portion of the trip must be made using the least expensive rates available. All expenses and savings associated with extending the trip must be submitted with the ~~expense reimbursement form~~ **Expense Claims Form**

VEHICLES

Personal Vehicle. Employees should use City vehicles when possible. Use of a private vehicle must be approved in advance by the supervisor. The City will pay a mileage rate not to exceed the rate allowed by the state schedule. The miles for reimbursement shall be paid from origin to destination and back by the most direct route as determined by a web-based electronic mapping source (i.e., MapQuest, Google Maps, etc.). The traveler's origin is home or work, whichever produces the least cost to the City. Necessary vicinity travel related to official City business will be reimbursed. ~~If an indirect route is taken, MapQuest mileage will be used to determine the mileage to be reimbursed.~~ If a privately owned automobile is used by two or more travelers on the same trip, only the traveler who owns or has custody of the automobile will be reimbursed for mileage. It is the responsibility of the traveler to provide adequate insurance to hold harmless the City for any liability from the use of the private vehicle. In no event will mileage reimbursement, plus vicinity travel and associated automobile costs, exceed the lowest reasonable available air fare and associated air fare travel costs. Travelers will not be reimbursed for automotive repair or breakdowns when using their personal vehicle.

TAXI, LIMOUSINE, AND OTHER TRANSPORTATION FARES

When an individual travels by common carrier, reasonable fares will be allowed for necessary ground transportation. Bus or limousine service to and from airports should be used when available and practical. The City will reimburse mileage for travel to and from the local airport and parking fees, provided such costs do not exceed normal taxi/limousine fares to and from the airport. Receipts are required. For travel between lodging quarters and meetings, conferences, or meals, reasonable taxi fares will be allowed. Remember, *original* receipts are required for claims of \$5 or more. Transportation to and from shopping, entertainment, or other personal trips is the choice of the traveler and not reimbursable. Reimbursement claims for taxis, limousines, or other ground transportation must be listed separately on the ~~expense form~~ **Expense Claims Form**, claiming the destination and amount of each fare.

7.3.6. LODGING

The amount allocated for lodging shall not ordinarily exceed the maximum per diem rates authorized by the state rate schedule.

- 7.3.6.1. Tennessee's reimbursement rate varies according to location and does not include appropriate taxes. State rates for travel reimbursement can be found in the state regulations online at <http://www.state.tn.us/finance/act/policy8.pdf>
<http://www.tn.gov/finance/act/documents/policy8.pdf>.
- 7.3.6.2. ~~Original lodging receipts must be submitted with the expense form. Photocopies are not acceptable.~~ Lodging receipts must be submitted with the **Expense Claims Form**.
- 7.3.6.3. If a traveler exceeds the maximum lodging per diem, excess costs are the responsibility of the traveler.
- 7.3.6.4. If the best rate is secured, and it still exceeds the maximum lodging per diem, the supervisor may authorize a higher reimbursement amount. Even if it costs more, travelers may be allowed to stay at the officially designated hotel of the meeting; however, more moderately priced accommodations must be requested whenever possible. It will be the traveler's responsibility to provide documentation of the "officially designated meeting site" room rates, if these rates are higher than the normal reimbursable amounts.
- 7.3.6.5. If two or more City employees travel together and share a room, the lodging reimbursement rate will be the maximum of two single rooms. If an employee shares a room with a non-employee, the

actual cost will be allowed up to the maximum reimbursable amount. The receipt for the entire amount must be submitted with the ~~expense form~~ **Expense Claims Form**.

7.3.6.6 Generally speaking, the City will not reimburse for lodging located less than 60 miles from the traveler's official station. The City Administrator may make exceptions for unusual circumstances.

7.3.7. MEALS AND INCIDENTALS

Receipts are not required for meals and incidentals. The authorized traveler may ~~be reimbursed~~ receive per diem based on the ~~daily amount based on the rate schedule~~ the State Per Diem Rate Schedule and the authorized length of stay. The per diem meal amounts are expected to cover meals, tips, porters, and incidental expenses. The authorized traveler will not be reimbursed more than this. Whether meals may be claimed depends on when the traveler leaves and returns to the official station. The traveler's official station is home or work, whichever produces the least cost to the City. When partial day travel is involved, the current per diem allowance is determined as follows:

- Breakfast will be eligible for per diem if the traveler departs before 7:00 am and the estimated travel time is more than two (2) hours.
- Lunch will be eligible for per diem if the traveler departs before 11:00 am and the traveler is eligible to receive per diem for dinner. Generally, lunch will not be eligible for per diem unless overnight travel is made regardless of departure time.
- Dinner will be eligible for per diem if the traveler departs before 7:00 pm and the estimated travel time is more than two (2) hours. When overnight travel is involved, dinner reimbursement is made regardless of departure time.

MEAL	IF DEPARTURE BEFORE	IF DEPARTURE AFTER
Breakfast	7:00 a.m.	8:00 a.m.
Lunch*	11:00 a.m.	1:30 p.m.
Dinner**	5:00 p.m.	6:30 p.m.

Departure time is determined by using the start time for the class or event less the estimated travel time from www.mapquest.com by a web-based electronic mapping source (i.e., MapQuest, Google Maps, etc.) If an employee must travel the day prior to the class or event due to length of travel time in combination with the start time of the class or event, the employee will be provided per diem for dinner according to the chart above for the day of travel.

*~~*Generally, lunch will not be reimbursed unless overnight travel is involved. Lunch may be reimbursed if departure is before 11 a.m. and the employee is eligible to be reimbursed for dinner.~~*

*~~** When overnight travel is involved, dinner reimbursement is made regardless of departure time~~*

~~Regardless of which reimbursement rate the City uses, the amounts include tip, gratuity, etc. The hour and date of departure and return must be shown on the expense form.~~

~~The excess cost of an official banquet may be allowed provided proper documentation or explanation is submitted with the expense form. If a meal is included as part of a conference or seminar registration, or is included with the air fare, then the allowance for that meal should be subtracted from the total allowance for the day. For example, if a dinner is included as part of the conference fee, the maximum meal allowance for the day should be reduced by the allowed dinner amount.~~

7.3.9. ENTERTAINMENT

The City may pay for certain entertainment expenses provided that the

- entertainment is appropriate in the conduct of City business;
- entertainment is approved by the City Administrator;
- group or individuals involved are identified;

- documentation is attached to the ~~expense form~~ Expense Claims Form to support the entertainment expense claims

To request reimbursement for authorized entertainment expenses, be sure to include with the ~~expense form~~ Expense Claims Form.

7.3.10. TRAVEL RECONCILIATION

- 7.3.10.1.** Within 10 days of return from travel, or by the end of the month, the traveler is expected to complete and file the Statement of Expense Claims Form. It must be certified by the traveler that the amount due is true and accurate. Original lodging, if the City provided a travel advance or made advanced payment, the traveler should include that information on the ~~expense form~~ Expense Claims Report. In the case of advances, the form should have a reconciliation summary, reflecting total claimed expenses with advances and City pre-payments indicated. The balance due the traveler or the refund due the City should be clearly shown below the total claim on the form or in a cover memo attached to the front of the form.

8.4. APPEAL PROCEDURE

Employees have the right to appeal the final determination and discipline resulting from a disciplinary action of a supervisor or department head within five business days of the disciplinary action. Grievance/Disciplinary Appeal Form can be located in the appendix of this manual. If the employee is appealing the disciplinary action of a supervisor the following action should be taken:

SECTION 10 – APPENDIX - PERSONNEL FORMS

CITY OF WHITE HOUSE

Employee Name: _____

Date: _____ Time: _____

Interview Location: _____

Interviewer(s): _____

YOUR RIGHTS

1. Prior to an internal interview concerning allegations of violations of administrative matters relating to the official business of the City of White House, the employee shall be advised as follows:
 - a. The employee is required to answer all questions fully and truthfully.
 - b. Refusal to comply with an order is a violation of department rules, which will subject the employee to disciplinary action.
 - c. Any required self-incriminating information disclosed will not be used against the employee in subsequent criminal proceedings.
2. An employee shall have the right to be represented, at his expense, by an attorney or supervisor who may, at the request of the employee, be present at all times during the interview, provided such representation does not result in suspension or delay of the interview for an unreasonable period of time. The employee representative is limited to acting as an observer of the interview, except that where the interview focuses on or leads to, evidence of potential criminal activity by the employee. An employee's representative may advise and confer with the employee during the interview.
3. Interviews will be conducted by a supervisor employed by the City, of equal rank or above the employee being interviewed, by a member of the City Law Department or by an agent representing an outside law enforcement agency.
4. Interviews will be conducted at a reasonable hour, preferably at a time that the employee is on duty, and shall take place at the office of the interviewer or another location of mutual convenience.
5. There will be no more than three persons conducting the interview and they will be responsible for all questions directed to the employee.
6. Interview sessions shall be for reasonable periods and shall allow for such personal necessities and rest periods as are reasonably necessary.
7. Employees under investigation shall not be subjected to offensive language nor threatened with transfer, dismissal or disciplinary action during an interview. No promise or reward shall be made by an interviewer as an inducement to answer any question.
8. Interviews will be limited in scope to activities, circumstances, events, conduct or acts, which pertain to the complaint made.
9. No public statement will be made prior to a final decision being rendered.
10. No employee shall be compelled to speak or testify before, or be questioned by, any non-governmental agency, or group not directly involved in the investigation.

11. No employee shall be required or requested to disclose any item of his property, income, assets, source of income, debts or personal or domestic expenditures, including those of any member of his family or household, unless such information is reasonably necessary in investigating a possible conflict of interest with respect to the performance of his official duties or unless such disclosure is required by law or reasonably related to the matter under investigation.

I, _____, by my signature below, affirm that I have been advised of MY RIGHTS and have had any questions I had explained to me.

Employee Signature

ID#

Date

Witnessing Employee

ID#

Date

CITY OF WHITE HOUSE
NOTICE OF CHARGES

Employee's Name: _____

Rank: _____

Date Violation Occurred: _____

TYPE OF VIOLATION: _____

Description of Violation: _____

(attach additional sheets if necessary)

Previous Disciplinary Actions/Dates:

This notice of charges is issued to you and will be forwarded to the Department Head. The Department Head will notify you of the date, time and location of the hearing. You may have a representative with you and submit written remarks at the hearing.

Signature of Person Issuing Notice of Charges

Date

Title

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

Employee Signature

Date

Original: Department Head

City of White House Employee Performance Appraisal

Employee: _____

Department: _____

Job Title: _____

Appraisal Period: _____

Appraisal Type: Six Month Annual Other

Rating Key: Meets Expectations = M/E Does Not Meet Expectation = DNME

Job Performance, Knowledge and Skills:

1. Understands and applies job related knowledge and skills. M/E DNME
2. Updates skills through education and training. M/E DNME
3. Adapts to changes in the job, work methods and surroundings. M/E DNME
4. Maintains reliable attendance. M/E DNME
5. Complies with safety and health policy and procedures. M/E DNME
6. Work is completed in a timely manner. M/E DNME

Communication & Interpersonal Skills:

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

Supervisory Skills (if applicable):

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

Overall Appraisal Rating: M/E DNME

Comments

Employee Status:

YES

NO

1. Annual Performance Appraisal Meets Expectations
2. No Disciplinary Suspension Issued During Evaluation Period
3. Department Training Requirements Met
4. Worked Full 12 Month Evaluation Period

<input type="checkbox"/>	<input type="checkbox"/>

Expected Goals and Objectives for Next Appraisal Period:

Employee Comments:

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

Employee Signature	_____	Date	_____
Appraiser Signature	_____	Date	_____
Department Head Signature	_____	Date	_____
Human Resources Signature	_____	Date	_____
City Administrator Signature	_____	Date	_____

**CITY OF WHITE HOUSE
EMPLOYEE REQUEST**

Reason:	<input type="checkbox"/> Replacement	<input type="checkbox"/> Overhire		
Classification:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Seasonal
Budgeted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Current Job Description:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, revision necessary prior to advertising.	
Advertise:	<input type="checkbox"/> Internal	<input type="checkbox"/> External	<input type="checkbox"/> Both	

Date Needed: _____ Department: _____

Job Title: _____ Pay Grade: _____

Budget Distribution Number: _____

Employee Reports To: _____

Please explain reason for vacancy: _____

Position Filled By: _____ Date: _____

(For HR use only)

Supervisor: _____ Date: _____

Human Resources: _____ Date: _____

City Administrator: _____ Date: _____

AUTHORIZATION FOR TRAVEL

CITY OF White House

I hereby request authority for travel on official city business to the destination on the dates and for the purpose indicated below.

DATE	CITY & STATE	HOTEL ADDRESS	PURPOSE OF TRIP

Accompanied By _____

APPLICANT _____ Department Account _____

Signature _____

Total Estimated Cost of Travel \$ _____

SPECIAL FUNDING REQUESTS (Select items requested.)

- Registration Prepayment
- Prepaid Airline Tickets
- Travel Advance of \$ _____

APPROVAL (Please note: Approval of travel requests by the signatory below indicates that adequate funding is provided in appropriations to cover the estimated costs of this travel.)

Signature _____ Department Head Signature _____ Chief Administrative Officer

**City of White House
Grievance / Disciplinary Appeal Form**

Employee Information		
Employee's Name:	Job Title:	Department and Work Unit:
	Daytime Phone:	Mailing Address:
Complaint Information		
Date of Occurrence:	Have you discussed this issue with your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Name:
	Date(s) of discussion:	Supervisor's Phone:
Issue of Complaint:		
List specific problem(s)/issue(s).		

For clarification of the issues of your complaint, please provide statements regarding the unfavorable employment decision/condition which is the subject of this complaint. (Describe what happened, when and where, how your employment has been affected, and indicate names of others involved. Attach any supporting documentation.)		

Relief Requested: Indicate the action(s) that would resolve your complaint.		

My signature indicates that the information contained on this form and attachments to this form are true and factual to the best of my knowledge.

Employee: _____

Date: _____

Supervisor: _____

Date Received: _____

City of White House Personnel Action

Action	<input type="checkbox"/> New Hire	<input type="checkbox"/> Separation	<input type="checkbox"/> Demotion	<input type="checkbox"/> Promotion	<input type="checkbox"/> Other
Details if "other" _____					
Employee Name: _____			Effective Date: _____		
Employee SSN: _____	Fund _____	Dept / Pay Dist # _____			

Job Title _____	Supervisor _____
Current Grade _____	New Grade _____
Current Rate _____	New Rate _____

Employee Information	
Home Address	Address Line #1: _____ Address Line #2: _____
Home Phone _____	Cell Phone _____
Emergency Contact Information	
Emergency Contact _____	Phone #1 _____ Phone #2 _____

Leave	
Leave Effective Date _____	Leave End Date _____
Leave Type (Check all that apply)	
<input type="checkbox"/> FMLA	<input type="checkbox"/> Sick Leave
<input type="checkbox"/> Administrative Suspension Leave	<input type="checkbox"/> Bereavement
	<input type="checkbox"/> Leave With Pay
	<input type="checkbox"/> Military
	<input type="checkbox"/> Leave Without Pay
	<input type="checkbox"/> Jury Duty

Separation	
Separation Effective Date _____	Reason _____
Recommended for re-hire?	<input type="checkbox"/> Recommended <input type="checkbox"/> NOT Recommended

Details of status change

Employee Signature _____	Date _____
Supervisor Signature _____	Date _____
Dept. Head Signature _____	Date _____
Human Resources _____	Date _____
City Administrator _____	Date _____



**CITY OF WHITE HOUSE
OUTSIDE EMPLOYMENT REQUEST**

I, _____, request to have a secondary job per the secondary job description listed below. I understand that the City of White House is my primary job and the requested secondary job will not interfere with or take priority over my job with the City of White House and that I will not use any city equipment of any kind for the secondary job.

SECONDARY JOB DESCRIPTION:

Signature

Date

APPROVED

APPROVED

DENIED

DENIED

Department Head

Date

City Administrator

Date

COMMENTS:

City of White House
Performance Correction Notice

Employee Name _____	Date _____
Supervisor / Mgr _____	Dept _____
Discipline Level <input checked="" type="checkbox"/> Oral Reprimand <input type="checkbox"/> Written Reprimand <input type="checkbox"/> Suspension PAID <input type="checkbox"/> Suspension UNPAID	
Incident Description _____	
Nature of Incident <i>Check all that apply</i>	
<input type="checkbox"/> Policy / Procedure Violation	<input type="checkbox"/> Performance Issue
<input type="checkbox"/> Behavior / Conduct Violation	<input type="checkbox"/> Attendance Violation

Description of incident and supporting details (include time, place, date, witnesses , etc. - attach supporting documentation if needed)

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

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

Employee Comments / Rebuttal (Attach additional sheets if needed)

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

Employee Signature _____	Date _____
Supervisor Signature _____	Date _____
Dept. Head Signature _____	Date _____
Human Resources Signature _____	Date _____
City Administrator Signature _____	Date _____

Distribution Copies: _____ HR _____ Employee

**CITY OF WHITE HOUSE
EMPLOYEE COUNSELING RECORD**

Employee counseling is meant to be a positive, constructive management tool used to correct a work related problem.

Employee Name: _____ **Date:** _____

Specific Problem(s):

(i.e Policy/Procedure violated; Behavioral/Conduct; Performance; Attendance - attach additional sheets if necessary)

Corrective Action Necessary:

Employee Notice: The specific problem(s) identified above have been discussed with you and the corrective action necessary has been made clear to you. If there is not immediate and sustained corrective action taken, further disciplinary action will be taken.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

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

Supervisor Follow-up Action: *(include date)*

Original: Human Resources

Copy: Employee

**CITY OF WHITE HOUSE
NOTICE OF CHARGES**

Employee's Name: _____ **Position:** _____

Date Violation Occurred: _____

Type of Violation: _____

Description of Violation: *(attach additional sheets if necessary)*

Previous Disciplinary Actions/Dates:

This notice of charges is issued to you and will be forwarded to the Department Head. The Department Head will notify you of the date, time and location of the hearing. You may have a representative with you and submit written remarks at the hearing.

Signature of Person Issuing Notice of Charges Date Title

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

Employee Signature Date

Original: Human Resources Copy: Employee

**CITY OF WHITE HOUSE
EMPLOYEE RIGHTS**

Employee Name: _____

Date: _____ **Time:** _____

Interview Location: _____

Interviewer(s): _____

YOUR RIGHTS

1. Prior to an internal interview concerning allegations of violations of administrative matters relating to the official business of the City of White House, the employee shall be advised as follows:
 - a. The employee is required to answer all questions fully and truthfully.
 - b. Refusal to comply with an order is a violation of department rules, which will subject the employee to disciplinary action.
 - c. Any required self-incriminating information disclosed will not be used against the employee in subsequent criminal proceedings.
2. An employee shall have the right to be represented, at his expense, by an attorney or supervisor who may, at the request of the employee, be present at all times during the interview, provided such representation does not result in suspension or delay of the interview for an unreasonable period of time. The employee representative is limited to acting as an observer of the interview, except that where the interview focuses on or leads to, evidence of potential criminal activity by the employee. An employee's representative may advise and confer with the employee during the interview.
3. Interviews will be conducted by a supervisor employed by the City, of equal rank or above the employee being interviewed, by a member of the City Law Department or by an agent representing an outside law enforcement agency.
4. Interviews will be conducted at a reasonable hour, preferably at a time that the employee is on duty, and shall take place at the office of the interviewer or another location of mutual convenience.
5. There will be no more than three persons conducting the interview and they will be responsible for all questions directed to the employee.
6. Interview sessions shall be for reasonable periods and shall allow for such personal necessities and rest periods as are reasonably necessary.
7. Employees under investigation shall not be subjected to offensive language nor threatened with transfer, dismissal or disciplinary action during an interview. No promise or reward shall be made by an interviewer as an inducement to answer any question.
8. Interviews will be limited in scope to activities, circumstances, events, conduct or acts, which pertain to the complaint made.
9. No public statement will be made prior to a final decision being rendered.
10. No employee shall be compelled to speak or testify before, or be questioned by, any non-governmental agency, or group not directly involved in the investigation.
11. No employee shall be required or requested to disclose any item of his property, income, assets, source of income, debts or personal or domestic expenditures, including those of any member of his family or household, unless such information is reasonably necessary in investigating a possible conflict of interest

with respect to the performance of his official duties or unless such disclosure is required by law or reasonably related to the matter under investigation.

I, _____, by my signature below, affirm that I have been advised of MY RIGHTS and have had any questions I had explained to me.

Employee Signature: _____

Date: _____

Witnessing Employee Signature: _____

Date: _____

Original: Human Resources Copy: Employee

**CITY OF WHITE HOUSE
PERFORMANCE CORRECTION NOTICE**

Employee Name: _____

Date: _____

Supervisor / Mgr: _____

Department: _____

Discipline Level: Oral Reprimand Written Reprimand
 Suspension PAID Suspension UNPAID

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

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

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

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

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

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

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Department Head Signature: _____

Date: _____

Human Resources Signature: _____

Date: _____

City Administrator Signature: _____

Date: _____

Original: Human Resources

Copy: Employee

**CITY OF WHITE HOUSE
GRIEVANCE / DISCIPLINARY APPEAL FORM**

Employee Name: _____ **Daytime Phone:** _____

Mailing Address: _____

Department: _____ **Position:** _____

Supervisor's Name: _____ **Supervisor's Phone:** _____

Complaint Information

Date of Occurrence: _____

Have you discussed this issue with your supervisor? Yes No

If yes, date(s) of discussion: _____

List specific problem(s) / issue(s):

For clarification of the issues of your complaint, please provide statements regarding the unfavorable employment decision/condition which is the subject of this complaint. (Describe what happened, when and where, how your employment has been affected, and indicate names of others involved. Attach additional sheets if necessary.)

Relief Requested: *(Indicate the action(s) that would resolve your complaint.)*

My signature indicates that the information contained on this form and attachments to this form are true and factual to the best of my knowledge.

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

Original: Human Resources Copy: Employee

**CITY OF WHITE HOUSE
PERFORMANCE APPRAISAL TOOL**

Employee: _____

Department: _____

Job Title: _____

Appraisal Period: _____

Appraisal Type: Six Month Annual Other

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

Job Performance, Knowledge and Skills:

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

Communication & Interpersonal Skills:

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

Supervisory Skills (if applicable):

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

Overall Appraisal Rating: M/E DNM/E

Comments:

Employee Status:

YES

NO

- 1. Did the employee's annual performance appraisal meet expectations?
- 2. Was a disciplinary suspension issued during the evaluation period?
- 3. Did the employee meet the department training requirements?
- 4. Did the employee work the full 12 month evaluation period?

Expected Goals and Objectives for Next Appraisal Period:

Employee Comments:

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

Employee Signature: _____

Date: _____

Appraiser Signature: _____

Date: _____

Department Head Signature: _____

Date: _____

Human Resources Signature: _____

Date: _____

City Administrator Signature: _____

Date: _____

Original: Human Resources

Copy: Employee

**CITY OF WHITE HOUSE
EMPLOYEE REQUEST**

Reason: Replacement New Position
Classification: Full Time Part Time
Budgeted: Yes No
Current Job Description: Yes No
Advertise: Internal External Both

Date Needed: _____ **Department:** _____
Job Title: _____ **Pay Grade:** _____
Budget Distribution Number: _____
Employee Reports To: _____

Reason for Vacancy:

Supervisor Signature: _____ **Date:** _____
Human Resources Signature: _____ **Date:** _____
City Administrator Signature: _____ **Date:** _____

Original: Human Resources

**CITY OF WHITE HOUSE
OUTSIDE EMPLOYMENT REQUEST**

I, _____, request to have a secondary job per the secondary job description listed below. I understand that the City of White House is my primary job and the requested secondary job will not interfere with or take priority over my job with the City of White House and that I will not use any city equipment of any kind for the secondary job.

Secondary Job Description:

Employee Signature: _____ Date: _____

APPROVED DENIED

Department Head Signature: _____ Date: _____

APPROVED DENIED

City Administrator Signature: _____ Date: _____

Comments:

Original: Human Resources Copy: Employee

City of White House Personnel Action Form

Effective Date: _____

Action: _____

Details if other: _____

Employee Name: _____

SSN: _____

Birth Date: _____

Job Title: _____

Supervisor Title: _____

Fund: _____

Pay Distribution #: _____

Current: Grade: _____ Rate: _____

New: Grade: _____ Rate: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact: _____

Contact Phone: _____

Separation Effective Date: _____

Reason: _____

Eligible for Rehire? _____

Details of Status Change:

Employee: _____

Date: _____

Supervisor: _____

Date: _____

Department Head: _____

Date: _____

Human Resources: _____

Date: _____

City Administrator: _____

Date: _____

CITY OF WHITE HOUSE TRAVEL AUTHORIZATION FORM

I hereby request authority for travel on official city business to the destination on the dates and for the purpose indicated below.

STEP 1: TOTAL ESTIMATED COST OF TRAVEL: \$ _____

APPLICANT NAME: _____	APPLICANT SIGNATURE: _____
-----------------------	----------------------------

TRAVEL DATES	CITY & STATE	ACCOMPANIED BY	PURPOSE OF TRIP

ESTIMATES FOR APPROVAL *Do not pay for anything until approved*

FUNDING REQUESTS with Department Accounts (Select items requested.)

- Registration Prepayment \$ _____ Account# _____
- *Hotel \$ _____ Account# _____
*Attach Travel Authorization Supplement Form if applicable
- Prepaid Airline Tickets \$ _____ Account# _____
- *Mileage \$ _____ Account# _____
*Attach Travel Authorization Supplement Form if applicable
- *Travel Advance of \$ _____ Account# _____
*Attach Travel Authorization Supplement Form if applicable

STEP 2: Submit Travel Authorization and Supplement Form (if applicable) to City Administration Office for approval.

STEP 3: Submit **approved copy** of Travel Authorization to the Finance Department's Accounts Payable with the following:

1. Completed check requests
2. Completed credit card charge log (air fare, hotel, conference registration, etc.)

*All forms submitted to Accounts Payable need proper documentation (i.e. agenda, travel, receipts)

APPROVAL (Please note: Approval of travel requests by the signatory below indicates that adequate funding is provided in appropriations to cover the estimated costs of this travel.)

Signature _____
Department Head

Signature _____
Authorized By

Date _____

**CITY OF WHITE HOUSE
TRAVEL AUTHORIZATION
SUPPLEMENT FORM**

Please refer to the following website to calculate the hotel rate and per diem allowance for the area you are traveling. <http://www.gsa.gov/portal/category/104711>

HOTEL

Conference Hotel*

* Unless approved by the City Administrator, per diem will NOT be given if the distance is less than 60 miles.

Non-conference Hotel*

*Verify City/State allowance for non-conference hotel rates

Hotel Name, City/State _____

MILEAGE

I will be using *(please check one)*

City Vehicle

Personal Vehicle

If you use a personal vehicle, mileage will be reimbursed at a rate of \$0.47 (per state rate) per mile. Please attach a web-based map/directions that shows the mileage for the trip. Enter the starting location as your home or work address, whichever produces the least cost to the City.

Total Mileage

Reimbursement Amount

PER DIEM

Are you requesting per diem? *(Please check one)*

Yes

No

If you are requesting per diem, please check the appropriate boxes below.

*Meals provided by conference may not be requested for per diem or reimbursement.

Attach a copy of conference agenda.

	Rates	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Not Applicable		<input type="checkbox"/>						
Breakfast		<input type="checkbox"/>						
Lunch		<input type="checkbox"/>						
Dinner		<input type="checkbox"/>						
Incidentals		<input type="checkbox"/>						
TOTAL								

STATEMENT OF EXPENSE CLAIMS
incurred while traveling on city business

Form T-2

CITY OF

NAME:	ADDRESS:
SOCIAL SECURITY NO.:	
AMOUNT TO PAY: \$	CITY, STATE, ZIP

DATE Month-Day-Year	DESCRIPTION	AMOUNT		ACCOUNT NAME	ACCOUNT NUMBER	OBJECT CODE	AMOUNT
	Travel		1				
			2				
			3				

Object of Trip:

Departure Date: Hour: Return Date: Hour:

DATE Month-Day	Where incurred	Lodging	MEALS			Trans- portation	OTHER EXPENSES		TOTAL each line
			Break- fast	Lunch	Dinner		Taxi, phone, entertainment, etc.	Amount	
TOTAL each column:							TOTAL each column:		

If an adjustment is made, a supplemental expense account may be filed when proper documentation has been obtained. The original reimbursement check number should be referenced when filing a supplemental claim.

Original check number: _____

Approved: _____
Department Head Date

Approved: _____
Mayor/Manager Date

I certify that the above-stated expenses were incurred by me while traveling on city business.

If checked, please return for correction of any errors. Otherwise the necessary adjustment will be made.

Signature: _____

Title: _____

PLEASE STAPLE RECEIPTS TO THIS FORM.