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## SECTION 12

### APPENDICES

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**ACCIDENT/INJURY & ILLNESS REPORT**

REF 3.10, 5.01, 8.09

**WAYNE COUNTY EMPLOYEE REPORT of ACCIDENT/INJURY**

The employee must complete this report as soon as possible following an accident/injury. This report will be provided to the supervisor within 24 hours of the accident/injury.

Name:  Date of Injury:  Time of Injury:  AM  PMSocial Security #:  Date of Birth: ☐ Full Time ☐ Part Time Date Employed:  Dept #: Home Address: Start Time of Work:  Day:  AM  PM**Witnesses (attach statement for each)**Name:  Title:  Phone Number: Name:  Title:  Phone Number: **Exact Location Injury Occurred / Duties Being Performed:**

Describe the circumstances causing the injury:

**Personal Protection Equipment Used:**☐ Foot Protection ☐ Face/Eye Protection ☐ Fall Protection ☐ Respiratory Protection ☐ Hand Protection☐ Head Protection ☐ Apron/Chaps ☐ Back Belt ☐ Lifting Assistance Device ☐ None☐ Other:  Object, equipment, or substance, which caused injury: **Lost Time/Restrictions:**Lost Time? ☐ No ☐ Yes - From  To: Restrictions? ☐ No ☐ Yes - From  To: Total Days of LOST Time or Restriction: **Corrective Action: Recommendations to Prevent Reoccurrence:**Date Completed:  By: Action Taken: **Medical Treatment:** ☐ No Treatment ☐ First Aid ☐ Outside Medical Treatment

Employee's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



# BACKGROUND CHECK:

## FCRA Authorization to Obtain a Consumer Report (Background/Credit Check)

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize *Wayne County* and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, \_\_\_\_\_, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish *Wayne County* or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

\_\_\_\_\_  
Please Sign Full Name, *including middle initial*

\_\_\_\_\_  
Date

DOB \_\_\_\_\_

SSN \_\_\_\_\_

DRIVER'S LICENSE:

NO. \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

CURRENT AND PREVIOUS RESIDENCES FOR PAST 7 YEARS (provide address, city, state, zip):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## BACKGROUND CHECK (JFS)

### WAYNE COUNTY DEPARTMENT OF JOB & FAMILY SERVICES

356 WEST NORTH STREET

P.O. BOX 76

WOOSTER, OH 44691

County Commissioners  
RON AMSTUTZ  
REBECCA S. FOSTER  
SUE A. SMAIL

Director  
RICHARD OWENS  
Phone (330) 287-5800  
Fax (330) 287-5899  
Toll Free 1-877-612-5800

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

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

Current Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ County \_\_\_\_\_

Wayne County Department of Job and Family Services (WCJFS) is required by the Ohio Department of Job & Family Services, Ohio Revised Code 124.74, Internal Revenue Service Publication 1075, and other applicable rules to conduct criminal background checks on candidates seeking employment with the agency, current employees, intermittent employees, contract employees, temporary service personnel, paid or unpaid interns, and certain independent vendors due to the confidential and sensitive information and data provided to agency. WCJFS is required to conduct BCI/FBI fingerprinting as well as request a criminal records background check from the local law enforcement agency of each municipality or county where the individual has resided, worked, and/or attended school in the past 5 years.

As such, Wayne County Department of Job and Family Services is requesting that your office conduct criminal records checks on the individual listed below and forward the results to **WCDJFS – Business Administrator; 356 W. North Street; Wooster, OH 44691 – marked CONFIDENTIAL.**

Name of Employee/Candidate: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (include county name): \_\_\_\_\_

Length of time at this address: \_\_\_\_\_

Previous address (if less than 5 yrs.): \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Wayne County Department of Job and Family Services to contact local law enforcement offices in each municipality or county where I have resided, worked, and/or attended school in the past 5 years to request criminal records and other information pertaining to me; and, hereby authorize each law enforcement entity contacted permission to release requested information to Wayne County Department of Job and Family Services. I also grant permission to Wayne County Department of Job and Family Services to submit my fingerprints and information to Federal Bureau of Investigations (FBI) and Ohio Bureau of Criminal Identification and Investigation (BCI) for federal and state criminal records checks. I understand that the results of the background checks will be used to determine my suitability for current or future employment, internship, contract, temporary employment assignment, and/or service as an independent vendor at or for Wayne County Department of Job and Family Services. Authorization to release information is valid for one year from date of signature.

\_\_\_\_\_  
Employee/Candidate Signature

\_\_\_\_\_  
Date

Thank you.



## GENERAL CONSENT:

**For Queries of the Federal Motor Carrier Safety Administration (FMCSA)      Drug and Alcohol Clearinghouse**

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I, \_\_\_\_\_, hereby provide consent to the Wayne County Commissioners to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I, \_\_\_\_\_, hereby consent to the Wayne County Commissioners conducting limited queries of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse for the duration of my employment. I understand that the Wayne County Commissioners must conduct queries annually as long as I am employed.

I understand that if the limited query conducted by the Wayne County Commissioners indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the Wayne County Commissioners without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent to the Wayne County Commissioners to conduct a limited query of the Clearinghouse, the Wayne County Commissioners must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

I further understand that if the above-referenced limited query reveals a drug and/or alcohol violation, I have 24 hours to provide electronic consent, in the Clearinghouse, so that a full query can be performed.

*\*Failure to give consent for either the limited or full query, and/or becoming ineligible to carry a CDL license, required as part of the employee's essential job functions, may result in discipline and/or termination.*

---

Please Sign Full Name, *including middle initial*

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Please Print Full Name, *including middle initial*

---

Date



# DOT/FMCSA:

## Clearinghouse Policy Addendum for Drivers

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The FMCSA Clearinghouse is a secure, online database that stores DOT/FMCSA drug and alcohol program violations. It also indicates when a driver, who violated the regulations in the past, has become re-qualified to drive. An act of Congress established the Clearinghouse. The Clearinghouse web address is <https://clearinghouse.fmcsa.dot.gov/>. All organizations who employ CDL-holders as commercial motor vehicle operators must register in the Clearinghouse.

Employers are required to conduct a LIMITED query once per year on each driver. The LIMITED query shows only whether there isn't a violation in the Clearinghouse. All drivers must sign a written consent for the employer to perform the LIMITED query.

Employers must also conduct a FULL query before hiring a new CDL driver. The driver must log into the Clearinghouse and give employer permission electronically. Also, if a LIMITED query reveals that driver violations exist, the driver has 24 hours to log in to provide electronic consent for the employer to perform a FULL query. The FULL query shows details of the violation.

When drivers register in the Clearinghouse, they can: 1) view their Clearinghouse record, 2) be notified whenever information about them is added or changed, 3) grant consent to a full query, 4) specify how they want to be contacted by FMCSA if necessary, and 5) select a Substance Abuse Professional following a violation.

What happens if a driver refuses to allow an employer to complete a LIMITED or FULL query? The driver must stand down and not perform safety sensitive duties.

What information is reported to the Clearinghouse? Regulations require mandatory reporting of the following information to the Clearinghouse after January 6, 2020:

- Verified positive, adulterated and substituted drug test results;
- Alcohol confirmation tests with a confirmation test of 0.040 or higher;
- Refusals to submit to any DOT testing;
- Verified and documented actual knowledge, meaning direct observation of the use of alcohol or controlled substances while on duty;
- Alcohol use within 4 hours of performing safety sensitive duties;
- Alcohol use within 8 hours of an accident or before a post-accident test is complete, whichever occurs first;
- Prohibited drug use while on duty;
- Successful completion of the return to duty process as reported by a Substance Abuse Professional (SAP);
- Negative Return To Duty tests;
- An employer's report of completion of follow-up testing.

The signature below acknowledges receipt of educational information required by 49 CFR Part 382.601(b)(12).

---

Please Sign Full Name, *including middle initial*

---

Please Print Full Name, *including middle initial*

---

Date



# RELEASE AND DOCUMENTATION

## Of Pre-Employment Testing Information by Applicant/Driver, required by Part 40.25(j)

**PART 40.25(j)** requires Employers to ask Applicant/Driver whether he/she has tested positive or refused to test on any pre employment alcohol or drug test administered by an Employer to which the Applicant/Driver applied but did not obtain safety sensitive transportation work covered by DOT agency alcohol and drug testing rules during the past two (2) years.

### Applicant/Driver to answer items listed below:

During the past two (2) years, have you tested positive on a pre-employment alcohol or drug test administered by an Employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules?

☐ YES ☐ NO

During the past two (2) years, have you refused to test on a pre-employment alcohol or drug test administered by an Employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules?

☐ YES ☐ NO

If you answered YES to either of the questions above, please provide documentation of your successful completion of the return to-duty process required by Part 40 Subpart O.

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\_\_\_\_\_  
Please Sign Full Name, *including middle initial*

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Please Print Full Name, *including middle initial*

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date





# CONSENT FOR RELEASE

## Of Alcohol and Drug Misuse and Testing Information from Previous Employers

The information requested below is required by DOT [40.25 and 391.23] to be released in accordance with this consent. The rule states "If you are an employer from whom information is requested ... you must, after reviewing the employee's specific, written consent, immediately release the requested information to the employer making the inquiry."

Employee Name

Social Security Number

Date of Birth

### Records to be **RELEASED FROM**:

Company Name: \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone, Fax, Email: \_\_\_\_\_

### Records to be **RELEASED TO**:

Company Name: Wayne County Commissioners  
 Attention: Barb Winey, HR Manager  
 Address: 428 West Liberty Street, Wooster, Ohio 44691  
 Telephone, Fax, Email: Phone 330-287-5409, Fax 330-287-5407, Email [bwiney@wayneohio.org](mailto:bwiney@wayneohio.org)

I authorize the release of information, to and from the companies specified above, concerning my alcohol and controlled substances testing records, within the previous **three years** from \_\_\_\_\_ (date of employment application).

Please Sign Full Name, *including middle initial*

Please Print Full Name, *including middle initial*

Date

To be completed by representative of company listed in the "Released From" section:

- ☐ This individual was never subject to Department of Transportation testing requirements. – or –  
☐ This individual was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

		YES	NO
1.	Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance testing?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Has this person violated any other drug or alcohol regulation in Parts 382 or 40?	<input type="checkbox"/>	<input type="checkbox"/>
5.	If there was a violation, did this person complete an SAP prescribed rehabilitation program? <i>If yes, please send documentation back with this form.</i>	<input type="checkbox"/>	<input type="checkbox"/>
6.	For an individual who successfully completed an SAP prescribed rehabilitation program, and remained in your employ, did this driver subsequently have an alcohol test of 0.04 or greater, a verified positive drug test, or refuse to be tested?	<input type="checkbox"/>	<input type="checkbox"/>

Wayne County  
Wayne County Administration Building  
428 West Liberty Street  
Wooster, Ohio 44691

May 13, 2009

Dear Sample Employee, the covered employee,  
and/or any covered spouse and/or dependents

**\*\*CONTINUATION COVERAGE RIGHTS UNDER COBRA\*\***

**Introduction**

You are receiving this notice because you have recently become covered under Sample Company (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

The right to COBRA continuation coverage was created by a federal law, Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and to other members of your family who are covered under the Plan when you would otherwise lose your group health coverage. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.** This notice gives only a summary of your COBRA continuation coverage rights. For more information about your rights and obligations under the Plan and under federal law, you should either review the Plan's Summary Plan Description or get a copy of the Plan Document from the Plan Administrator.

The Plan Administrator is

Wayne County  
Wayne County Administration Building  
428 West Liberty Street  
Wooster, Ohio 44691

**What is COBRA Continuation Coverage?**

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in the notice. COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." A qualified beneficiary is someone who will lose coverage under the Plan because of a qualifying event. Depending on the type of qualifying event, employees, spouses of employees, and dependent children of employees may be qualified beneficiaries. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because either one of the following qualifying events happens:

- (1) Your hours of employment are reduced, or
- (2) Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because any of the following qualifying events happens:

- (1) Your spouse dies;
- (2) Your spouse's hours of employment are reduced;
- (3) Your spouse's employment ends for any reason other than his or her gross misconduct;
- (4) Your spouse becomes enrolled in Medicare (Part A, Part B, or both); or
- (5) You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they will lose coverage under the Plan because any of the following qualifying events happens:

- (1) The parent-employee dies;
- (2) The parent-employee's hours of employment are reduced;
- (3) The parent-employee's employment ends for any reason other than his or her gross misconduct;
- (4) The parent-employee becomes enrolled in Medicare (Part A, Part B, or both);
- (5) The parents become divorced or legally separated; or
- (6) The child stops being eligible for coverage under the plan as a "dependent child."

### **When is COBRA Coverage Available?**

The plan will offer COBRA continuation to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or enrollment of the employee in Medicare (Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event. In addition, if the Plan provides retiree health coverage, then commencement of a proceeding in a bankruptcy with respect to the employer is also a qualifying event where the employer must notify the Plan Administrator of the qualifying event.

### **You Must Give Notice of Some Qualifying Events**

**For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator. The Plan requires you to notify the Plan Administrator within 60 days after the qualifying event occurs. You must send this notice to:**

Wayne County  
Wayne County Administration Building  
428 West Liberty Street  
Wooster, Ohio 44691

**How is COBRA Coverage Provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. For each qualified beneficiary who elects COBRA continuation coverage, COBRA continuation coverage will begin either (1) on the date of the qualifying event or (2) on the date that Plan coverage would otherwise have been lost, depending on the nature of the Plan.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, your divorce or legal separation, or a dependent child losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months.

When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

**Disability extension of 18-month period of continuation coverage**

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. This notice should be sent to:

Wayne County  
Wayne County Administration Building  
428 West Liberty Street  
Wooster, Ohio 44691

**Second qualifying event extension of 18-month period of continuation coverage**

If your family experiences another qualifying event while receiving COBRA continuation coverage, the spouse and dependent children in your family can get additional months of COBRA continuation coverage, up to a maximum of 36 months. This extension is available to the spouse and dependent children if the former employee dies, or gets divorced or legally separated. The extension is also available to a dependent child when that child stops being eligible under the Plan as a dependent child. **In all of these cases, you must make sure that the Plan Administrator is notified of the second qualifying event within 60 days of the second qualifying event. This notice must be sent to:**

Wayne County  
Wayne County Administration Building  
428 West Liberty Street  
Wooster, Ohio 44691

**Trade Act of 2002**

If you qualify for Trade Adjustment Assistance (TAA) as defined by the Trade Act of 2002, then you will be provided with an additional 60-day enrollment period, with continuation coverage beginning on the date of such TAA approval.

**If You Have Questions**

If you have questions about your COBRA continuation coverage, you should contact Benefit Compliance Inc. or you may contact the nearest Regional or District Office of the U.S Department of Labor's Employee Benefits Security Administration (EBSA). Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

**Keep Your Plan Informed of Address Changes**

**In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members.** You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

**Plan Contact Information**

Wayne County  
Wayne County Administration Building  
428 West Liberty Street  
Wooster, Ohio 44691

Sincerely,  
Benefit Compliance Inc.  
800-630-2398



# DISABILITY SEPARATION (VOLUNTARY)

## Request Form

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Employee Name:

Employee Address:

Office/Agency:

Position:

I am hereby requesting, under Section 11.01(D) of the Wayne County Personnel Policy Manual, a Voluntary Disability Separation. I am not currently able to perform the functions of my position and am requesting this separation so that I may work towards getting better and being able to return to my current position within the 2-year timeframe.

I understand that my return will be predicated on my physician evaluating the essential functions of my position and approving my return to work, as well as my ability to complete those essential functions with or without any reasonable accommodations.

I also understand that it is my responsibility to seek the return to work release and that my employer is not responsible to notify me when my return to work date is expiring.

---

Please Sign Full Name

---

Date

## DISCIPLINARY REPORTS



## RECORD OF INSTRUCTION AND CAUTIONING

Employee's Name \_\_\_\_\_

Employee's Classification \_\_\_\_\_

Date Instruction And Cautioning Was Issued \_\_\_\_\_

### VIOLATION

Date Violation Occurred \_\_\_\_\_

Location Where Violation Occurred \_\_\_\_\_

Description of Violation \_\_\_\_\_

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

(Attach Additional Sheet If Necessary)

This instruction and cautioning is issued as a corrective measure in an effort to help you improve your conduct.

\_\_\_\_\_  
Signature Of Person Issuing  
Instruction And Cautioning

\_\_\_\_\_  
Title

\_\_\_\_\_  
I hereby acknowledge that a copy of the Record Of Instruction And Cautioning has been given  
to me this day.

\_\_\_\_\_  
Signature Of Employee

\_\_\_\_\_  
Date

cc: Employee/Employee Personnel File

## DISCIPLINARY REPORTS



# RECORD OF WRITTEN WARNING

Employee's Name \_\_\_\_\_  
Employee's Classification \_\_\_\_\_  
Date Warning Was Issued \_\_\_\_\_

## VIOLATION

Date Violation Occurred \_\_\_\_\_  
Location Where Violation Occurred \_\_\_\_\_  
Description of Violation \_\_\_\_\_

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

(Attach Additional Sheet If Necessary)

This written warning is issued as a corrective measure in an effort to help you improve your conduct.

\_\_\_\_\_  
Signature Of Person Issuing Warning

\_\_\_\_\_  
Title

\_\_\_\_\_  
I hereby acknowledge that a copy of the Record Of Written Warning has been given to me this day.

\_\_\_\_\_  
Signature Of Employee

\_\_\_\_\_  
Date

cc: Employee/Employee Personnel File





## PRE-DISCIPLINARY CONFERENCE NOTICE

DATE OF PRE-DISCIPLINARY CONFERENCE: \_\_\_\_\_

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

Employee Classification: \_\_\_\_\_

### ALLEGED MISCONDUCT

Date Misconduct Occurred: \_\_\_\_\_

Location Where Misconduct Occurred: \_\_\_\_\_

Description of Misconduct (attach additional sheet if necessary): \_\_\_\_\_

*Offense and Group Level (I, II or III)...see Policy Manual Section 10.03:*

_____ Signature of Person Issuing Notice	_____ Title	_____ Date
---	----------------	---------------

Date which Notice of Pre-Disciplinary Conference Was Issued: \_\_\_\_\_

This is to notify you of the pre-disciplinary conference which has been set to give you an opportunity to offer an explanation of the above-mentioned misconduct, which could result in suspension or termination of your employment. You have a right to waive this hearing, although it is not advisable. If you choose to waive the hearing, you will need to check the below box, when signing below. DO NOT check the box if you choose to go forward with the hearing. Your signature is required either way; your signature is simply an acknowledgement that you received this notice.

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

☐ I hereby acknowledge that I have a right to waive this hearing and am choosing to do so. I am indicating this by checking this box.

_____ Signature Employee	_____ Date
-----------------------------	---------------

## DISCIPLINARY REPORTS

State of Ohio  
Department of Administrative Services

### Order of Removal, Reduction, Suspension, Fine, Involuntary Disability Separation

M. \_\_\_\_\_

This will notify you that you are: ☐ removed; ☐ suspended; ☐ suspended (working); ☐ fined;  
☐ involuntary disability separated; ☐ reduced in pay, from your position of

\_\_\_\_\_ and/or reduced to new position of \_\_\_\_\_  
effective \_\_\_\_\_ (date) (if applicable)

The reason for this action is that you have been guilty of (List relevant R.C. 124.34 disciplinary offense(s)).  
(Section not applicable for involuntary disability separation.)

#### Specifically:

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Notice of pre-disciplinary/separation hearing given to employee: \_\_\_\_\_  
(date)

Pre-disciplinary/separation hearing held or waived: \_\_\_\_\_  
(date)

Employee allowed to meet with employer: ☐ Yes ☐ No

Order hand-delivered to employee: \_\_\_\_\_  
(date, if hand-delivered)

If employee is suspended, list dates of suspension: \_\_\_\_\_

Signed at \_\_\_\_\_ Ohio, \_\_\_\_\_  
(city) (date)

Counter signature, if applicable

Counter signature, if applicable

Counter signature, if applicable

Signature of Appointing Authority

Type Name and Title of Appointing Authority

Type Department, Agency, or Institution

### “SECTION 124.34 ORDER” FORM INSTRUCTIONS

#### IMPORTANT INSTRUCTIONS TO THE APPOINTING AUTHORITY

(1) Actual signature means that each Order served on the employee must contain the actual signature of the Appointing Authority. Appointing Authority means the actual appointing officer of the department or agency as well as any approving officer or board required by law. If the appointment of an employee requires the approval of a board or commission, then a certified copy of the resolution of such board or commission approving the action must accompany this Order unless the actual signatures of the members of the board or commission appear on the front of the Order served on the employee.

(2) The Appointing Authority must set forth in detail the particular acts and circumstances constituting the offense(s) charged. Evidence presented on appeal must be limited to that which relates to the charge(s) made; hence the Appointing Authority must set forth the charges(s) broadly enough to encompass all the evidence the Appointing Authority intends to offer. It is equally important that the Appointing Authority fully state the ground(s) for the action.

(3) The Appointing Authority **MUST** provide an original of the Order to the employee on or before the effective date. The date on which the Order is served is the date the Order is delivered to the employee by hand or to the employee's last known mailing address by certified United States mail, whichever occurs first.

#### IMPORTANT INSTRUCTION TO THE EMPLOYEE

If you wish to appeal this action, then you must file your written appeal with the State Personnel Board of Review (SPBR) at 65 East State Street, 12th Floor, Columbus, Ohio 43215-4213. **Your appeal must actually be received and time stamped by SPBR by the tenth calendar day from the date the Order was served.** For the purposes of your appeal, the date on which the Order is served is the date the Order is delivered to you by hand or to your last known mailing address, as maintained by your Appointing Authority, by certified United States mail, whichever occurs first. You may obtain SPBR's Administrative Rules by writing the above office or by telephoning SPBR at (614) 466-7046. You may also obtain the rules at SPBR's website at <https://pbr.ohio.gov>.

#### ***Example of deadline to file appeal:***

An employee is given a 40-hour suspension. The suspension is to begin on October 11 and run five working days through October 15. The employee is served with the forthcoming suspension Order on October 8. The employee has until October 18 to file a written appeal (10 days from the date the employee was served with the Order).

**Reminder: If you are employed by a municipality or township that has a civil service commission, your appeal lies with that commission and not SPBR.**

You may contact SPBR at (614) 466-7046 regarding the above information or regarding SPBR's jurisdiction or you may visit our website at <https://pbr.ohio.gov>.

## PROBATIONARY REVIEW



## PROBATIONARY REVIEW

**Probationary employees do not become permanent employees until they pass probation. Therefore, the progressive discipline process does not apply. Please read Policy Section 205.(A)(1) for more information.**

Employee Name:

Office/Agency:

Position:

Supervisor:

Date:

ISSUES/PROBLEMS DISCUSSED, WHICH NEED IMPROVEMENT:

•

•

•

Employee Comments (if any):

This probationary review was done in an effort to help you improve in your position. By signing below, you are stating that you have seen and reviewed this document. Your signature does not necessarily indicate agreement.

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

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

\_\_\_\_\_  
Supervisor Signature

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

*cc: Employee Personnel File*



# DRIVER HISTORY

## Form

DRIVER NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

COUNTY OFFICE AND LOCATION: \_\_\_\_\_

DO YOU CURRENTLY HOLD A VALID STATE ISSUED DRIVER'S LICENSE? ☐ YES ☐ NO

If Yes, what state issued your Driver's License? ☐ OH ☐ Other State: \_\_\_\_\_

License Number: \_\_\_\_\_

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

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

CDL? ☐ Yes ☐ No

IF YOU HAD A LICENSE IN ANY OTHER STATE DURING THE PAST THREE (3) YEARS, PLEASE PROVIDE THE FOLLOWING INFORMATION:

State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF DRIVING WHILE IMPAIRED OR UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS WITHIN THE PAST THREE (3) YEARS? ☐ YES ☐ NO

If Yes, give explanation(s) and date(s):

\_\_\_\_\_

HAVE YOU REFUSED TO SUBMIT TO A BLOOD ALCHOL CONTENT TEST WITHIN THE PAST THREE (3) YEARS? ☐ YES ☐ NO

If Yes, give explanation(s) and date(s):

\_\_\_\_\_

HAVE YOU BEEN CONVICTED OF RECKLESS DRIVING, LEAVING THE SCENE OF AN ACCIDENT, OR COMMITTING A FELONY WHILE OPERATING A VEHICLE WITHIN THE PAST THREE (3) YEARS? ☐ YES ☐ NO

If Yes, give explanation(s) and date(s):

\_\_\_\_\_

HAVE YOU HAD YOUR OPERATOR'S LICENSE SUSPENDED, REVOKED OR ADMINISTRATIVELY RESTRICTED WITHIN THE LAST THREE (3) YEARS? ☐ YES ☐ NO

If Yes, give explanation(s) and date(s):

\_\_\_\_\_

**HAVE YOU BEEN CONVICTED OR FOUND AT-FAULT FOR ANY NON-FATAL ACCIDENT INVOLVING A MOTOR VEHICLE DURING THE PAST THREE (3) YEARS?** ☐ YES ☐ NO

*If Yes, give explanation(s) and date(s):*

---

**HAVE YOU BEEN CONVICTED OR FOUND AT-FAULT FOR ANY FATAL ACCIDENTS INVOLVING A MOTOR VEHICLE DURING THE PAST THREE (3) YEARS?** ☐ YES ☐ NO

*If Yes, give explanation(s) and date(s):*

---

**HAVE YOU BEEN CONVICTED OF ANY OTHER MOVING VEHICLE VIOLATIONS DURING THE PAST THREE (3) YEARS?** ☐ YES ☐ NO

*If Yes, give explanation(s) and date(s):*

---

I, the undersigned, certify that the answers provided to the questions on this *Driver History Form* are true and complete to the best of my knowledge.

I authorize Wayne County and any of its agencies, offices, or designated representative(s) to obtain additional information regarding my Driving Record in any state at any time while I am employed by (or seeking employment with) Wayne County. This information may include, but is not limited to, my Driving Record for the past five years, and Motor Vehicle Reports (MVR) or an equivalent document issued by any state where I resided and maintained a state issued Driver's License.

I understand that any misstatement of the facts on this form may cause my job offer to be rescinded and could also be grounds for my immediate termination of employment with Wayne County.

In the event that my MVR review indicates that I am a High Risk Driver, as defined in the Wayne County Personnel Policy Manual and furnished for my review, I understand that I may be subject to discipline, including suspension of my driving privileges while working as a Wayne County employee, or termination as explained in Section \_\_\_\_ of the Wayne County Personnel Policy Manual.

\_\_\_\_\_  
Driver Signature

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

Print Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Male ☐ Female ☐

**IMPORTANT NOTE! ATTACH PHOTOCOPY OF BOTH SIDES OF DRIVER'S LICENSE!**

---

**FOR OFFICE USE ONLY:**

\_\_\_\_\_  
Supervisor Signature

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

Print Name: \_\_\_\_\_

The presence of drugs of abuse will be tested by urine testing. All testing will be performed by a Department of Health and Human Services approved laboratory. Urine will initially be screened for the presence of drugs using an EMIT test. Should the screen demonstrate the presence of drug metabolite above the screen level listed below, then a confirmatory test will be performed using a GC/MS test. Should the GC/MS test confirm presence at or above the level listed below, the laboratory will report a positive result to the Medical Review Officer.

<b>Drugs of Abuse</b>	<b>Screening Cutoff Levels</b>	<b>Confirmation Cutoff Level</b>
Amphetamines	500 ng/ml*	250 ng/ml
Barbiturates	300 ng/ml	300 ng/ml
Benzodiazepines	300 ng/ml	300 ng/ml
Cocaine	150 ng/ml*	75 ng/ml
Opiates	300 ng/ml	300 ng/ml
Phencyclidine	25 ng/ml	25 ng/ml
Cannabinoids	15 ng/ml*	10 ng/ml
Methadone	300 ng/ml	300 ng/ml
Propoxyphene	300 ng/ml	300 ng/ml
LSD	25 ng/ml	

### Alcohol Testing

Alcohol testing will be performed by evidentiary breath testing by trained breath alcohol technicians utilizing testing equipment approved by the Department of Health and Human Services.

If the initial test demonstrates a blood alcohol concentration of .04% or higher, then a confirmatory test will be performed following a 15-minute wait period. If the confirmatory test shows a blood alcohol concentration of .04% or higher, the result will be immediately reported to the Program Administrator or other authorized employer representative.

---

\*per R.C. 4511.19

**EMPLOYEE SECTION****Fill out the employee section entirely, sign, date, and forward to the Referred Employee's office**

The employee who made the referral bears the responsibility of filling out and returning this form to the Referred Employee's office, preferably no less than 14 days prior to the first anniversary of the referred employee's start date, so paperwork can be processed in a timely manner. Failure to do this within 180 days of the referred employee's first anniversary will negate the referral reward. Employees should read Personnel Policy Section 2.06 for further details and information regarding this benefit: <https://www.wayneohio.org/more/commissioners>. Rewards will be considered supplemental wages and therefore taxable as defined by the Internal Revenue Service (IRS). Please ask your tax consultant if you have any concerns with this;

Employee Name: \_\_\_\_\_ Employee Department \_\_\_\_\_  
 Referred Employee Name: \_\_\_\_\_ Referred Employee Department \_\_\_\_\_

By checking the below boxes, I verify the following to be accurate and true:

- ☐ I am not an elected official or appointing authority.
- ☐ I am not applying for this benefit for my own transfer or placement.
- ☐ I was not part of the hiring process for the referred employee.
- ☐ I was not directly or indirectly responsible for the hiring of the referred employee.
- ☐ I am not the supervisor, nor one level over the supervisor, of the referred employee.
- ☐ The referred employee was not hired within my own office/agency.

*\*All boxes must be checked and accurate/true to receive the benefits of this program.*

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**EMPLOYER SECTION (for verification purposes)**

Referred Employee's Start Date: \_\_\_\_\_

Is the Referred Employee still employed with the agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the Referred Employee reached his/her first anniversary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the position permanent full-time or permanent part-time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the name of the above Employee listed as a referral on the Referred Employee's application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the name of the above Employee the only name listed as a referral?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*\* Employee must be listed as the source of referral on the application, not as a character reference. Attach the following application pages: 1) page one and 2) page showing the referral source.*

*All boxes must be checked "Yes" to receive the benefits of this program.*

**EMPLOYER INSTRUCTIONS:** Once Employee section has been fully completed, all boxes checked, signed and dated – and Employer section has been verified and completed with all "Yes" boxes checked and the appropriate application pages attached, please forward to the Auditor's Office, Attn: Diana Ogden.





# APPLICATION FOR EMPLOYMENT WAYNE COUNTY, OHIO

An Equal Opportunity Employer



Please type or print responses to all of the questions contained on the entire application form.

POSITION(S) APPLIED FOR: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST NAME & M.I.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

REFERRAL SOURCE:

WORD OF MOUTH: ☐ \_\_\_\_\_

ONLINE: ☐ \_\_\_\_\_

SOCIAL MEDIA: ☐ \_\_\_\_\_

COUNTY WEBSITE: ☐ \_\_\_\_\_

NEWSPAPER: ☐ \_\_\_\_\_

ARE YOU AN ADULT, LEGALLY EMANCIPATED OR OTHERWISE LEGALLY ELIGIBLE TO WORK IN THE STATE OF OHIO AND ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES?

YES: NO:

☐ ☐

DO YOU POSSESS A VALID STATE OF OHIO DRIVER'S LICENSE THAT IS NOT CURRENTLY SUSPENDED?

☐ ☐

IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT?

☐ ☐

DO YOU POSSES A VALID STATE OF OHIO COMMERCIAL DRIVERS LICENSE?

☐ ☐

IF YES, LIST CLASS & ENDORSEMENTS: \_\_\_\_\_

IF NO, AND REQUIRED FOR THIS POSITION, CAN YOU OBTAIN THE PROPER CLASS OF COMMERCIAL DRIVER'S LICENSE AND ENDORSEMENT PRIOR TO EMPLOYMENT?

☐ ☐

HAVE YOU BEEN EMPLOYED BY WAYNE COUNTY BEFORE?

☐ ☐

IF YES, LIST DATES & OFFICES: \_\_\_\_\_

HAVE YOU FILED OUT AN APPLICATION WITH WAYNE COUNTY BEFORE?

☐ ☐

IF YES, LIST DATES & OFFICES: \_\_\_\_\_

DO ANY OF YOUR FRIENDS OR RELATIVES WORK FOR WAYNE COUNTY?

☐ ☐

IF YES, LIST NAME(S): \_\_\_\_\_

ARE YOU PRESENTLY ON LAYOFF AND SUBJECT TO RECALL?

☐ ☐

DO YOU HAVE ANY COMMITMENTS (I.E., SECOND JOB, SCHOOL) WHICH MIGHT INTERFERE WITH, OR ADVERSELY AFFECT, EMPLOYMENT WITH WAYNE COUNTY?

☐ ☐

IF YES, EXPLAIN: \_\_\_\_\_

**EMPLOYMENT HISTORY AND WORK EXPERIENCE**

In this section, list all employment history and work experience in date order, including military experience. Begin with your current employer, enter "none" if unemployed. Use additional paper if necessary. Failure to include all employment may be grounds for disqualification.

**CURRENT EMPLOYER:** \_\_\_\_\_ **START DATE:** \_\_\_\_\_

**MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT?**      **YES:** ☐      **NO:** ☐

**CITY AND STATE:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR'S NAME:** \_\_\_\_\_

**BEGINNING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_ **ENDING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_

**DESCRIBE YOUR DUTIES (if not included on attached resume):** \_\_\_\_\_

**WHY DO YOU WANT TO LEAVE?** \_\_\_\_\_

**PREVIOUS EMPLOYER:** \_\_\_\_\_ **DATES EMPLOYED:** \_\_\_\_\_ **TO** \_\_\_\_\_

**CITY AND STATE:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR'S NAME:** \_\_\_\_\_

**BEGINNING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_ **ENDING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_

**DESCRIBE YOUR DUTIES (if not included on attached resume):** \_\_\_\_\_

**WHY DID YOU LEAVE?** \_\_\_\_\_

**PREVIOUS EMPLOYER:** \_\_\_\_\_ **DATES EMPLOYED:** \_\_\_\_\_ **TO** \_\_\_\_\_

**CITY AND STATE:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR'S NAME:** \_\_\_\_\_

**BEGINNING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_ **ENDING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_

**DESCRIBE YOUR DUTIES (if not included on attached resume):** \_\_\_\_\_

**WHY DID YOU LEAVE?** \_\_\_\_\_

**EDUCATION AND TRAINING**

**This section is intended to give the Employer information about the education and training that the applicant has completed, and to demonstrate the skills, knowledge, and abilities of the applicant to perform the job duties of the position.**

**HIGH SCHOOL ATTENDED:** \_\_\_\_\_ **CITY AND STATE:** \_\_\_\_\_

**DID YOU GRADUATE?** ☐ **YES** ☐ **NO** ☐ **HIGH SCHOOL EQUIVALENT**

**RELEVANT COURSES, ACTIVITIES, AWARDS, ACHIEVEMENTS, ETC.:** \_\_\_\_\_

**COLLEGE OR TRADE SCHOOL ATTENDED:** \_\_\_\_\_ **CITY AND STATE:** \_\_\_\_\_

**DEGREE:** \_\_\_\_\_ **DATES ATTENDED:** \_\_\_\_\_

**RELEVANT COURSES, ACTIVITIES, AWARDS, ACHIEVEMENTS, ETC.:** \_\_\_\_\_

**GRADUATE SCHOOL(S):** \_\_\_\_\_ **CITY AND STATE:** \_\_\_\_\_

**DEGREE:** \_\_\_\_\_ **DATES ATTENDED:** \_\_\_\_\_

**RELEVANT COURSES, ACTIVITIES, AWARDS, ACHIEVEMENTS, ETC.:** \_\_\_\_\_

**LIST ANY ADDITIONAL TRAINING, EDUCATION, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK, ETC THAT MAY BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION:**

**PLEASE LIST THREE WORK REFERENCES THAT ARE NOT RELATED TO YOU AND THAT YOU HAVE KNOWN AT LEAST ONE YEAR. BY LISTING REFERENCES, YOU ARE AGREEING THAT WE MAY CONTACT THEM.**

**NAME #1:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CITY AND STATE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**NAME #2:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CITY AND STATE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**NAME #3:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CITY AND STATE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each by placing your initials at the end of each paragraph. If you have any questions regarding one or more paragraphs, contact the Employer before initialing.

INITIAL:

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical/psychological examination that the Employer deems necessary to determine whether I can perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance abuse testing. \_\_\_\_\_
2. I understand that the County may run a background check before or after an offer of employment is made. Employment is contingent on said background check, whether done prior to the start of employment or if the results arrive after employment has already begun. I agree to provide whatever information is needed to perform the background checks. Applicants will be notified prior to a background check being conducted. \_\_\_\_\_
3. I understand and accept that given the duties and responsibilities of the Employer, I may be required to work weekends, evening hours, or at other times as determined by the Employer, including overtime hours. I also understand that any overtime hours worked may be compensated in the form of comp time and not as overtime pay, unless previously agreed to otherwise. \_\_\_\_\_
4. I understand and accept that it may be necessary for me to sign waivers to allow the Employer to obtain information from my current and former employers, schools, and certifications. \_\_\_\_\_
5. I understand and accept that if any information in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the Employer, I may be subject to disciplinary action, up to and including termination, if any information required by this application has been falsified or intentionally excluded. \_\_\_\_\_
6. I understand that Wayne County is a Drug Free Workplace and that my employment or offer of employment is conditioned on my cooperation and compliance with the Wayne County Policy and Program, which prohibits the use of illegal drugs, controlled substances/drugs, and all harmful intoxicants defined by ORC 2925.01 and ORC 3719.01; this includes medical marijuana. \_\_\_\_\_

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I RECOGNIZE THAT IF DISHONESTY IS DISCOVERED ON THIS APPLICATION OR ON AN ACCOMPANYING RESUME DURING THE INTERVIEW, DURING THE HIRING PROCESS OR AFTER HIRE, MY FUTURE EMPLOYMENT WITH THE EMPLOYER MAY BE JEOPARDIZED. I ALSO RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER MAY BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE. I FURTHER UNDERSTAND THAT IF HIRED BY THE COUNTY, I MUST ABIDE BY ALL WAYNE COUNTY RULES AND REGULATIONS, AND THAT IF STATE OR FEDERAL LAW DISQUALIFIES ME DUE TO A PARTICULAR CRIMINAL HISTORY, THAT LAW WILL BE UPHELD IN THE TERMINATION OF MY POSITION OR REMOVAL FROM THE CANDIDATE PROCESS.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date



## WAYNE COUNTY, OHIO EQUAL EMPLOYMENT OPPORTUNITY FORM



Applicants are requested to complete this form which will be used for statistical purposes only. A decision to not provide the requested information will have no effect on an applicant's chances for employment with Wayne County. This information will be maintained separate from the application for employment. Please type or print your responses. This information is not used or considered in any hiring decisions. Wayne County is an Equal Opportunity Employer.

POSITION(S) APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

SEX: FEMALE ☐ MALE ☐

**ETHNIC CATEGORY (CHECK ONE):**

- ☐ WHITE
- ☐ BLACK OR AFRICAN AMERICAN
- ☐ HISPANIC OR LATINO
- ☐ ASIAN
- ☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- ☐ AMERICAN INDIAN OR ALASKAN NATIVE
- ☐ TWO OR MORE RACES

# Ohio Ethics Law and Related Statutes



## The Ohio Ethics Commission

Ben Rose, Chair  
Shirley Mays, Vice Chair  
Merom Brachman  
Betty Davis  
Steve Dettelbach  
Ann Marie Tracey

David E. Freel, Executive Director

January 2009

**The Ohio Ethics Law: Revised Code Chapter 102.**

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**Section 102.01** As used in this chapter:

(A) “Compensation” means money, thing of value, or financial benefit. “Compensation” does not include reimbursement for actual and necessary expenses incurred in the performance of official duties.

(B) “Public official or employee” means any person who is elected or appointed to an office or is an employee of any public agency. “Public official or employee” does not include a person elected or appointed to the office of precinct, ward, or district committee member under section 3517.03 of the Revised Code, any presidential elector, or any delegate to a national convention. “Public official or employee” does not include a person who is a teacher, instructor, professor, or other kind of educator whose position does not involve the performance of, or authority to perform, administrative or supervisory functions.

(C) “Public agency” means the general assembly, all courts, any department, division, institution, board, commission, authority, bureau or other instrumentality of the state, a county, city, village, or township, the five state retirement systems, or any other governmental entity. “Public agency” does not include a department, division, institution, board, commission, authority, or other instrumentality of the state or a county, municipal corporation, township, or other governmental entity that functions exclusively for cultural, educational, historical, humanitarian, advisory, or research purposes; that does not expend more than ten thousand dollars per calendar year, excluding salaries and wages of employees; and whose members are uncompensated.

(D) “Immediate family” means a spouse residing in the person’s household and any dependent child.

(E) “Income” includes gross income as defined and used in the “Internal Revenue Code of 1986,” 100 Stat. 2085, 26 U.S.C. 1, as amended, interest and dividends on obligations or securities of any state or of any political subdivision or authority of any state or political subdivision, and interest or dividends on obligations of any authority, commission, or instrumentality of the United States.

(F) Except as otherwise provided in division (A) of section 102.08 of the Revised Code, “appropriate ethics commission” means:

(1) For matters relating to members of the general assembly, employees of the general assembly, employees of the legislative service commission, and candidates for the office of member of the general assembly, the joint legislative ethics committee;

(2) For matters relating to judicial officers and employees, and candidates for judicial office, the board of commissioners on grievances and discipline of the supreme court;

(3) For matters relating to all other persons, the Ohio ethics commission.

(G) “Anything of value” has the same meaning as provided in section 1.03 of the Revised Code and includes, but is not limited to, a contribution as defined in section 3517.01 of the Revised Code.

(H) “Honorarium” means any payment made in consideration for any speech given, article published, or attendance at any public or private conference, convention, meeting, social event, meal, or similar gathering. “Honorarium” does not include ceremonial gifts or awards that have insignificant monetary value; unsolicited gifts of nominal value or trivial items of informational value; or earned income from any person, other than a legislative agent, for personal services that are customarily provided in connection with the practice of a bona fide business, if that business initially began before the public official or employee conducting that business was elected or appointed to the public official’s or employee’s office or position of employment.

(I) “Employer” means any person who, directly or indirectly, engages an executive agency lobbyist or legislative agent.

(J) “Executive agency decision,” “executive agency lobbyist,” and “executive agency lobbying activity” have the same meanings as in section 121.60 of the Revised Code.

(K) “Legislation,” “legislative agent,” “financial transaction,” and “actively advocate” have the same meanings as in section 101.70 of the Revised Code.

(L) “Expenditure” has the same meaning as in section 101.70 of the Revised Code when used in relation to activities of a legislative agent, and the same meaning as in section 121.60 of the Revised Code when used in relation to activities of an executive agency lobbyist.



**Section 102.02**

(A) Except as otherwise provided in division (H) of this section, all of the following shall file with the appropriate ethics commission the disclosure statement described in this division on a form prescribed by the appropriate commission: every person who is elected to or is a candidate for a state, county, or city office and every person who is appointed to fill a vacancy for an unexpired term in such an elective office; all members of the state board of education; the director, assistant directors, deputy directors, division chiefs, or persons of equivalent rank of any administrative department of the state; the president or other chief administrative officer of every state institution of higher education as defined in section 3345.011 of the Revised Code; the executive director and the members of the capitol square review and advisory board appointed or employed pursuant to section 105.41 of the Revised Code; the chief executive officer and the members of the board of each state retirement system; each employee of a state retirement board who is a state retirement system investment officer licensed pursuant to section 1707.163 of the Revised Code; the members of the Ohio retirement study council appointed pursuant to division (C) of section 171.01 of the Revised Code; employees of the Ohio retirement study council, other than employees who perform purely administrative or clerical functions; the administrator of workers' compensation and each voting member of the workers' compensation oversight commission; the chief investment officer of the bureau of workers' compensation; all members of the board of commissioners on grievances and discipline of the supreme court and the ethics commission created under section 102.05 of the Revised Code; every business manager, treasurer, or superintendent of a city, local, exempted village, joint vocational, or cooperative education school district or an educational service center; every person who is elected to or is a candidate for the office of member of a board of education of a city, local, exempted village, joint vocational, or cooperative education school district or of a governing board of an educational service center that has a total student count of twelve thousand or more as most recently determined by the department of education pursuant to section 3317.03 of the Revised Code; every person who is appointed to the board of education of a municipal school district pursuant to division (B) or (F) of section 3311.71 of the Revised Code; all members of the board of directors of a sanitary district that is established under Chapter 6115. of the Revised Code and organized wholly for the purpose of providing a water supply for domestic, municipal, and public use, and that includes two municipal corporations in two counties; every public official or employee who is paid a salary or wage in accordance with schedule C of section 124.15 or schedule E-2 of section 124.152 of the Revised Code; members of the board of trustees and the executive director of the tobacco use prevention and control foundation; members of the board of trustees and the executive director of the southern Ohio agricultural and community development foundation; and every other public official or employee who is designated by the appropriate ethics commission pursuant to division (B) of this section.

The disclosure statement shall include all of the following:

(1) The name of the person filing the statement and each member of the person's immediate family and all names under which the person or members of the person's immediate family do business;

(2)(a) Subject to divisions (A)(2)(b), and (c) of this section and except as otherwise provided in section 102.022 of the Revised Code, identification of every source of income, other than income from a legislative agent identified in division (A)(2)(b) of this section, received during the preceding calendar year, in the person's own name or by any other person for the person's use or benefit, by the person filing the statement, and a brief description of the nature of the services for which the income was received. If the person filing the statement is a member of the general assembly, the statement shall identify the amount of every source of income received in accordance with the following ranges of amounts: zero or more, but less than one thousand dollars; one thousand dollars or more, but less than ten thousand dollars; ten thousand dollars or more, but less than twenty-five thousand dollars; twenty-five thousand dollars or more, but less than fifty thousand dollars; fifty thousand dollars or more, but less than one hundred thousand dollars; and one hundred thousand dollars or more. Division (A)(2)(a) of this section shall not be construed to require a person filing the statement who derives income from a business or profession to disclose the individual items of income that constitute the gross income of that business or profession, except for those individual items of income that are attributable to the person's or, if the income is shared with the person, the partner's, solicitation of services or goods or performance, arrangement, or facilitation of services or provision of goods on behalf of the business or profession of clients, including corporate clients, who are legislative agents. A person who files the statement under this section shall disclose the identity of and the amount of income received from a person who the public official or employee knows or has reason to know is

doing or seeking to do business of any kind with the public official's or employee's agency.

(b) If the person filing the statement is a member of the general assembly, the statement shall identify every source of income and the amount of that income that was received from a legislative agent during the preceding calendar year, in the person's own name or by any other person for the person's use or benefit, by the person filing the statement, and a brief description of the nature of the services for which the income was received. Division (A)(2)(b) of this section requires the disclosure of clients of attorneys or persons licensed under section 4732.12 of the Revised Code, or patients of persons certified under section 4731.14 of the Revised Code, if those clients or patients are legislative agents. Division (A)(2)(b) of this section requires a person filing the statement who derives income from a business or profession to disclose those individual items of income that constitute the gross income of that business or profession that are received from legislative agents.

(c) Except as otherwise provided in division (A)(2)(c) of this section, division (A)(2)(a) of this section applies to attorneys, physicians, and other persons who engage in the practice of a profession and who, pursuant to a section of the Revised Code, the common law of this state, a code of ethics applicable to the profession, or otherwise, generally are required not to reveal, disclose, or use confidences of clients, patients, or other recipients of professional services except under specified circumstances or generally are required to maintain those types of confidences as privileged communications except under specified circumstances. Division (A)(2)(a) of this section does not require an attorney, physician, or other professional subject to a confidentiality requirement as described in division (A)(2)(c) of this section to disclose the name, other identity, or address of a client, patient, or other recipient of professional services if the disclosure would threaten the client, patient, or other recipient of professional services, would reveal details of the subject matter for which legal, medical, or professional advice or other services were sought, or would reveal an otherwise privileged communication involving the client, patient, or other recipient of professional services. Division (A)(2)(a) of this section does not require an attorney, physician, or other professional subject to a confidentiality requirement as described in division (A)(2)(c) of this section to disclose in the brief description of the nature of services required by division (A)(2)(a) of this section any information pertaining to specific professional services rendered for a client, patient, or other recipient of professional services that would reveal details of the subject matter for which legal, medical, or professional advice was sought or would reveal an otherwise privileged communication involving the client, patient, or other recipient of professional services.

(3) The name of every corporation on file with the secretary of state that is incorporated in this state or holds a certificate of compliance authorizing it to do business in this state, trust, business trust, partnership, or association that transacts business in this state in which the person filing the statement or any other person for the person's use and benefit had during the preceding calendar year an investment of over one thousand dollars at fair market value as of the thirty-first day of December of the preceding calendar year, or the date of disposition, whichever is earlier, or in which the person holds any office or has a fiduciary relationship, and a description of the nature of the investment, office, or relationship. Division (A)(3) of this section does not require disclosure of the name of any bank, savings and loan association, credit union, or building and loan association with which the person filing the statement has a deposit or a withdrawable share account.

(4) All fee simple and leasehold interests to which the person filing the statement holds legal title to or a beneficial interest in real property located within the state, excluding the person's residence and property used primarily for personal recreation;

(5) The names of all persons residing or transacting business in the state to whom the person filing the statement owes, in the person's own name or in the name of any other person, more than one thousand dollars. Division (A)(5) of this section shall not be construed to require the disclosure of debts owed by the person resulting from the ordinary conduct of a business or profession or debts on the person's residence or real property used primarily for personal recreation, except that the superintendent of financial institutions shall disclose the names of all state-chartered savings and loan associations and of all service corporations subject to regulation under division (E)(2) of section 1151.34 of the Revised Code to whom the superintendent in the superintendent's own name or in the name of any other person owes any money, and that the superintendent and any deputy superintendent of banks shall disclose the names of all state-chartered banks and all bank subsidiary corporations subject to regulation under section 1109.44 of the Revised Code to whom the superintendent or deputy superintendent owes any money.

(6) The names of all persons residing or transacting business in the state, other than a depository excluded under division (A)(3) of this section, who owe more than one thousand dollars to the person filing the

statement, either in the person's own name or to any person for the person's use or benefit. Division (A)(6) of this section shall not be construed to require the disclosure of clients of attorneys or persons licensed under section 4732.12 or 4732.15 of the Revised Code, or patients of persons certified under section 4731.14 of the Revised Code, nor the disclosure of debts owed to the person resulting from the ordinary conduct of a business or profession.

(7) Except as otherwise provided in section 102.022 of the Revised Code, the source of each gift of over seventy-five dollars, or of each gift of over twenty-five dollars received by a member of the general assembly from a legislative agent, received by the person in the person's own name or by any other person for the person's use or benefit during the preceding calendar year, except gifts received by will or by virtue of section 2105.06 of the Revised Code, or received from spouses, parents, grandparents, children, grandchildren, siblings, nephews, nieces, uncles, aunts, brothers-in-law, sisters-in-law, sons-in-law, daughters-in-law, fathers-in-law, mothers-in-law, or any person to whom the person filing the statement stands in loco parentis, or received by way of distribution from any inter vivos or testamentary trust established by a spouse or by an ancestor;

(8) Except as otherwise provided in section 102.022 of the Revised Code, identification of the source and amount of every payment of expenses incurred for travel to destinations inside or outside this state that is received by the person in the person's own name or by any other person for the person's use or benefit and that is incurred in connection with the person's official duties, except for expenses for travel to meetings or conventions of a national or state organization to which any state agency, including, but not limited to, any legislative agency or state institution of higher education as defined in section 3345.011 of the Revised Code, pays membership dues, or any political subdivision or any office or agency of a political subdivision pays membership dues;

(9) Except as otherwise provided in section 102.022 of the Revised Code, identification of the source of payment of expenses for meals and other food and beverages, other than for meals and other food and beverages provided at a meeting at which the person participated in a panel, seminar, or speaking engagement or at a meeting or convention of a national or state organization to which any state agency, including, but not limited to, any legislative agency or state institution of higher education as defined in section 3345.011 of the Revised Code, pays membership dues, or any political subdivision or any office or agency of a political subdivision pays membership dues, that are incurred in connection with the person's official duties and that exceed one hundred dollars aggregated per calendar year;

(10) If the disclosure statement is filed by a public official or employee described in division (B)(2) of section 101.73 of the Revised Code or division (B)(2) of section 121.63 of the Revised Code who receives a statement from a legislative agent, executive agency lobbyist, or employer that contains the information described in division (F)(2) of section 101.73 of the Revised Code or division (G)(2) of section 121.63 of the Revised Code, all of the non-disputed information contained in the statement delivered to that public official or employee by the legislative agent, executive agency lobbyist, or employer under division (F)(2) of section 101.73 or (G)(2) of section 121.63 of the Revised Code.

A person may file a statement required by this section in person or by mail. A person who is a candidate for elective office shall file the statement no later than the thirtieth day before the primary, special, or general election at which the candidacy is to be voted on, whichever election occurs soonest, except that a person who is a write-in candidate shall file the statement no later than the twentieth day before the earliest election at which the person's candidacy is to be voted on. A person who holds elective office shall file the statement on or before the fifteenth day of April of each year unless the person is a candidate for office. A person who is appointed to fill a vacancy for an unexpired term in an elective office shall file the statement within fifteen days after the person qualifies for office. Other persons shall file an annual statement on or before the fifteenth day of April or, if appointed or employed after that date, within ninety days after appointment or employment. No person shall be required to file with the appropriate ethics commission more than one statement or pay more than one filing fee for any one calendar year.

The appropriate ethics commission, for good cause, may extend for a reasonable time the deadline for filing a statement under this section.

A statement filed under this section is subject to public inspection at locations designated by the appropriate ethics commission except as otherwise provided in this section.

(B) The Ohio ethics commission, the joint legislative ethics committee, and the board of commissioners on grievances and discipline of the supreme court, using the rule-making procedures of Chapter 119. of the Revised Code, may require any class of public officials or employees under its jurisdiction and not specifically

excluded by this section whose positions involve a substantial and material exercise of administrative discretion in the formulation of public policy, expenditure of public funds, enforcement of laws and rules of the state or a county or city, or the execution of other public trusts, to file an annual statement on or before the fifteenth day of April under division (A) of this section. The appropriate ethics commission shall send the public officials or employees written notice of the requirement by the fifteenth day of February of each year the filing is required unless the public official or employee is appointed after that date, in which case the notice shall be sent within thirty days after appointment, and the filing shall be made not later than ninety days after appointment.

Except for disclosure statements filed by members of the board of trustees and the executive director of the tobacco use prevention and control foundation and members of the board of trustees and the executive director of the southern Ohio agricultural and community development foundation, disclosure statements filed under this division with the Ohio ethics commission by members of boards, commissions, or bureaus of the state for which no compensation is received other than reasonable and necessary expenses shall be kept confidential. Disclosure statements filed with the Ohio ethics commission under division (A) of this section by business managers, treasurers, and superintendents of city, local, exempted village, joint vocational, or cooperative education school districts or educational service centers shall be kept confidential, except that any person conducting an audit of any such school district or educational service center pursuant to section 115.56 or Chapter 117. of the Revised Code may examine the disclosure statement of any business manager, treasurer, or superintendent of that school district or educational service center. The Ohio ethics commission shall examine each disclosure statement required to be kept confidential to determine whether a potential conflict of interest exists for the person who filed the disclosure statement. A potential conflict of interest exists if the private interests of the person, as indicated by the person's disclosure statement, might interfere with the public interests the person is required to serve in the exercise of the person's authority and duties in the person's office or position of employment. If the commission determines that a potential conflict of interest exists, it shall notify the person who filed the disclosure statement and shall make the portions of the disclosure statement that indicate a potential conflict of interest subject to public inspection in the same manner as is provided for other disclosure statements. Any portion of the disclosure statement that the commission determines does not indicate a potential conflict of interest shall be kept confidential by the commission and shall not be made subject to public inspection, except as is necessary for the enforcement of Chapters 102. and 2921. of the Revised Code and except as otherwise provided in this division.

(C) No person shall knowingly fail to file, on or before the applicable filing deadline established under this section, a statement that is required by this section.

(D) No person shall knowingly file a false statement that is required to be filed under this section.

(E)(1) Except as provided in divisions (E)(2) and (3) of this section, the statement required by division (A) or (B) of this section shall be accompanied by a filing fee of forty dollars.

(2) The statement required by division (A) of this section shall be accompanied by the following filing fee to be paid by the person who is elected or appointed to, or is a candidate for, any of the following offices:

For state office, except member of the state board of education .....	\$65
For office of member of general assembly .....	\$40
For county office .....	\$40
For city office .....	\$25
For office of member of the state board of education .....	\$25
For office of member of a city, local, exempted village, or cooperative education board of education or educational service center governing board.....	\$20
For position of business manager, treasurer, or superintendent of a city, local, exempted village, joint vocational, or cooperative education school district or educational service center .....	\$20

(3) No judge of a court of record or candidate for judge of a court of record, and no referee or magistrate serving a court of record, shall be required to pay the fee required under division (E)(1) or (2) or (F) of this section.

(4) For any public official who is appointed to a non-elective office of the state and for any employee who holds a non-elective position in a public agency of the state, the state agency that is the primary employer of the state official or employee shall pay the fee required under division (E)(1) or (F) of this section.

(F) If a statement required to be filed under this section is not filed by the date on which it is required to be filed, the appropriate ethics commission shall assess the person required to file the statement a late filing fee of ten dollars for each day the statement is not filed, except that the total amount of the late filing fee shall not exceed two hundred fifty dollars.

(G)(1) The appropriate ethics commission other than the Ohio ethics commission shall deposit all fees it receives under divisions (E) and (F) of this section into the general revenue fund of the state.

(2) The Ohio ethics commission shall deposit all receipts, including, but not limited to, fees it receives under divisions (E) and (F) of this section and all moneys it receives from settlements under division (G) of section 102.06 of the Revised Code, into the Ohio ethics commission fund, which is hereby created in the state treasury. All moneys credited to the fund shall be used solely for expenses related to the operation and statutory functions of the commission.

(H) Division (A) of this section does not apply to a person elected or appointed to the office of precinct, ward, or district committee member under Chapter 3517. of the Revised Code; a presidential elector; a delegate to a national convention; village or township officials and employees; any physician or psychiatrist who is paid a salary or wage in accordance with schedule C of section 124.15 or schedule E-2 of section 124.152 of the Revised Code and whose primary duties do not require the exercise of administrative discretion; or any member of a board, commission, or bureau of any county or city who receives less than one thousand dollars per year for serving in that position.

### **Sec. 102.021**

(A)(1) For the twenty-four month period immediately following the end of the former state elected officer's or staff member's service or public employment, except as provided in division (B) or (D) of this section, each former state elected officer or staff member who filed or was required to file a disclosure statement under section 102.02 of the Revised Code shall file, on or before the deadlines specified in division (D) of this section, with the joint legislative ethics committee a statement that shall include the information described in divisions (A)(2), (3), (4), and (5) of this section, as applicable. The statement shall be filed on a form and in the manner specified by the joint legislative ethics committee. This division does not apply to a state elected officer or staff member who filed or was required to file a disclosure statement under section 102.02 of the Revised Code, who leaves service or public employment, and who takes another position as a state elected officer or staff member who files or is required to file a disclosure statement under that section.

No person shall fail to file, on or before the deadlines specified in division (D) of this section, a statement that is required by this division.

(2) The statement referred to in division (A)(1) of this section shall describe the source of all income received, in the former state elected officer's or staff member's own name or by any other person for the person's use or benefit, and briefly describe the nature of the services for which the income was received if the source of the income was any of the following:

(a) An executive agency lobbyist or a legislative agent;

(b) The employer of an executive agency lobbyist or legislative agent, except that this division does not apply if the employer is any state agency or political subdivision of the state;

(c) Any entity, association, or business that, at any time during the two immediately preceding calendar years, was awarded one or more contracts by one or more state agencies that in the aggregate had a value of one hundred thousand dollars or more, or bid on one or more contracts to be awarded by one or more state agencies that in the aggregate had a value of one hundred thousand dollars or more.

(3) If the former state elected officer or staff member received no income as described in division (A)(2) of this section, the statement referred to in division (A)(1) of this section shall indicate that fact.

(4) If the former state elected officer or staff member directly or indirectly made, either separately or in combination with another, any expenditure or gift for transportation, lodging, or food or beverages to, at the

request of, for the benefit of, or on behalf of any public officer or employee, and if the former state elected officer or staff member would be required to report the expenditure or gift in a statement under sections 101.70 to 101.79 or sections 121.60 to 121.69 of the Revised Code, whichever is applicable, if the former state elected officer or staff member was a legislative agent or executive agency lobbyist at the time the expenditure or gift was made, the statement referred to in division (A)(1) of this section shall include all information relative to that gift or expenditure that would be required in a statement under sections 101.70 to 101.79 or sections 121.60 to 121.69 of the Revised Code if the former state elected officer or staff member was a legislative agent or executive agency lobbyist at the time the expenditure or gift was made.

(5) If the former state elected officer or staff member made no expenditure or gift as described in division (A)(4) of this section, the statement referred to in division (A)(1) of this section shall indicate that fact.

(B) If, at any time during the twenty-four month period immediately following the end of the former state elected officer's or staff member's service or public employment, a former state elected officer or staff member who filed or was required to file a disclosure statement under section 102.02 of the Revised Code becomes a legislative agent or an executive agency lobbyist, the former state elected officer or staff member shall comply with all registration and filing requirements set forth in sections 101.70 to 101.79 or sections 121.60 to 121.69 of the Revised Code, whichever is applicable, and, the former state elected officer or staff member also shall file a statement under division (A)(1) of this section except that the statement filed under division (A)(1) of this section does not need to include information regarding any income source, expenditure, or gift to the extent that that information was included in any registration or statement filed under sections 101.70 to 101.79 or sections 121.60 to 121.69 of the Revised Code.

(C) Except as otherwise provided in this division, division (A)(2) of this section applies to attorneys, physicians, and other persons who engage in the practice of a profession and who, pursuant to a section of the Revised Code, the common law of this state, a code of ethics applicable to the profession, or otherwise, generally are required not to reveal, disclose, or use confidences of clients, patients, or other recipients of professional services except under specified circumstances or generally are required to maintain those types of confidences as privileged communications except under specified circumstances. Division (A)(2) of this section does not require an attorney, physician, or other professional subject to a confidentiality requirement as described in this division to disclose the name, other identity, or address of a client, patient, or other recipient of professional services if the disclosure would threaten the client, patient, or other recipient of professional services, would reveal details of the subject matter for which legal, medical, or professional advice or other services were sought, or would reveal an otherwise privileged communication involving the client, patient, or other recipient of professional services. Division (A)(2) of this section does not require an attorney, physician, or other professional subject to a confidentiality requirement as described in this division to disclose in the brief description of the nature of services required by division (A)(2) of this section any information pertaining to specific professional services rendered for a client, patient, or other recipient of professional services that would reveal details of the subject matter for which legal, medical, or professional advice was sought or would reveal an otherwise privileged communication involving the client, patient, or other recipient of professional services.

(D)(1) Each state elected officer or staff member who filed or was required to file a disclosure statement under section 102.02 of the Revised Code and who leaves public service or public employment shall file an initial statement under division (A)(1) of this section not later than the day on which the former state elected officer or staff member leaves public service or public employment. The initial statement shall specify whether the person will, or will not, receive any income from a source described in division (A)(2)(a), (b), or (c) of this section.

If a person files an initial statement under this division that states that the person will receive income from a source described in division (A)(2)(a), (b), or (c) of this section, the person is required to file statements under division (A)(2), (3), (4), or (5) of this section at the times specified in division (D)(2) of this section.

If a person files an initial statement under this division that states that the person will not receive income from a source described in division (A)(2)(a), (b), or (c) of this section, except as otherwise provided in this division, the person is not required to file statements under division (A)(2), (4), or (5) of this section or to file subsequent statements under division (A)(3) of this section. If a person files an initial statement under this division that states that the person will not receive income from a source described in division (A)(2)(a), (b), or (c) of this section, and, subsequent to the filing of that initial statement, the person receives any income from a source described in division (A)(2)(a), (b), or (c) of this section, the person within ten days shall file a statement under division (A)(2) of this section that contains the information described in that division, and the person

thereafter shall file statements under division (A)(2), (3), (4), or (5) of this section at the times specified in division (D)(2) of this section.

(2) After the filing of the initial statement under division (D)(1) of this section, each person required to file a statement under division (A)(2), (3), (4), or (5) of this section shall file it on or before the last calendar day of January, May, and September. The statements described in divisions (A)(2), (3), and (5) of this section shall relate to the sources of income the person received in the immediately preceding filing period from each source of income in each of the categories listed in division (A)(2) of this section. The statement described in division (A)(4) of this section shall include any information required to be reported regarding expenditures and gifts of the type described in division (A)(4) of this section occurring since the filing of the immediately preceding statement.

If, pursuant to this division, a person files a statement under division (A)(2) of this section, the person is required to file statements under division (A)(4) of this section, and subsequent statements under division (A)(2), (3), or (5) of this section, at the times specified in this division. In addition, if, subsequent to the filing of the statement under division (A)(2) of this section, the person receives any income from a source described in division (A)(2)(a), (b), or (c) of this section that was not listed on the statement filed under division (A)(2) of this section, the person within ten days shall file a statement under division (A)(2) of this section that contains the information described in that division regarding the new income source.

If, pursuant to this division, a person files a statement under division (A)(3) of this section, except as otherwise provided in this division, the person thereafter is not required to file statements under division (A)(2), (4), or (5) of this section, or to file subsequent statements under division (A)(3) of this section. If, subsequent to the filing of the statement under division (A)(3) of this section, the person receives any income from a source described in division (A)(2)(a), (b), or (c) of this section, the person within ten days shall file a statement under division (A)(2) of this section that contains the information described in that division regarding the new income source, and the person thereafter shall file statements under division (A)(4) of this section, and subsequent statements under division (A)(2) or (3) of this section, at the times specified in this division.

(3) No fee shall be required for filing an initial statement under division (D)(1) of this section. The person filing a statement under division (D)(2) of this section that is required to be filed on or before the last calendar day of January, May, and September shall pay a ten dollar filing fee with each such statement not to exceed thirty dollars in any calendar year. The joint legislative ethics committee may charge late fees in the same manner as specified in division (G) of section 101.72 of the Revised Code.

(E) Any state elected officer or staff member who filed or was required to file a disclosure statement under section 102.02 of the Revised Code and who leaves public service or public employment shall provide a forwarding address to the officer's or staff member's last employer, and the employer shall provide the person's name and address to the joint legislative ethics committee. The former elected state officer or staff member shall provide updated forwarding addresses as necessary to the joint legislative ethics committee during the twenty-four month period during which division (A)(1) of this section applies. The public agency or appointing authority that was the last employer of a person required to file a statement under division (A)(2) of this section shall furnish to the person a copy of the form needed to complete the initial statement required under division (D)(1) of this section.

(F) During the twenty-four month period immediately following the end of the former state elected officer's or staff member's service or public employment, no person required to file a statement under this section shall receive from a source described in division (A)(2)(a), (b), or (c) of this section, and no source described in division (A)(2)(a), (b), or (c) of this section shall pay to that person, any compensation that is contingent in any way upon the introduction, modification, passage, or defeat of any legislation or the outcome of any executive agency decision.

(G) As used in this section "state elected officer or staff member" means any elected officer of this state, any staff, as defined in section 101.70 of the Revised Code, or any staff, as defined in section 121.60 of the Revised Code.

**Sec. 102.022**

Each person who is an officer or employee of a political subdivision, who receives compensation of less than sixteen thousand dollars a year for holding an office or position of employment with that political subdivision, and who is required to file a statement under section 102.02 of the Revised Code, and each member of the board of trustees of a state institution of higher education as defined in section 3345.011 of the Revised Code who is required to file a statement under section 102.02 of the Revised Code, shall include in that statement, in place of the information required by divisions (A)(2), (7), (8), and (9) of that section, the following information:

(A) Exclusive of reasonable expenses, identification of every source of income over five hundred dollars received during the preceding calendar year, in the officer's or employee's own name or by any other person for the officer's or employee's use or benefit, by the person filing the statement, and a brief description of the nature of the services for which the income was received. This division shall not be construed to require the disclosure of clients of attorneys or persons licensed under section 4732.12 or 4732.15 of the Revised Code or patients of persons certified under section 4731.14 of the Revised Code. This division shall not be construed to require a person filing the statement who derives income from a business or profession to disclose the individual items of income that constitute the gross income of the business or profession.

(B) The source of each gift of over five hundred dollars received by the person in the officer's or employee's own name or by any other person for the officer's or employee's use or benefit during the preceding calendar year, except gifts received by will or by virtue of section 2105.06 of the Revised Code, received from parents, grandparents, children, grandchildren, siblings, nephews, nieces, uncles, aunts, brothers-in-law, sisters-in-law, sons-in-law, daughters-in-law, fathers-in-law, mothers-in-law, or any person to whom the person filing the statement stands in loco parentis, or received by way of distribution from any inter vivos or testamentary trust established by a spouse or by an ancestor.

**Section 102.03**

(A)(1) No present or former public official or employee shall, during public employment or service or for twelve months thereafter, represent a client or act in a representative capacity for any person on any matter in which the public official or employee personally participated as a public official or employee through decision, approval, disapproval, recommendation, the rendering of advice, investigation, or other substantial exercise of administrative discretion.

(2) For twenty-four months after the conclusion of service, no former commissioner or attorney examiner of the public utilities commission shall represent a public utility, as defined in section 4905.02 of the Revised Code, or act in a representative capacity on behalf of such a utility before any state board, commission, or agency.

(3) For twenty-four months after the conclusion of employment or service, no former public official or employee who personally participated as a public official or employee through decision, approval, disapproval, recommendation, the rendering of advice, the development or adoption of solid waste management plans, investigation, inspection, or other substantial exercise of administrative discretion under Chapter 343. or 3734. of the Revised Code shall represent a person who is the owner or operator of a facility, as defined in section 3734.01 of the Revised Code, or who is an applicant for a permit or license for a facility under that chapter, on any matter in which the public official or employee personally participated as a public official or employee.

(4) For a period of one year after the conclusion of employment or service as a member or employee of the general assembly, no former member or employee of the general assembly shall represent, or act in a representative capacity for, any person on any matter before the general assembly, any committee of the general assembly, or the controlling board. Division (A)(4) of this section does not apply to or affect a person who separates from service with the general assembly on or before December 31, 1995. As used in division (A)(4) of this section "person" does not include any state agency or political subdivision of the state.

(5) As used in divisions (A)(1), (2), and (3) of this section, "matter" includes any case, proceeding, application, determination, issue, or question, but does not include the proposal, consideration, or enactment of statutes, rules, ordinances, resolutions, or charter or constitutional amendments. As used in division (A)(4) of this section, "matter" includes the proposal, consideration, or enactment of statutes, resolutions, or constitutional amendments. As used in division (A) of this section, "represent" includes any formal or informal appearance before, or any written or oral communication with, any public agency on behalf of any person.



(6) Nothing contained in division (A) of this section shall prohibit, during such period, a former public official or employee from being retained or employed to represent, assist, or act in a representative capacity for the public agency by which the public official or employee was employed or on which the public official or employee served.

(7) Division (A) of this section shall not be construed to prohibit the performance of ministerial functions, including, but not limited to, the filing or amendment of tax returns, applications for permits and licenses, incorporation papers, and other similar documents.

(B) No present or former public official or employee shall disclose or use, without appropriate authorization, any information acquired by the public official or employee in the course of the public official's or employee's official duties that is confidential because of statutory provisions, or that has been clearly designated to the public official or employee as confidential when that confidential designation is warranted because of the status of the proceedings or the circumstances under which the information was received and preserving its confidentiality is necessary to the proper conduct of government business.

(C) No public official or employee shall participate within the scope of duties as a public official or employee, except through ministerial functions as defined in division (A) of this section, in any license or rate-making proceeding that directly affects the license or rates of any person, partnership, trust, business trust, corporation, or association in which the public official or employee or immediate family owns or controls more than five per cent. No public official or employee shall participate within the scope of duties as a public official or employee, except through ministerial functions as defined in division (A) of this section, in any license or rate-making proceeding that directly affects the license or rates of any person to whom the public official or employee or immediate family, or a partnership, trust, business trust, corporation, or association of which the public official or employee or the public official's or employee's immediate family owns or controls more than five per cent, has sold goods or services totaling more than one thousand dollars during the preceding year, unless the public official or employee has filed a written statement acknowledging that sale with the clerk or secretary of the public agency and the statement is entered in any public record of the agency's proceedings. This division shall not be construed to require the disclosure of clients of attorneys or persons licensed under section 4732.12 or 4732.15 of the Revised Code, or patients of persons certified under section 4731.14 of the Revised Code.

(D) No public official or employee shall use or authorize the use of the authority or influence of office or employment to secure anything of value or the promise or offer of anything of value that is of such a character as to manifest a substantial and improper influence upon the public official or employee with respect to that person's duties.

(E) No public official or employee shall solicit or accept anything of value that is of such a character as to manifest a substantial and improper influence upon the public official or employee with respect to that person's duties.

(F) No person shall promise or give to a public official or employee anything of value that is of such a character as to manifest a substantial and improper influence upon the public official or employee with respect to that person's duties.

(G) In the absence of bribery or another offense under the Revised Code or a purpose to defraud, contributions made to a campaign committee, political party, legislative campaign fund, political action committee, or political contributing entity on behalf of an elected public officer or other public official or employee who seeks elective office shall be considered to accrue ordinarily to the public official or employee for the purposes of divisions (D), (E), and (F) of this section.

As used in this division, "contributions," "campaign committee," "political party," "legislative campaign fund," "political action committee," and "political contributing entity" have the same meanings as in section 3517.01 of the Revised Code.

(H)(1) No public official or employee, except for the president or other chief administrative officer of or a member of a board of trustees of a state institution of higher education as defined in section 3345.011 of the Revised Code, who is required to file a financial disclosure statement under section 102.02 of the Revised Code shall solicit or accept, and no person shall give to that public official or employee, an honorarium. Except as provided in division (H)(2) of this section, this division and divisions (D), (E), and (F) of this section do not prohibit a public official or employee who is required to file a financial disclosure statement under section 102.02 of the Revised Code from accepting and do not prohibit a person from giving to that public official or employee the payment of actual travel expenses, including any expenses incurred in connection with the travel for lodging,

and meals, food, and beverages provided to the public official or employee at a meeting at which the public official or employee participates in a panel, seminar, or speaking engagement or provided to the public official or employee at a meeting or convention of a national organization to which any state agency, including, but not limited to, any state legislative agency or state institution of higher education as defined in section 3345.011 of the Revised Code, pays membership dues. Except as provided in division (H)(2) of this section, this division and divisions (D), (E), and (F) of this section do not prohibit a public official or employee who is not required to file a financial disclosure statement under section 102.02 of the Revised Code from accepting and do not prohibit a person from promising or giving to that public official or employee an honorarium or the payment of travel, meal, and lodging expenses if the honorarium, expenses, or both were paid in recognition of demonstrable business, professional, or esthetic interests of the public official or employee that exist apart from public office or employment, including, but not limited to, such a demonstrable interest in public speaking and were not paid by any person or other entity, or by any representative or association of those persons or entities, that is regulated by, doing business with, or seeking to do business with the department, division, institution, board, commission, authority, bureau, or other instrumentality of the governmental entity with which the public official or employee serves.

(2) No person who is a member of the board of a state retirement system, a state retirement system investment officer, or an employee of a state retirement system whose position involves substantial and material exercise of discretion in the investment of retirement system funds shall solicit or accept, and no person shall give to that board member, officer, or employee, payment of actual travel expenses, including expenses incurred with the travel for lodging, meals, food, and beverages.

(I) A public official or employee may accept travel, meals, and lodging or expenses or reimbursement of expenses for travel, meals, and lodging in connection with conferences, seminars, and similar events related to official duties if the travel, meals, and lodging, expenses, or reimbursement is not of such a character as to manifest a substantial and improper influence upon the public official or employee with respect to that person's duties. The house of representatives and senate, in their code of ethics, and the Ohio ethics commission, under section 111.15 of the Revised Code, may adopt rules setting standards and conditions for the furnishing and acceptance of such travel, meals, and lodging, expenses, or reimbursement.

A person who acts in compliance with this division and any applicable rules adopted under it, or any applicable, similar rules adopted by the supreme court governing judicial officers and employees, does not violate division (D), (E), or (F) of this section. This division does not preclude any person from seeking an advisory opinion from the appropriate ethics commission under section 102.08 of the Revised Code.

(J) For purposes of divisions (D), (E), and (F) of this section, the membership of a public official or employee in an organization shall not be considered, in and of itself, to be of such a character as to manifest a substantial and improper influence on the public official or employee with respect to that person's duties. As used in this division, "organization" means a church or a religious, benevolent, fraternal, or professional organization that is tax exempt under subsection 501(a) and described in subsection 501(c) (3), (4), (8), (10), or (19) of the "Internal Revenue Code of 1986." This division does not apply to a public official or employee who is an employee of an organization, serves as a trustee, director, or officer of an organization, or otherwise holds a fiduciary relationship with an organization. This division does not allow a public official or employee who is a member of an organization to participate, formally or informally, in deliberations, discussions, or voting on a matter or to use his official position with regard to the interests of the organization on the matter if the public official or employee has assumed a particular responsibility in the organization with respect to the matter or if the matter would affect that person's personal, pecuniary interests.

(K) It is not a violation of this section for a prosecuting attorney to appoint assistants and employees in accordance with division (B) of section 309.06 and section 2921.421 of the Revised Code, for a chief legal officer of a municipal corporation or an official designated as prosecutor in a municipal corporation to appoint assistants and employees in accordance with sections 733.621 and 2921.421 of the Revised Code, for a township law director appointed under section 504.15 of the Revised Code to appoint assistants and employees in accordance with sections 504.151 and 2921.421 of the Revised Code, or for a coroner to appoint assistants and employees in accordance with division (B) of section 313.05 of the Revised Code.

As used in this division, "chief legal officer" has the same meaning as in section 733.621 of the Revised Code.

## **Sec. 102.031**

(A) As used in this section:

(1) “Business associate” means a person with whom a member of the general assembly is conducting or undertaking a financial transaction.

(2) “Contribution” has the same meaning as in section 3517.01 of the Revised Code.

(3) “Employee” does not include a member of the general assembly whose non-legislative position of employment does not involve the performance of or the authority to perform administrative or supervisory functions; or whose non-legislative position of employment, if the member is a public employee, does not involve a substantial and material exercise of administrative discretion in the formulation of public policy, expenditure of public funds, enforcement of laws and rules of the state or a county or city, or execution of other public trusts.

(B) No member of the general assembly shall vote on any legislation that the member knows is then being actively advocated if the member is one of the following with respect to a legislative agent or employer that is then actively advocating on that legislation:

(1) An employee;

(2) A business associate;

(3) A person, other than an employee, who is hired under contract to perform certain services, and that position involves a substantial and material exercise of administrative discretion in the formulation of public policy.

(C) No member of the general assembly shall knowingly accept any of the following from a legislative agent or a person required to file a statement described in division (A)(2) of section 102.021 of the Revised Code:

(1) The payment of any expenses for travel or lodging except as otherwise authorized by division (H) of section 102.03 of the Revised Code;

(2) More than seventy-five dollars aggregated per calendar year as payment for meals and other food and beverages, other than for those meals and other food and beverages provided to the member at a meeting at which the member participates in a panel, seminar, or speaking engagement, at a meeting or convention of a national organization to which any state agency, including, but not limited to, any legislative agency or state institution of higher education as defined in section 3345.011 of the Revised Code, pays membership dues, or at a dinner, party, or function to which all members of the general assembly or all members of either house of the general assembly are invited;

(3) A gift of any amount in the form of cash or the equivalent of cash, or a gift of any other thing of value whose value exceeds seventy-five dollars. As used in division (C)(3) of this section, “gift” does not include any contribution or any gifts of meals and other food and beverages or the payment of expenses incurred for travel to destinations either inside or outside this state that is received by a member of the general assembly and that is incurred in connection with the member’s official duties.

(D) It is not a violation of division (C)(2) of this section if, within sixty days after receiving notice from a legislative agent that the legislative agent has provided a member of the general assembly with more than seventy-five dollars aggregated in a calendar year as payment for meals and other food and beverages, the member of the general assembly returns to that legislative agent the amount received that exceeds seventy-five dollars.

(E) The joint legislative ethics committee may impose a fine of not more than one thousand dollars upon a member of the general assembly who violates division (B) of this section.

#### **Section 102.04**

(A) Except as provided in division (D) of this section, no person elected or appointed to an office of or employed by the general assembly or any department, division, institution, instrumentality, board, commission, or bureau of the state, excluding the courts, shall receive or agree to receive directly or indirectly compensation other than from the agency with which he serves for any service rendered or to be rendered by him personally in any case, proceeding, application, or other matter that is before the general assembly or any department, division, institution, instrumentality, board, commission, or bureau of the state, excluding the courts.

(B) Except as provided in division (D) of this section, no person elected or appointed to an office of or employed by the general assembly or any department, division, institution, instrumentality, board, commission, or bureau of the state, excluding the courts, shall sell or agree to sell, except through competitive bidding, any goods or services to the general assembly or any department, division, institution, instrumentality, board, commission, or bureau of the state, excluding the courts.

(C) Except as provided in division (D) of this section, no person who is elected or appointed to an office of or employed by a county, township, municipal corporation, or any other governmental entity, excluding the courts, shall receive or agree to receive directly or indirectly compensation other than from the agency with which he serves for any service rendered or to be rendered by him personally in any case, proceeding, application, or other matter which is before any agency, department, board, bureau, commission, or other instrumentality, excluding the courts, of the entity of which he is an officer or employee.

(D) A public official who is appointed to a non-elective office or a public employee shall be exempted from division (A), (B), or (C) of this section if both of the following apply:

(1) The agency to which the official or employee wants to sell the goods or services, or before which the matter that involves the rendering of his services is pending, is an agency other than the one with which he serves;

(2) Prior to rendering the personal services or selling or agreeing to sell the goods or services, he files a statement with the appropriate ethics commission, with the public agency with which he serves, and with the public agency before which the matter is pending or that is purchasing or has agreed to purchase goods or services.

The required statement shall contain the official's or employee's name and home address, the name and mailing address of the public agencies with which he serves and before which the matter is pending or that is purchasing or has agreed to purchase goods or services, and a brief description of the pending matter and of the personal services to be rendered or a brief description of the goods or services to be purchased. The statement shall also contain the public official's or employee's declaration that he disqualifies himself for a period of two years from any participation as such public official or employee in any matter involving any public official or employee of the agency before which the present matter is pending or to which goods or services are to be sold. The two-year period shall run from the date of the most recently filed statement regarding the agency before which the matter was pending or to which the goods or services were to be sold. No person shall be required to file statements under this division with the same public agency regarding a particular matter more than once in a calendar year.

(E) No public official or employee who files a statement or is required to file a statement under division (D) of this section shall knowingly fail to disqualify himself from any participation as a public official or employee of the agency with which he serves in any matter involving any official or employee of an agency before which a matter for which he rendered personal services was pending or of a public agency that purchased or agreed to purchase goods or services.

(F) This section shall not be construed to prohibit the performance of ministerial functions including, but not limited to, the filing, or amendment of tax returns, applications for permits and licenses, incorporation papers, and other documents.

## **Section 102.05**

There is hereby created the Ohio ethics commission consisting of six members, three of whom shall be members of each of the two major political parties, to be appointed by the governor with the advice and consent of the senate. Within thirty days of the effective date of this section, the governor shall make initial appointments to the commission. Of the initial appointments made to the commission, one shall be for a term ending one year after the effective date of this section, and the other appointments shall be for terms ending two, three, four, five, and six years, respectively, after the effective date of this section. Thereafter, terms of office shall be for six years, each term ending on the same day of the same month of the year as did the term that it succeeds. Each member shall hold office from the date of his appointment until the end of the term for which he was appointed. Any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall hold office for the remainder of that term.

No person shall be appointed to the commission or shall continue to serve as a member of the commission if the person is subject to section 102.02 of the Revised Code other than by reason of his appointment to the commission or if the person is a legislative agent registered under sections 101.70 to 101.79 of the Revised Code or an executive agency lobbyist registered under sections 121.60 to 121.69 of the Revised Code. Each member shall be paid seventy-five dollars for each meeting held in the discharge of his official duties, except that no member shall be paid more than eighteen hundred dollars in any fiscal year. Each member shall be reimbursed for expenses actually and necessarily incurred in the performance of his official duties.

The commission shall meet within two weeks after all members have been appointed, at a time and place determined by the governor. At its first meeting, the commission shall elect a chairman and other officers that are necessary and shall adopt rules for its procedures. After the first meeting, the commission shall meet at the call of the chairman or upon the written request of a majority of the members. A majority of the members of the commission constitutes a quorum. The commission shall not take any action without the concurrence of a majority of the members of the commission.

The commission may appoint and fix the compensation of an executive director and other technical, professional, and clerical employees that are necessary to carry out the duties of the commission.

The commission may appoint hearing examiners to conduct hearings pursuant to section 102.06 of the Revised Code. The hearing examiners have the same powers and authority in conducting the hearings as is granted to the commission. Within thirty days after the hearing, the hearing examiner shall submit to the commission a written report of his findings of fact and conclusions of law and a recommendation of the action to be taken by the commission. The recommendation of the hearing examiner may be approved, modified, or disapproved by the commission, and no recommendation shall become the findings of the commission until so ordered by the commission. The findings of the commission shall have the same effect as if the hearing had been conducted by the commission. Hearing examiners appointed pursuant to this section shall possess the qualifications the commission requires. Nothing contained in this section shall preclude the commission from appointing a member of the commission to serve as a hearing examiner.

### **Section 102.06**

(A) The appropriate ethics commission shall receive and may initiate complaints against persons subject to this chapter concerning conduct alleged to be in violation of this chapter or section 2921.42 or 2921.43 of the Revised Code. All complaints except those by the commission shall be by affidavit made on personal knowledge, subject to the penalties of perjury. Complaints by the commission shall be by affidavit, based upon reasonable cause to believe that a violation has occurred.

(B) The appropriate ethics commission shall investigate complaints, may investigate charges presented to it, and may request further information, including the specific amount of income from a source, from any person filing with the commission a statement required by section 102.02 or 102.021 of the Revised Code, if the information sought is directly relevant to a complaint or charges received by the commission pursuant to this section. This information is confidential, except that the commission, in its discretion, may share information gathered in the course of any investigation with, or disclose the information to, the inspector general, any appropriate prosecuting authority, any law enforcement agency, or any other appropriate ethics commission. If the accused person is a member of the public employees retirement board, state teachers retirement board, school employees retirement board, board of trustees of the Ohio police and fire pension fund, or state highway patrol retirement board, or is a voting member of the workers' compensation oversight commission the appropriate ethics commission, in its discretion, also may share information gathered in the course of an investigation with, or disclose the information to, the attorney general and the auditor of state. The person so requested shall furnish the information to the commission, unless within fifteen days from the date of the request the person files an action for declaratory judgment challenging the legitimacy of the request in the court of common pleas of the county of the person's residence, the person's place of employment, or Franklin county. The requested information need not be furnished to the commission during the pendency of the judicial proceedings. Proceedings of the commission in connection with the declaratory judgment action shall be kept confidential except as otherwise provided by this section. Before the commission proceeds to take any formal action against a person who is the subject of an investigation based on charges presented to the commission, a complaint shall be filed against the person. If the commission finds that a complaint is not frivolous, and there is reasonable cause to believe that the facts alleged in a complaint constitute a violation of section 102.02, 102.021, 102.03, 102.04, 102.07, 2921.42, or 2921.43 of the Revised Code, it shall hold a hearing. If the commission does not so find, it shall dismiss the complaint and notify the accused person in writing of the dismissal of the complaint. The commission shall not make a report of its finding unless the accused person requests a report. Upon the request of the accused person, the commission shall make a public report of its finding. The person against whom the complaint is directed shall be given reasonable notice by certified mail of the date, time, and place of the hearing and a statement of the charges and the law directly involved, and shall be given the opportunity to be represented by counsel, to have counsel appointed for the person if the person is unable to afford counsel without undue

hardship, to examine the evidence against the person, to produce evidence and to call and subpoena witnesses in the person's defense, to confront the person's accusers, and to cross-examine witnesses. The commission shall have a stenographic record made of the hearing. The hearing shall be closed to the public.

(C)(1)(a) If, upon the basis of the hearing, the appropriate ethics commission finds by a preponderance of the evidence that the facts alleged in the complaint are true and constitute a violation of section 102.02, 102.021, 102.03, 102.04, 102.07, 2921.42, or 2921.43 of the Revised Code, it shall report its findings to the appropriate prosecuting authority for proceedings in prosecution of the violation and to the appointing or employing authority of the accused. If the accused person is a member of the public employees' retirement board, state teachers' retirement board, school employees' retirement board, board of trustees of the Ohio police and fire pension fund, or state highway patrol retirement board, the commission shall also report its findings to the Ohio retirement study council.

(b) If the Ohio ethics commission reports its findings to the appropriate prosecuting authority under division (C)(1)(a) of this section and the prosecuting authority has not initiated any official action on those findings within ninety days after receiving the commission's report of them, the commission may publicly comment that no official action has been taken on its findings, except that the commission shall make no comment in violation of the Rules of Criminal Procedure or about any indictment that has been sealed pursuant to any law or those rules. The commission shall make no comment regarding the merits of its findings. As used in division (C)(1)(b) of this section, "official action" means prosecution, closure after investigation, or grand jury action resulting in a true bill of indictment or no true bill of indictment.

(2) If the appropriate ethics commission does not find by a preponderance of the evidence that the facts alleged in the complaint are true and constitute a violation of section 102.02, 102.021, 102.03, 102.04, 102.07, 2921.42, or 2921.43 of the Revised Code or if the commission has not scheduled a hearing within ninety days after the complaint is filed or has not finally disposed of the complaint within six months after it has been heard, it shall dismiss the complaint and notify the accused person in writing of the dismissal of the complaint. The commission shall not make a report of its finding unless the accused person requests a report. Upon the request of the accused person, the commission shall make a public report of the finding, but in this case all evidence and the record of the hearing shall remain confidential unless the accused person also requests that the evidence and record be made public. Upon request by the accused person, the commission shall make the evidence and the record available for public inspection.

(D) The appropriate ethics commission, or a member of the commission, may administer oaths, and the commission may issue subpoenas to any person in the state compelling the attendance of witnesses and the production of relevant papers, books, accounts, and records. The commission shall issue subpoenas to compel the attendance of witnesses and the production of documents upon the request of an accused person. Section 101.42 of the Revised Code shall govern the issuance of these subpoenas insofar as applicable. Upon the refusal of any person to obey a subpoena or to be sworn or to answer as a witness, the commission may apply to the court of common pleas of Franklin county under section 2705.03 of the Revised Code. The court shall hold proceedings in accordance with Chapter 2705. of the Revised Code. The commission or the accused person may take the depositions of witnesses residing within or without the state in the same manner as prescribed by law for the taking of depositions in civil actions in the court of common pleas.

(E) At least once each year, the Ohio ethics commission shall report on its activities of the immediately preceding year to the majority and minority leaders of the senate and house of representatives of the general assembly. The report shall indicate the total number of complaints received, initiated, and investigated by the commission, the total number of complaints for which formal hearings were held, and the total number of complaints for which formal prosecution was recommended or requested by the commission. The report also shall indicate the nature of the inappropriate conduct alleged in each complaint and the governmental entity with which any employee or official that is the subject of a complaint was employed at the time of the alleged inappropriate conduct.

(F) All papers, records, affidavits, and documents upon any complaint, inquiry, or investigation relating to the proceedings of the appropriate ethics commission shall be sealed and are private and confidential, except as otherwise provided in this section and section 102.07 of the Revised Code.

(G)(1) When a complaint or charge is before it, the Ohio ethics commission or the appropriate prosecuting authority, in consultation with the person filing the complaint or charge, the accused, and any other person the commission or prosecuting authority considers necessary, may compromise or settle the complaint or

charge with the agreement of the accused. The compromise or settlement may include mediation, restitution, rescission of affected contracts, forfeiture of any benefits resulting from a violation or potential violation of law, resignation of a public official or employee, or any other relief that is agreed upon between the commission or prosecuting authority and the accused.

(2) Any settlement agreement entered into under division (G)(1) of this section shall be in writing and be accompanied by a statement of the findings of the commission or prosecuting authority and the reasons for entering into the agreement. The commission or prosecuting authority shall retain the agreement and statement in the commission's or prosecuting authority's office and, in the commission's or prosecuting authority's discretion, may make the agreement, the statement, and any supporting information public, unless the agreement provides otherwise.

(3) If a settlement agreement is breached by the accused, the commission or prosecuting authority, in the commission's or prosecuting authority's discretion, may rescind the agreement and reinstitute any investigation, hearing, or prosecution of the accused. No information obtained from the accused in reaching the settlement that is not otherwise discoverable from the accused shall be used in any proceeding before the commission or by the appropriate prosecuting authority in prosecuting the violation. Notwithstanding any other section of the Revised Code, if a settlement agreement is breached, any statute of limitations for a violation of this chapter or section 2921.42 or 2921.43 of the Revised Code is tolled from the date the complaint or charge is filed until the date the settlement agreement is breached.

#### **Section 102.07**

No member, employee, or agent of the Ohio ethics commission, board of commissioners on grievances and discipline of the supreme court, or joint legislative ethics committee shall divulge any information or any books, papers, or documents presented to the commission, joint legislative ethics committee, or board of commissioners on grievances and discipline without the consent, in writing, of the appropriate ethics commission, unless such books, papers, or documents were presented at a public hearing, except as provided in section 102.06 of the Revised Code.

No person shall divulge information that appears on a disclosure statement and is required to be kept confidential under division (B) of section 102.02 of the Revised Code.

#### **Section 102.08\***

\* *See also following version of this section and explanation after that version.*

(A)(1) Subject to division (A)(2) of this section, the board of commissioners on grievances and discipline of the supreme court and the house and senate legislative ethics committees may recommend legislation relating to ethics, conflicts of interest, and financial disclosure and shall render advisory opinions with regard to questions concerning these matters for persons for whom it is the appropriate ethics commission. When the appropriate ethics commission renders an advisory opinion relating to a special set of circumstances involving ethics, conflict of interest, or financial disclosure under Chapter 102. or section 2921.42 or 2921.43 of the Revised Code, the person to whom the opinion was directed or who was similarly situated may reasonably rely upon the opinion and shall be immune from criminal prosecutions, civil suits, or actions for removal from his office or position of employment for a violation of Chapter 102. or section 2921.42 or 2921.43 of the Revised Code based on facts and circumstances covered by the opinion, if the opinion states there is no violation of Chapter 102. or section 2921.42 or 2921.43 of the Revised Code. Except as otherwise provided in division (A)(2) of this section, the appropriate ethics commission shall include in every advisory opinion it renders a statement as to whether the set of circumstances described in the opinion constitutes a violation of section 2921.42 or 2921.43 of the Revised Code. The appropriate ethics commission shall provide a continuing program of education and information concerning the provisions of Chapter 102. and sections 2921.42 and 2921.43 of the Revised Code and other provisions of law pertaining to ethics, conflicts of interest, and financial disclosure. As used in division (A) of this section, "appropriate ethics commission" does not include the Ohio ethics commission.

(2) The board of commissioners on grievances and discipline of the supreme court shall issue advisory opinions only in a manner consistent with Rule V of the Supreme Court Rules for the Government of the Bar of Ohio.

(B) The Ohio ethics commission may recommend legislation relating to ethics, conflicts of interest, and

financial disclosure and may render advice with regard to questions concerning these matters for persons for whom it is the appropriate ethics commission. When the Ohio ethics commission renders a written formal or staff advisory opinion relating to a special set of circumstances involving ethics, conflict of interest, or financial disclosure under Chapter 102. or section 2921.42 or 2921.43 of the Revised Code, the person to whom the opinion was directed or who was similarly situated may reasonably rely upon the opinion and shall be immune from criminal prosecutions, civil suits, or actions for removal from his office or position of employment for a violation of Chapter 102. or section 2921.42 or 2921.43 of the Revised Code based on facts and circumstances covered by the opinion, if the opinion states there is no violation of Chapter 102. or section 2921.42 or 2921.43 of the Revised Code. The commission shall provide a continuing program of education and information concerning the provisions of Chapter 102. and sections 2921.42 and 2921.43 of the Revised Code and other provisions of law pertaining to ethics, conflicts of interest, and financial disclosure. [Am. Sub. H.B. 285, effective 03-02-94.]

#### **Section 102.08\***

\* *See also preceding version of this section and explanation below.*

(A) The Ohio ethics commission, the board of commissioners on grievances and discipline of the supreme court, and the joint legislative ethics committee may recommend legislation relating to ethics, conflicts of interest, and financial disclosure, and render advisory opinions with regard to questions concerning these matters for persons for whom it is the appropriate ethics commission.

(B) When the Ohio ethics commission or the board of commissioners on grievances and discipline of the supreme court renders an advisory opinion relating to a special set of circumstances involving ethics, conflict of interest, or financial disclosure under Chapter 102., section 2921.42, or section 2921.43 of the Revised Code, the person to whom the opinion was directed or who was similarly situated may reasonably rely upon such opinion and shall be immune from criminal prosecutions, civil suits, or actions for removal from his office or position of employment for a violation of Chapter 102., section 2921.42, or section 2921.43 of the Revised Code based on facts and circumstances covered by the opinion, if the opinion states there is no violation of Chapter 102., section 2921.42, or section 2921.43 of the Revised Code.

(C) When the joint legislative ethics committee renders an advisory opinion that has been publicly sought and that relates to a special set of circumstances involving ethics, conflicts of interest, or financial disclosure under Chapter 102. or section 2921.42 or 2921.43 of the Revised Code, the person to whom the opinion was directed or who was similarly situated may reasonable rely upon such opinion and shall be immune from criminal prosecutions, civil suits, or actions for removal from his office or position of employment for a violation of Chapter 102. or section 2921.42 or 2921.43 of the Revised Code based on the facts and circumstances covered by the opinion, if the opinion states that there is no violation of Chapter 102. or section 2921.42 or 2921.43 of the Revised Code. When the joint legislative ethics committee renders an advisory opinion that has been publicly sought, the advisory opinion is a public record available under section 149.43 of the Revised Code.

(D) When the joint legislative ethics committee renders a written opinion that has been privately sought and that relates to a special set of circumstances involving ethics, conflicts of interest, or financial disclosure under Chapter 102. or section 2921.42 or 2921.43 of the Revised Code, the written opinion does not have the legal effect of an advisory opinion issued under division (C) of this section. When the joint legislative ethics committee renders a written opinion that has been privately sought, the written opinion is not a public record available under section 149.43 of the Revised Code. The proceedings of the legislative ethics committee relating to a written opinion that has been privately sought shall be closed to the public and records relating to these proceedings are not public records available under section 149.43 of the Revised Code.

The person to whom a written opinion is issued under this division may request the committee to issue the written opinion as an advisory opinion. Upon receiving such a request and with the approval of a majority of the members of the committee, the committee may issue the written opinion as an advisory opinion. If the committee issues the written opinion as an advisory opinion, the advisory opinion has the same legal effect as an advisory opinion issued under division (C) of this section and is a public record available under section 149.43 of the Revised Code.

(E) The joint legislative ethics committee shall issue an advisory opinion under division (C) of this



section or a written opinion under division (D) of this section, whether it is publicly or privately sought, only at a meeting of the committee and only with the approval of a majority of the members of the committee.

(F) The appropriate ethics commission shall provide a continuing program of education and information concerning the provisions of Chapter 102. and sections 2921.42 and 2921.43 of the Revised Code and other provisions of law pertaining to ethics, conflicts of interest, and financial disclosure. [Am. Sub. H.B. 492, effective 05-12-94.]

*\* R.C. 102.08 was amended by Am. Sub. H.B. 285 (eff. 03-02-94) and Am. Sub. H.B. 492 (eff. 05-12-94). Harmonization pursuant to R.C. 1.52 is in question. Both versions are presented here.*

### **Section 102.09**

(A) The secretary of state and the county board of elections shall furnish, to each candidate for elective office who is required to file a financial disclosure statement by section 102.02 of the Revised Code, a financial disclosure form, and shall notify the appropriate ethics commission, within fifteen days of the name of the candidate, and of the subsequent withdrawal, disqualification, or death of the candidate. The candidate shall acknowledge receipt of the financial disclosure form in writing.

(B) The secretary of state and the county board of elections shall furnish to each person who is appointed to fill a vacancy for an unexpired term in an elective office, and who is required to file a financial disclosure statement by section 102.02 of the Revised Code, a financial disclosure form, and shall notify the appropriate ethics commission within fifteen days of being notified by the appointing authority, of the name and position of the public official and the date of appointment. The person shall acknowledge receipt of the financial disclosure form in writing.

(C) The public agency or appointing authority that employs, appoints, or promotes any public official or employee who, as a result of such employment, appointment, or promotion, is required to file a financial disclosure statement by section 102.02 of the Revised Code, shall, within fifteen days of the employment, appointment, or promotion, furnish the public official or employee with a financial disclosure form, and shall notify the appropriate ethics commission of the name and position of the public official or employee and the date of employment, appointment, or promotion. The public official or employee shall acknowledge receipt of the financial disclosure form in writing.

(D) Within fifteen days after any public official or employee begins the performance of official duties, the public agency with which the official or employee serves or the appointing authority shall furnish the official or employee a copy of Chapter 102. and section 2921.42 of the Revised Code, and may furnish such other materials as the appropriate ethics commission prepares for distribution. The official or employee shall acknowledge their receipt in writing. The requirements of this division do not apply at the time of reappointment or reelection.

### **Section 102.99**

(A) Whoever violates division (C) of section 102.02 or division (C) of section 102.031 of the Revised Code is guilty of a misdemeanor of the fourth degree.

(B) Whoever violates division (D) of section 102.02 or section 102.021, 102.03, 102.04, or 102.07 of the Revised Code is guilty of a misdemeanor of the first degree.

## **CHAPTER 2921.**

**Section 2921.01** As used in sections 2921.01 to 2921.45 of the Revised Code:

(A) "Public official" means any elected or appointed officer, or employee, or agent of the state or any political subdivision, whether in a temporary or permanent capacity, and includes, but is not limited to, legislators, judges, and law enforcement officers.

(B) "Public servant" means any of the following:

- (1) Any public official;
- (2) Any person performing ad hoc a governmental function, including, but not limited to, a juror, member of a temporary commission, master, arbitrator, advisor, or consultant;
- (3) A person who is a candidate for public office, whether or not the person is elected or appointed to the

office for which the person is a candidate. A person is a candidate for purposes of this division if the person has been nominated according to law for election or appointment to public office, or if the person has filed a petition or petitions as required by law to have the person's name placed on the ballot in a primary, general, or special election, or if the person campaigns as a write-in candidate in any primary, general, or special election.

(C) "Party official" means any person who holds an elective or appointive post in a political party in the United States or this state, by virtue of which the person directs, conducts, or participates in directing or conducting party affairs at any level of responsibility.

(D) "Official proceeding" means any proceeding before a legislative, judicial, administrative, or other governmental agency or official authorized to take evidence under oath and includes any proceeding before a referee, hearing examiner, commissioner, notary, or other person taking testimony or a deposition in connection with an official proceeding.

(E) "Detention" means arrest; confinement in any vehicle subsequent to an arrest; confinement in any public or private facility for custody of persons charged with or convicted of crime in this state or another state or under the laws of the United States or alleged or found to be a delinquent child or unruly child in this state or another state or under the laws of the United States; hospitalization, institutionalization, or confinement in any public or private facility that is ordered pursuant to or under the authority of section 2945.37, 2945.371, 2945.38, 2945.39, 2945.40, 2945.401, or 2945.402 of the Revised Code; confinement in any vehicle for transportation to or from any facility of any of those natures; detention for extradition or deportation; except as provided in this division, supervision by any employee of any facility of any of those natures that is incidental to hospitalization, institutionalization, or confinement in the facility but that occurs outside the facility; supervision by an employee of the department of rehabilitation and correction of a person on any type of release from a state correctional institution; or confinement in any vehicle, airplane, or place while being returned from outside of this state by a private person or entity, pursuant to a contract entered into under division (E) of section 311.29 of the Revised Code or division (B) of section 5149.03 of the Revised Code. For a person confined in a county jail who participates in a county jail industry program pursuant to section 5147.30 of the Revised Code, "detention" includes time spent at an assigned work site and going to and from the work site.

(F) "Detention facility" means any public or private place used for the confinement of a person charged with or convicted of any crime in this state or another state or under the laws of the United States or alleged or found to be a delinquent child or unruly child in this state or another state or under the laws of the United States.

(G) "Valuable thing or valuable benefit" includes, but is not limited to, a contribution. This inclusion does not indicate or imply that a contribution was not included in those terms before September 17, 1986.

(H) "Campaign committee," "contribution," "political action committee," "legislative campaign fund," "political party," and "political contributing entity" have the same meanings as in section 3517.01 of the Revised Code.

(I) "Provider agreement" and "medical assistance program" have the same meanings as in section 2913.40 of the Revised Code.

## **Sec. 2921.42.**

(A) No public official shall knowingly do any of the following:

(1) Authorize, or employ the authority or influence of the public official's office to secure authorization of any public contract in which the public official, a member of the public official's family, or any of the public official's business associates has an interest;

(2) Authorize, or employ the authority or influence of the public official's office to secure the investment of public funds in any share, bond, mortgage, or other security, with respect to which the public official, a member of the public official's family, or any of the public official's business associates either has an interest, is an underwriter, or receives any brokerage, origination, or servicing fees;

(3) During the public official's term of office or within one year thereafter, occupy any position of profit in the prosecution of a public contract authorized by the public official or by a legislative body, commission, or board of which the public official was a member at the time of authorization, unless the contract was let by competitive bidding to the lowest and best bidder;

(4) Have an interest in the profits or benefits of a public contract entered into by or for the use of the political subdivision or governmental agency or instrumentality with which the public official is connected;

(5) Have an interest in the profits or benefits of a public contract that is not let by competitive bidding if

required by law and that involves more than one hundred fifty dollars.

(B) In the absence of bribery or a purpose to defraud, a public official, member of a public official's family, or any of a public official's business associates shall not be considered as having an interest in a public contract or the investment of public funds, if all of the following apply:

(1) The interest of that person is limited to owning or controlling shares of the corporation, or being a creditor of the corporation or other organization, that is the contractor on the public contract involved, or that is the issuer of the security in which public funds are invested;

(2) The shares owned or controlled by that person do not exceed five per cent of the outstanding shares of the corporation, and the amount due that person as creditor does not exceed five per cent of the total indebtedness of the corporation or other organization;

(3) That person, prior to the time the public contract is entered into, files with the political subdivision or governmental agency or instrumentality involved, an affidavit giving that person's exact status in connection with the corporation or other organization.

(C) This section does not apply to a public contract in which a public official, member of a public official's family, or one of a public official's business associates has an interest, when all of the following apply:

(1) The subject of the public contract is necessary supplies or services for the political subdivision or governmental agency or instrumentality involved;

(2) The supplies or services are unobtainable elsewhere for the same or lower cost, or are being furnished to the political subdivision or governmental agency or instrumentality as part of a continuing course of dealing established prior to the public official's becoming associated with the political subdivision or governmental agency or instrumentality involved;

(3) The treatment accorded the political subdivision or governmental agency or instrumentality is either preferential to or the same as that accorded other customers or clients in similar transactions;

(4) The entire transaction is conducted at arm's length, with full knowledge by the political subdivision or governmental agency or instrumentality involved, of the interest of the public official, member of the public official's family, or business associate, and the public official takes no part in the deliberations or decision of the political subdivision or governmental agency or instrumentality with respect to the public contract.

(D) Division (A)(4) of this section does not prohibit participation by a public employee in any housing program funded by public moneys if the public employee otherwise qualifies for the program and does not use the authority or influence of the public employee's office or employment to secure benefits from the program and if the moneys are to be used on the primary residence of the public employee. Such participation does not constitute an unlawful interest in a public contract in violation of this section.

(E) Whoever violates this section is guilty of having an unlawful interest in a public contract. Violation of division (A)(1) or (2) of this section is a felony of the fourth degree. Violation of division (A)(3), (4), or (5) of this section is a misdemeanor of the first degree.

(F) It is not a violation of this section for a prosecuting attorney to appoint assistants and employees in accordance with sections 309.06 and 2921.421 of the Revised Code, for a chief legal officer of a municipal corporation or an official designated as prosecutor in a municipal corporation to appoint assistants and employees in accordance with sections 733.621 and 2921.421 of the Revised Code, or for a township law director appointed under section 504.15 of the Revised Code to appoint assistants and employees in accordance with sections 504.151 and 2921.421 of the Revised Code.

(G) This section does not apply to a public contract in which a township trustee in a township with a population of five thousand or less in its unincorporated area, a member of the township trustee's family, or one of the township trustee's business associates has an interest, if all of the following apply:

(1) The subject of the public contract is necessary supplies or services for the township and the amount of the contract is less than five thousand dollars per year;

(2) The supplies or services are being furnished to the township as part of a continuing course of dealing established before the township trustee held that office with the township;

(3) The treatment accorded the township is either preferential to or the same as that accorded other customers or clients in similar transactions;

(4) The entire transaction is conducted with full knowledge by the township of the interest of the township trustee, member of the township trustee's family, or the township trustee's business associate.

(H) Any public contract in which a public official, a member of the public official's family, or any of the

public official's business associates has an interest in violation of this section is void and unenforceable. Any contract securing the investment of public funds in which a public official, a member of the public official's family, or any of the public official's business associates has an interest, is an underwriter, or receives any brokerage, origination, or servicing fees and that was entered into in violation of this section is void and unenforceable.

(I) As used in this section:

(1) "Public contract" means any of the following:

(a) The purchase or acquisition, or a contract for the purchase or acquisition, of property or services by or for the use of the state, any of its political subdivisions, or any agency or instrumentality of either, including the employment of an individual by the state, any of its political subdivisions, or any agency or instrumentality of either;

(b) A contract for the design, construction, alteration, repair, or maintenance of any public property.

(2) "Chief legal officer" has the same meaning as in section 733.621 of the Revised Code.

#### **Sec. 2921.421**

(A) As used in this section:

(1) "Chief legal officer" has the same meaning as in section 733.621 of the Revised Code.

(2) "Political subdivision" means a county, a municipal corporation, or a township that adopts a limited home rule government under Chapter 504. of the Revised Code.

(B) A prosecuting attorney may appoint assistants and employees, except a member of the family of the prosecuting attorney, in accordance with division (B) of section 309.06 of the Revised Code, a chief legal officer of a municipal corporation or an official designated as prosecutor in a municipal corporation may appoint assistants and employees, except a member of the family of the chief legal officer or official designated as prosecutor, in accordance with section 733.621 of the Revised Code, and a township law director appointed under section 504.15 of the Revised Code may appoint assistants and employees, except a member of the family of the township law director, in accordance with section 504.151 of the Revised Code, if all of the following apply:

(1) The services to be furnished by the appointee or employee are necessary services for the political subdivision or are authorized by the legislative authority, governing board, or other contracting authority of the political subdivision.

(2) The treatment accorded the political subdivision is either preferential to or the same as that accorded other clients or customers of the appointee or employee in similar transactions, or the legislative authority, governing board, or other contracting authority of the political subdivision, in its sole discretion, determines that the compensation and other terms of appointment or employment of the appointee or employee are fair and reasonable to the political subdivision.

(3) The appointment or employment is made after prior written disclosure to the legislative authority, governing board, or other contracting authority of the political subdivision of the business relationship between the prosecuting attorney, the chief legal officer or official designated as prosecutor in a municipal corporation, or the township law director and the appointee or employee thereof. In the case of a municipal corporation, the disclosure may be made or evidenced in an ordinance, resolution, or other document that does either or both of the following:

(a) Authorizes the furnishing of services as required under division (B)(1) of this section;

(b) Determines that the compensation and other terms of appointment or employment of the appointee or employee are fair and reasonable to the political subdivision as required under division (B)(2) of this section.

(4) The prosecuting attorney, the elected chief legal officer, or the township law director does not receive any distributive share or other portion, in whole or in part, of the earnings of the business associate, partner, or employee paid by the political subdivision to the business associate, partner, or employee for services rendered for the political subdivision.

(C) It is not a violation of this section or of section 102.03 or 2921.42 of the Revised Code for the legislative authority, the governing board, or other contracting authority of a political subdivision to engage the services of any firm that practices the profession of law upon the terms approved by the legislative authority, the governing board, or the contracting authority, or to designate any partner, officer, or employee of that firm as a nonelected public official or employee of the political subdivision, whether the public office or position of

employment is created by statute, charter, ordinance, resolution, or other legislative or administrative action.

**Section 2921.43**

(A) No public servant shall knowingly solicit or accept, and no person shall knowingly promise or give to a public servant, either of the following:

(1) Any compensation, other than as allowed by divisions (G), (H), and (I) of section 102.03 of the Revised Code or other provisions of law, to perform the public servant's official duties, to perform any other act or service in the public servant's public capacity, for the general performance of the duties of the public servant's public office or public employment, or as a supplement to the public servant's public compensation;

(2) Additional or greater fees or costs than are allowed by law to perform the public servant's official duties.

(B) No public servant for the public servant's own personal or business use, and no person for the person's own personal or business use or for the personal or business use of a public servant or party official, shall solicit or accept anything of value in consideration of either of the following:

(1) Appointing or securing, maintaining, or renewing the appointment of any person to any public office, employment, or agency;

(2) Preferring, or maintaining the status of, any public employee with respect to compensation, duties, placement, location, promotion, or other material aspects of employment.

(C) No person for the benefit of a political party, campaign committee, legislative campaign fund, political action committee, or political contributing entity shall coerce any contribution in consideration of either of the following:

(1) Appointing or securing, maintaining, or renewing the appointment of any person to any public office, employment, or agency;

(2) Preferring, or maintaining the status of, any public employee with respect to compensation, duties, placement, location, promotion, or other material aspects of employment.

(D) Whoever violates this section is guilty of soliciting improper compensation, a misdemeanor of the first degree.

(E) A public servant who is convicted of a violation of this section is disqualified from holding any public office, employment, or position of trust in this state for a period of seven years from the date of conviction.

(F) Divisions (A), (B), and (C) of this section do not prohibit a person from making voluntary contributions to a political party, campaign committee, legislative campaign fund, political action committee, or political contributing entity or prohibit a political party, campaign committee, legislative campaign fund, political action committee, or political contributing entity, from accepting voluntary contributions.

**FOR MORE INFORMATION, OR ADDITIONAL MATERIALS ON THE OHIO ETHICS LAW,  
PLEASE CONTACT:**

**OHIO ETHICS COMMISSION  
8 East Long Street  
10th Floor  
Columbus, Ohio 43215-2940  
Phone: (614) 466-7090  
Fax: (614) 466-8368  
[www.ethics.ohio.gov](http://www.ethics.ohio.gov)**



# EXIT INTERVIEW

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

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

Supervisor: \_\_\_\_\_

**PLEASE NOTE! This form will not become a part of your personnel file. Its sole purpose is to help us identify and address problem areas that may exist and to better the work position and/or environment. For this reason, we ask that you be as honest as possible. Thank you!**

**Please give the reason for your resignation (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> Type of Work                | <input type="checkbox"/> Return to School               |
| <input type="checkbox"/> Wages                       | <input type="checkbox"/> Relocation/Moving              |
| <input type="checkbox"/> Lack of Recognition         | <input type="checkbox"/> Retirement                     |
| <input type="checkbox"/> Quality of Supervision      | <input type="checkbox"/> Family Circumstances/Personal  |
| <input type="checkbox"/> Work Conditions/Environment | <input type="checkbox"/> Career Advancement Opportunity |
| <input type="checkbox"/> Other: _____                |   |

**Before making your decision to leave, did you investigate other options that would enable you to stay?**

- ☐ Yes  
☐ No

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**How did you feel about your employee benefits?**

	Excellent	Good	Fair	Poor
Medical Coverage				
Prescription Coverage				
Dental Coverage				
Vision Coverage				
Paid Vacation Leave				
Paid Sick Leave				

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How would you rate the following with regard to your job position?

	Excellent	Good	Fair	Poor
Job Satisfaction				
Job Duties adequately outlined in your job description				
Training/mentoring/coaching to do your job				
Opportunities for professional growth				
Opportunities for advancement				
Wages				

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Was your workload usually:

- ☐ Too Great  
☐ About right  
☐ Too light

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How would you rate the following with regard to your team/office?

	Excellent	Good	Fair	Poor
Cooperation within your team				
Cooperation with the overall office				
Communication within your team				
Communication with the overall office				
Morale among the employees				
Rapport/harmony among the employees				

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What did you think of your supervisor with regard to the following?

	Almost Always	Sometimes	Never
Demonstrated fair treatment			
Good performance was recognized			
Encouraged/listened to suggestions			
Evaluated your performance annually			
Evaluated your performance fairly			
Developed cooperation and teamwork			
Resolved complaints and problems			
Followed policies and practices			

Comments: \_\_\_\_\_  
 \_\_\_\_\_

What made you take this job position vs. another offer?

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What did you like about this job?

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What do you feel good about accomplishing in your job and in your time here?

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What did you like least?

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Any problem areas which we could improve upon for a future employee?

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How could your supervisor have helped you more on the job?

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---

What factors contributed to your decision to leave the agency?

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---

What might have been done to prevent you from leaving?

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---

---

What makes your new job more attractive than your present job?

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---

What are your general feelings about working for this department?

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---

---



Would you recommend this office/agency to a friend as a place to work?

- ☐ Yes, without reservations  
☐ Yes, with reservations  
☐ No

If you have additional comments about your job or the office/agency, please list them below:

[illegible]

# THANK YOU!



## FMLA REQUEST

IT APPEARS THAT YOU MAY QUALIFY FOR LEAVE UNDER THE FAMILY AND MEDICAL LEAVE ACT. PLEASE COMPLETE THE BELOW FORM AND RETURN TO YOUR IMMEDIATE SUPERVISOR WITHIN 15 DAYS OF THE SUPERVISOR/APPOINTING AUTHORITY SIGNATURE BELOW. THIS APPROVAL IS PENDING RECEIPT AND APPROVAL OF APPROPRIATE DOCUMENTATION FROM YOUR PHYSICIAN. THANK YOU.

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

Leave Requested (Check One):

- \_\_\_\_\_ (1) Due to birth of child of employee or placement of child with the employee for adoption/foster care;
- \_\_\_\_\_ (2) In order to care for your \_\_\_\_\_ spouse, \_\_\_\_\_ child, \_\_\_\_\_ parent due to his or her serious health condition;
- \_\_\_\_\_ (3) Because of your own serious health condition;
- \_\_\_\_\_ (4) Because of a qualifying exigency arising out of the fact that your \_\_\_\_\_ spouse, \_\_\_\_\_ son or daughter, \_\_\_\_\_ parent is a covered military member on active duty (or has been notified of an impending call or order to active duty (in support of a contingency operation);
- (5) Because you are the \_\_\_\_\_ spouse, \_\_\_\_\_ son or daughter, \_\_\_\_\_ parent, \_\_\_\_\_ next of kin of a covered service member with a serious injury or illness.

Beginning date/time of requested leave: \_\_\_\_\_

Ending date/time of requested leave: \_\_\_\_\_

Total amount of leave requested: \_\_\_\_\_

Do you have a spouse employed by this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is her or her name? \_\_\_\_\_

I hereby authorize a health care provider or other appropriate person representing my employer to contact my physician to verify the reason for my requested family and medical leave. I understand and agree that a failure to return to work at the end of my leave period will be treated as a resignation unless an extension has been agreed upon and approved in writing by my employer.

I also verify that I have been an employee of Wayne County for a minimum of at least twelve (12) months and have actually worked at least one thousand two hundred fifty (1,250) hours of service during the twelve (12) month period immediately preceding the commencement of the leave (the allowable amount with which to qualify for the Family and Medical Leave Act).

I certify all statements provided on this form are complete and factual. I also understand that falsification of information is cause for disciplinary action.

\_\_\_\_\_  
Date Dept. Signature of Employee

\_\_\_\_\_  
Date Dept. Signature of Immediate Supervisor/Appointing Authority

You may go to any of these web sites for the appropriate forms. They are also located behind this page for your convenience.

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**FMLA Notice of Eligibility and Rights & Responsibilities –**

**<https://www.dol.gov/whd/forms/WH-381.pdf>**

**FMLA Designation Notice –**

**<https://www.dol.gov/whd/forms/WH-382.pdf>**

**FMLA Certification of Health Care Provider for Employee's Serious Health Condition**

**<https://www.dol.gov/whd/forms/WH-380-E.pdf>**

**FMLA Certification of Health Care Provider for Family Member's Serious Health Condition**

**<https://www.dol.gov/whd/forms/WH-380-F.pdf>**

**FMLA Certification of Qualifying Exigency for Military Family Leave**

**<https://www.dol.gov/whd/forms/WH-384.pdf>**

**FMLA Certification for Serious Injury or Illness of Covered Service Member for Military Family Leave**

**<https://www.dol.gov/whd/forms/wh385V.pdf>**

**Notice of Eligibility & Rights and Responsibilities  
under the Family and Medical Leave Act**

**U.S. Department of Labor  
Wage and Hour Division**



**DO NOT SEND TO THE DEPARTMENT OF LABOR.  
PROVIDE TO EMPLOYEE.**

OMB Control Number: 1235-0003  
Expires: 6/30/2023

In general, to be eligible to take leave under the Family and Medical Leave Act (FMLA), an employee must have worked for an employer for at least 12 months, meet the hours of service requirement in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. While use of this form is optional, a fully completed Form WH-381 provides employees with the information required by 29 C.F.R. §§ 825.300(b), (c) which must be provided within five business days of the employee notifying the employer of the need for FMLA leave. Information about the FMLA may be found [on the WHD website at www.dol.gov/agencies/whd/fmla](http://www.dol.gov/agencies/whd/fmla).

Date: \_\_\_\_\_ (mm/dd/yyyy)

From: \_\_\_\_\_ (Employer) To: \_\_\_\_\_ (Employee)

On \_\_\_\_\_ (mm/dd/yyyy), we learned that you need leave (beginning on) \_\_\_\_\_ (mm/dd/yyyy)  
for one of the following reasons: (Select as appropriate)

- ☐ The birth of a child, or placement of a child with you for adoption or foster care, and to bond with the newborn or newly-placed child
- ☐ Your own serious health condition
- ☐ You are needed to care for your family member due to a serious health condition. Your family member is your:
  - ☐ Spouse                      ☐ Parent                      ☐ Child under age 18    ☐ Child 18 years or older and incapable of self-care because of a mental or physical disability
- ☐ A qualifying exigency arising out of the fact that your family member is on covered active duty or has been notified of an impending call or order to covered active duty status. Your family member on covered active duty is your:
  - ☐ Spouse                      ☐ Parent                      ☐ Child of any age
- ☐ You are needed to care for your family member who is a covered servicemember with a serious injury or illness. You are the servicemember's:
  - ☐ Spouse                      ☐ Parent                      ☐ Child                      ☐ Next of kin

Spouse means a husband or wife as defined or recognized in the state where the individual was married, including in a common law marriage or same-sex marriage. The terms "child" and "parent" include *in loco parentis* relationships in which a person assumes the obligations of a parent to a child. An employee may take FMLA leave to care for an individual who assumed the obligations of a parent to the employee when the employee was a child. An employee may also take FMLA leave to care for a child for whom the employee has assumed the obligations of a parent. No legal or biological relationship is necessary.

## SECTION I – NOTICE OF ELIGIBILITY

**This Notice is to inform you that you are:**

- ☐ **Eligible** for FMLA leave. (See Section II for any Additional Information Needed and Section III for information on your Rights and Responsibilities.)
- ☐ **Not eligible** for FMLA leave because: (Only one reason need be checked)
  - ☐ 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: \_\_\_\_\_ towards this requirement.  
(months)
  - ☐ You have not met the FMLA's 1,250 hours of service requirement. As of the first date of requested leave, you will have worked approximately: \_\_\_\_\_ towards this requirement.  
(hours of service)

- ☐ You are an airline flight crew employee and you have not met the special hours of service eligibility requirements for airline flight crew employees as of the first date of requested leave (i.e., worked or been paid for at least 60% of your applicable monthly guarantee, and worked or been paid for at least 504 duty hours.)
- ☐ You do not work at and/or report to a site with 50 or more employees within 75-miles as of the date of your request.

If you have any questions, please contact: \_\_\_\_\_ (Name of employer representative)  
at \_\_\_\_\_ (Contact information).

## SECTION II – ADDITIONAL INFORMATION NEEDED

As explained in Section I, you meet the eligibility requirements for taking FMLA leave. Please review the information below to determine if additional information is needed in order for us to determine whether your absence qualifies as FMLA leave. Once we obtain any additional information specified below we will inform you, **within 5 business days**, whether your leave will be designated as FMLA leave and count towards the FMLA leave you have available. **If complete and sufficient information is not provided in a timely manner, your leave may be denied.**

(Select as appropriate)

- ☐ No additional information requested. If no additional information requested, go to Section III.
- ☐ We request that the leave be supported by a certification, as identified below.
- |  |  |
|--|--|
| <input type="checkbox"/> Health Care Provider for the Employee | <input type="checkbox"/> Health Care Provider for the Employee's Family Member |
| <input type="checkbox"/> Qualifying Exigency                   | <input type="checkbox"/> Serious Illness or Injury (Military Caregiver Leave)  |

Selected certification form is ☐ attached / ☐ not attached.

If requested, medical certification must be returned by \_\_\_\_\_ (mm/dd/yyyy) (Must allow at least 15 calendar days from the date the employer requested the employee to provide certification, unless it is not feasible despite the employee's diligent, good faith efforts.)

- ☐ We request that you provide reasonable documentation or a statement to establish the relationship between you and your family member, including *in loco parentis* relationships (as explained on page one). The information requested must be returned to us by \_\_\_\_\_ (mm/dd/yyyy). You may choose to provide a simple statement of the relationship or provide documentation such as a child's birth certificate, a court document, or documents regarding foster care or adoption-related activities. Official documents submitted for this purpose will be returned to you after examination.
- ☐ Other information needed (e.g. documentation for military family leave): \_\_\_\_\_  
\_\_\_\_\_. The information requested must  
be returned to us by \_\_\_\_\_ (mm/dd/yyyy).

If you have any questions, please contact: \_\_\_\_\_ (Name of employer representative)  
at \_\_\_\_\_ (Contact information).

## SECTION III – NOTICE OF RIGHTS AND RESPONSIBILITIES

### **Part A: FMLA Leave Entitlement**

You have a right under the FMLA to take unpaid, job-protected FMLA leave in a 12-month period for certain family and medical reasons, including up to **12 weeks** of unpaid leave in a 12-month period for the birth of a child or placement of a child for adoption or foster care, for leave related to your own or a family member's serious health condition, or for certain

under the FMLA to take up to **26 weeks** of unpaid, job-protected FMLA leave in a single 12-month period to care for a covered servicemember with a serious injury or illness (*Military Caregiver Leave*).

The 12-month period for FMLA leave is calculated as: (*Select as appropriate*)

- ☐ The calendar year (January 1<sup>st</sup> - December 31<sup>st</sup>)
- ☐ A fixed leave year based on \_\_\_\_\_  
(*e.g., a fiscal year beginning on July 1 and ending on June 30*)
- ☐ The 12-month period measured forward from the date of your first FMLA leave usage.
- ☐ A “rolling” 12-month period measured backward from the date of any FMLA leave usage. (*Each time an employee takes FMLA leave, the remaining leave is the balance of the 12 weeks not used during the 12 months immediately before the FMLA leave is to start.*)

If applicable, the single 12-month period for *Military Caregiver Leave* started on \_\_\_\_\_ (mm/dd/yyyy).

**You** (☐ *are* / ☐ *are not*) **considered a key employee** as defined under the FMLA. Your FMLA leave cannot be denied for this reason; however, we may not restore you to employment following FMLA leave if such restoration will cause substantial and grievous economic injury to us.

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. Additional information will be provided separately concerning your status as key employee and restoration.

#### **Part B: Substitution of Paid Leave – When Paid Leave is Used at the Same Time as FMLA Leave**

You have a right under the FMLA to request that your accrued paid leave be substituted for your FMLA leave. This means that you can request that your accrued paid leave run concurrently with some or all of your unpaid FMLA leave, provided you meet any applicable requirements of our leave policy. Concurrent leave use means the absence will count against both the designated paid leave and unpaid FMLA leave at the same time. If you do not meet the requirements for taking paid leave, you remain entitled to take available unpaid FMLA leave in the applicable 12-month period. Even if you do not request it, the FMLA allows us to require you to use your available sick, vacation, or other paid leave during your FMLA absence.

(*Check all that apply*)

- ☐ **Some or all of your FMLA leave will not be paid.** Any unpaid FMLA leave taken will be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period.
- ☐ **You have requested to use some or all of your available paid leave** (*e.g., sick, vacation, PTO*) during your FMLA leave. Any paid leave taken for this reason will also be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period.
- ☐ **We are requiring you to use some or all of your available paid leave** (*e.g., sick, vacation, PTO*) during your FMLA leave. Any paid leave taken for this reason will also be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period.
- ☐ **Other:** (*e.g., short- or long-term disability, workers' compensation, state medical leave law, etc.*) \_\_\_\_\_. Any time taken for this reason will also be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period.

The applicable conditions for use of paid leave include: \_\_\_\_\_.

For more information about conditions applicable to sick/vacation/other paid leave usage please refer to \_\_\_\_\_  
\_\_\_\_\_ available at: \_\_\_\_\_.

**Part C: Maintain Health Benefits**

Your health benefits must be maintained during any period of FMLA leave under the same conditions as if you continued to work. During any paid portion of FMLA leave, your share of any premiums will be paid by the method normally used during any paid leave. During any unpaid portion of FMLA leave, you must continue to make any normal contributions to the cost of the health insurance premiums. To make arrangements to continue to make your share of the premium payments on your health insurance while you are on any unpaid FMLA leave, contact \_\_\_\_\_ at \_\_\_\_\_.

You have a minimum grace period of (☐ 30-days or ☐ \_\_\_\_\_ *indicate longer period, if applicable*) in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that 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.

You may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave if you do not return to work following **unpaid** FMLA leave for a reason other than: the continuation, recurrence, or onset of your or your family member's serious health condition which would entitle you to FMLA leave; or the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to FMLA leave; or other circumstances beyond your control.

**Part D: Other Employee Benefits**

Upon your return from FMLA leave, your other employee benefits, such as pensions or life insurance, must be resumed in the same manner and at the same levels as provided when your FMLA leave began. To make arrangements to continue your employee benefits while you are on FMLA leave, contact \_\_\_\_\_ at \_\_\_\_\_.

**Part E: Return-to-Work Requirements**

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 from FMLA-protected leave. An equivalent position is one that is virtually identical to your former position in terms of pay, benefits, and working conditions. At the end of your FMLA leave, all benefits must also be resumed in the same manner and at the same level provided when the leave began. You do not have return-to-work rights under the FMLA if you need leave beyond the amount of FMLA leave you have available to use.

**Part F: Other Requirements While on FMLA Leave**

While on leave you (☐ will be / ☐ will not be) required to furnish us with periodic reports of your status and intent to return to work every \_\_\_\_\_.

*(Indicate interval of periodic reports, as appropriate for the FMLA leave situation).*

**If the circumstances of your leave change and you are able to return to work earlier than expected, you will be required to notify us at least two workdays prior to the date you intend to report for work.**

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**PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**

It is mandatory for employers to provide employees with notice of their eligibility for FMLA protection and their rights and responsibilities. 29 U.S.C. § 2617; 29 C.F.R. § 825.300(b), (c). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

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**DO NOT SEND THE COMPLETED FORM TO THE DEPARTMENT OF LABOR. EMPLOYEE INFORMATION.**

**Designation Notice  
under the Family and Medical Leave Act**

**U.S. Department of Labor  
Wage and Hour Division**



**DO NOT SEND TO THE DEPARTMENT OF LABOR.  
PROVIDE TO EMPLOYEE.**

OMB Control Number: 1235-0003  
Expires: 6/30/2023

Leave covered under the Family and Medical Leave Act (FMLA) must be designated as FMLA-protected and the employer must inform the employee of the amount of leave that will be counted against the employee's FMLA leave entitlement. In order to determine whether leave is covered under the FMLA, the employer may request that the leave be supported by a certification. If the certification is incomplete or insufficient, the employer must state in writing what additional information is necessary to make the certification complete and sufficient. While use of this form is optional, a fully completed Form WH-382 provides employees with the information required by 29 C.F.R. §§ 825.300(d), 825.301, and 825.305(c), which must be provided within five business days of the employer having enough information to determine whether the leave is for an FMLA-qualifying reason. Information about the FMLA may be found [on the WHD website at www.dol.gov/agencies/whd/fmla](http://www.dol.gov/agencies/whd/fmla).

### SECTION I - EMPLOYER

The employer is responsible in **all** circumstances for designating leave as FMLA-qualifying and giving notice to the employee. Once an eligible employee communicates a need to take leave for an FMLA-qualifying reason, an employer may not delay designating such leave as FMLA leave, and neither the employee nor the employer may decline FMLA protection for that leave.

Date: \_\_\_\_\_ (mm/dd/yyyy)

From: \_\_\_\_\_ (Employer) To: \_\_\_\_\_ (Employee)

On \_\_\_\_\_ (mm/dd/yyyy) we received your most recent information to support your need for leave due to:  
(Select as appropriate)

- ☐ The birth of a child, or placement of a child with you for adoption or foster care, and to bond with the newborn or newly-placed child
- ☐ Your own serious health condition
- ☐ The serious health condition of your spouse, child, or parent
- ☐ A qualifying exigency arising out of the fact that your spouse, child, or parent is on covered active duty or has been notified of an impending call or order to covered active duty with the Armed Forces
- ☐ A serious injury or illness of a covered servicemember where you are the servicemember's spouse, child, parent, or next of kin (Military Caregiver Leave)

**We have reviewed information related to your need for leave under the FMLA along with any supporting documentation provided and decided that your FMLA leave request is:** (Select as appropriate)

- ☐ **Approved.** All leave taken for this reason will be designated as FMLA leave. Go to Section III for more information.
- ☐ **Not Approved:** (Select as appropriate)
  - ☐ The FMLA does not apply to your leave request.
  - ☐ As of the date the leave is to start, you do not have any FMLA leave available to use.
  - ☐ Other \_\_\_\_\_
- ☐ **Additional information** is needed to determine if your leave request qualifies as FMLA leave. (Go to Section II for the specific information needed. If your FMLA leave request is approved and no additional information is needed, go to Section III.)

### SECTION II – ADDITIONAL INFORMATION NEEDED

We need additional information to determine whether your leave request qualifies under the FMLA. Once we obtain the additional information requested, we will inform you **within 5 business days** if your leave will or will not be designated as FMLA leave and count towards the amount of FMLA leave you have available. **Failure to provide the additional information as requested may result in a denial of your FMLA leave request.**

If you have any questions, please contact: \_\_\_\_\_ at \_\_\_\_\_  
(Name of employer FMLA representative) (Contact information)

#### Incomplete or Insufficient Certification

The certification you have provided is incomplete and/or insufficient to determine whether the FMLA applies to your leave request.  
(Select as applicable)

- ☐ The certification provided is incomplete and we are unable to determine whether the FMLA applies to your leave request. "Incomplete" means one or more of the applicable entries on the certification have not been completed.



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

- ☐ The certification provided is insufficient to determine whether the FMLA applies to your leave request. “Insufficient” means the information provided is vague, unclear, ambiguous or non-responsive.

Specify the information needed to make the certification complete and/or sufficient: \_\_\_\_\_

You must provide the requested information no later than (provide at least 7 calendar days) \_\_\_\_\_ (mm/dd/yyyy), unless

it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.

### **Second and Third Opinions**

- ☐ We request that you obtain a (☐ second / ☐ third opinion) medical certification at our expense, and we will provide further details at a later time. *Note: The employee or the employee’s family member may be requested to authorize the health care provider to release information pertaining only to the serious health condition at issue.*

## **SECTION III – FMLA LEAVE APPROVED**

As explained in Section I, your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave and will count against the amount of FMLA leave you have available to use in the applicable 12-month period. The FMLA requires that you notify us as soon as practicable if the dates of scheduled leave change, 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 the total **amount of FMLA leave** you have available to use in the applicable 12-month period: (Select as appropriate)

- ☐ Provided there is no change from your **anticipated FMLA leave schedule**, the following number of hours, days, or weeks will be counted against your leave 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 all that apply)

- ☐ **Some or all of your FMLA leave will not be paid.** Any unpaid FMLA leave taken will be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period.
- ☐ **Based on your request, some or all of your available paid leave (e.g., sick, vacation, PTO) will be used during your FMLA leave.** Any paid leave taken for this reason will also be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period.
- ☐ **We are requiring you to use some or all of your available paid leave (e.g., sick, vacation, PTO) during your FMLA leave.** Any paid leave taken for this reason will also be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period.
- ☐ **Other:** \_\_\_\_\_  
(e.g., Short- or long-term disability, workers’ compensation, state medical leave law, etc.) Any time taken for this reason will also be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period.

**Return-to-work requirements.** To be restored to work after taking FMLA leave, you ☐ will be ☐ will not be) required to provide a certification from your health care provider (fitness-for-duty certification) that you are able to resume work. This request for a fitness-for-duty certification is *only* with regard to the particular serious health condition that caused your need for FMLA leave. **If such certification is not timely received, your return to work may be delayed until the certification is provided.**

A list of the essential functions of your position ( ☐ is / ☐ is not) attached. If attached, the fitness-for-duty certification must address your ability to perform the essential job functions.

### **PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**

It is mandatory for employers to inform employees in writing whether leave requested under the FMLA has been determined to be covered under the FMLA. 29 U.S.C. § 2617; 29 C.F.R. § 825.300(d), (e). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.



Health Care Provider's name: *(Print)* \_\_\_\_\_

Health Care Provider's business address: \_\_\_\_\_

Type of practice / Medical specialty: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

### **PART A: Medical Information**

Limit your response to the medical condition(s) for which the employee is seeking FMLA leave. Your answers should be your **best estimate** based upon your medical knowledge, experience, and examination of the patient. **After completing Part A, complete Part B to provide information about the amount of leave needed.** Note: For FMLA purposes, "incapacity" means the inability to work, attend school, or perform regular daily activities due to the condition, treatment of the condition, or recovery from the condition. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. § 1635.3(b).

(1) State the approximate date the condition started or will start: \_\_\_\_\_ (mm/dd/yyyy)

(2) Provide your **best estimate** of how long the condition lasted or will last: \_\_\_\_\_

(3) Check the box(es) for the questions below, as applicable. For all box(es) checked, the amount of leave needed must be provided in Part B.

☐ **Inpatient Care:** The patient (☐ has been / ☐ is expected to be) admitted for an overnight stay in a hospital, hospice, or residential medical care facility on the following date(s): \_\_\_\_\_

☐ **Incapacity plus Treatment:** (e.g. outpatient surgery, strep throat)

Due to the condition, the patient (☐ has been / ☐ is expected to be) incapacitated for *more than three* consecutive, full calendar days from \_\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_\_ (mm/dd/yyyy).

The patient (☐ was / ☐ will be) seen on the following date(s): \_\_\_\_\_

The condition (☐ has / ☐ has not) also resulted in a course of continuing treatment under the supervision of a health care provider (e.g. prescription medication (other than over-the-counter) or therapy requiring special equipment)

☐ **Pregnancy:** The condition is pregnancy. List the expected delivery date: \_\_\_\_\_ (mm/dd/yyyy).

☐ **Chronic Conditions:** (e.g. asthma, migraine headaches) Due to the condition, it is medically necessary for the patient to have treatment visits at least twice per year.

☐ **Permanent or Long Term Conditions:** (e.g. Alzheimer's, terminal stages of cancer) Due to the condition, incapacity is permanent or long term and requires the continuing supervision of a health care provider (even if active treatment is not being provided).

☐ **Conditions requiring Multiple Treatments:** (e.g. chemotherapy treatments, restorative surgery) Due to the condition, it is medically necessary for the patient to receive multiple treatments.

☐ **None of the above:** If none of the above condition(s) were checked, (i.e., inpatient care, pregnancy) no additional information is needed. Go to page 4 to sign and date the form.

- (1) If needed, briefly describe other appropriate medical facts related to the condition(s) for which the employee seeks FMLA leave. (e.g., use of nebulizer, dialysis) \_\_\_\_\_

**PART B: Amount of Leave Needed**

For the medical condition(s) checked in Part A, complete all that apply. 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.

- (2) Due to the condition, the patient (☐ had / ☐ will have) **planned medical treatment(s)** (scheduled medical visits) (e.g. psychotherapy, prenatal appointments) on the following date(s): \_\_\_\_\_

- (3) Due to the condition, the patient (☐ was / ☐ will be) **referred to other health care provider(s)** for evaluation or treatment(s).

State the nature of such treatments: (e.g. cardiologist, physical therapy) \_\_\_\_\_

Provide your **best estimate** of the beginning date \_\_\_\_\_ (mm/dd/yyyy) and end date \_\_\_\_\_ (mm/dd/yyyy) for the treatment(s).

Provide your **best estimate** of the duration of the treatment(s), including any period(s) of recovery (e.g. 3 days/week) \_\_\_\_\_

- (4) Due to the condition, it is medically necessary for the employee to work a **reduced schedule**.

Provide your **best estimate** of the reduced schedule the employee is able to work. From \_\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_\_ (mm/dd/yyyy) the employee is able to work: (e.g., 5 hours/day, up to 25 hours a week)

- (5) Due to the condition, the patient (☐ was / ☐ will be) **incapacitated for a continuous period of time**, including any time for treatment(s) and/or recovery.

Provide your **best estimate** of the beginning date \_\_\_\_\_ (mm/dd/yyyy) and end date \_\_\_\_\_ (mm/dd/yyyy) for the period of incapacity.

**PART C: Essential Job Functions**

If provided, the information in Section I question #4 may be used to answer this question. If the employer fails to provide a statement of the employee's essential functions or a job description, answer these questions based upon the employee's own description of the essential job functions. An employee who must be absent from work to receive medical treatment(s), such as scheduled medical visits, for a serious health condition is considered to be *not able* to perform the essential job functions of the position during the absence for treatment(s).

- (1) Due to the condition, the employee (☐ was not able / ☐ is not able / ☐ will not be able) to perform *one or more* of the essential job function(s). Identify at least one essential job function the employee is not able to perform:

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Signature of Health Care Provider \_\_\_\_\_ Date \_\_\_\_\_ (mm/dd/yyyy)

<b>Definitions of a Serious Health Condition</b> (See 29 C.F.R. §§ 825.113-.115)
<b>Inpatient Care</b>
<ul style="list-style-type: none"> <li>• An overnight stay in a hospital, hospice, or residential medical care facility.</li> <li>• Inpatient care includes any period of incapacity or any subsequent treatment in connection with the overnight stay.</li> </ul>
<b>Continuing Treatment by a Health Care Provider (any one or more of the following)</b>
<p><b><u>Incapacity Plus Treatment:</u></b> A period of incapacity of more than three consecutive, full calendar days, and any subsequent treatment or period of incapacity relating to the same condition, that also involves either:</p> <ul style="list-style-type: none"> <li>○ Two or more in-person visits to a health care provider for treatment within 30 days of the first day of incapacity unless extenuating circumstances exist. The first visit must be within seven days of the first day of incapacity; or,</li> <li>○ At least one in-person visit to a health care provider for treatment within seven days of the first day of incapacity, which results in a regimen of continuing treatment under the supervision of the health care provider. For example, the health provider might prescribe a course of prescription medication or therapy requiring special equipment.</li> </ul>
<b><u>Pregnancy:</u></b> Any period of incapacity due to pregnancy or for prenatal care.
<b><u>Chronic Conditions:</u></b> Any period of incapacity due to or treatment for a chronic serious health condition, such as diabetes, asthma, migraine headaches. A chronic serious health condition is one which requires visits to a health care provider (or nurse supervised by the provider) at least twice a year and recurs over an extended period of time. A chronic condition may cause episodic rather than a continuing period of incapacity.
<b><u>Permanent or Long-term Conditions:</u></b> A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective, but which requires the continuing supervision of a health care provider, such as Alzheimer's disease or the terminal stages of cancer.
<b><u>Conditions Requiring Multiple Treatments:</u></b> Restorative surgery after an accident or other injury; or, a condition that would likely result in a period of incapacity of more than three consecutive, full calendar days if the patient did not receive the treatment.

**PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 15 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

**DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR. RETURN TO THE PATIENT.**

**Certification of Health Care Provider for  
Family Member's Serious Health Condition  
under the Family and Medical Leave Act**

**U.S. Department of Labor  
Wage Hour Division**



**DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR.  
RETURN TO THE PATIENT.**

OMB Control Number: 1235-0003  
Expires: 6/30/2023

The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave to care for a family member with a serious health condition to submit a medical certification issued by the family member's health care provider. 29 U.S.C. §§ 2613, 2614(c)(3); 29 C.F.R. § 825.305. The employer must give the employee **at least 15 calendar days** to provide the certification. If the employee fails to provide complete and sufficient medical certification, his or her FMLA leave request may be denied. 29 C.F.R. § 825.313. Information about the FMLA may be found [on the WHD website at www.dol.gov/agencies/whd/fmla](http://www.dol.gov/agencies/whd/fmla).

### SECTION I - EMPLOYER

Either the employee or the employer may complete Section I. While use of this form is optional, this form asks the health care provider for the information necessary for a complete and sufficient medical certification, which is set out at 29 C.F.R. § 825.306. **You may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308.** Additionally, you **may not** request a certification for FMLA leave to bond with a healthy newborn child or a child placed for adoption or foster care.

Employers must generally maintain records and documents relating to medical information, medical certifications, recertifications, or medical histories of employees or employees' family members created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

(1) Employee name: \_\_\_\_\_  
First Middle Last

(2) Employer name: \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yyyy)  
(List date certification requested)

(3) The medical certification must be returned by \_\_\_\_\_ (mm/dd/yyyy)  
(Must allow at least 15 calendar days from the date requested, unless it is not feasible despite the employee's diligent, good faith efforts.)

### SECTION II - EMPLOYEE

Please complete and sign Section II before providing this form to your family member or your family member's health care provider. The FMLA allows an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to the serious health condition of your family member. If requested by your employer, your response is required to obtain or retain the benefit of the FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). **You are responsible for making sure the medical certification is provided to your employer within the time frame requested, which must be at least 15 calendar days.** 29 C.F.R. §§ 825.305-825.306. Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA leave request. 29 C.F.R. § 825.313.

(1) Name of the family member for whom you will provide care: \_\_\_\_\_

(2) Select the relationship of the family member to you. The family member is your:

- ☐ Spouse      ☐ Parent      ☐ Child, under age 18  
☐ Child, age 18 or older and incapable of self-care because of a mental or physical disability

Spouse means a husband or wife as defined or recognized in the state where the individual was married, including in a common law marriage or same-sex marriage. The terms "child" and "parent" include *in loco parentis* relationships in which a person assumes the obligations of a parent to a child. An employee may take FMLA leave to care for an individual who assumed the obligations of a parent to the employee when the employee was a child. An employee may also take FMLA leave to care for a child for whom the employee has assumed the obligations of a parent. No legal or biological relationship is necessary.

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

(1) Briefly describe the care you will provide to your family member: *(Check all that apply)*☐ Assistance with basic medical, hygienic, nutritional, or safety needs☐ Transportation☐ Physical Care☐ Psychological Comfort☐ Other: \_\_\_\_\_(2) Give your **best estimate** of the amount of leave needed to provide the care described: \_\_\_\_\_

(3) If a **reduced work schedule** is necessary to provide the care described, give your **best estimate** of the reduced schedule you are able to work. From \_\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_\_ (mm/dd/yyyy), I am able to work \_\_\_\_\_ (hours per day) \_\_\_\_\_ (days per week).

Employee

Signature \_\_\_\_\_ Date \_\_\_\_\_ (mm/dd/yyyy)

**SECTION III - HEALTH CARE PROVIDER**

Please provide your contact information, complete all relevant parts of this Section, and sign the form below. A family member of your patient has requested leave under the FMLA to care for your patient. The FMLA allows an employer to require that the employee submit a timely, complete, and sufficient medical certification to support a request for FMLA leave to care for a family member with a serious health condition. For FMLA purposes, a "serious health condition" means an illness, injury, impairment, or physical or mental condition that *involves inpatient care or continuing treatment by a health care provider*. For more information about the definitions of a serious health condition under the FMLA, see the chart at the end of the form.

You also may, but are **not required** to, provide other appropriate medical facts including symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment. Please note that some state or local laws may not allow disclosure of private medical information about the patient's serious health condition, such as providing the diagnosis and/or course of treatment.

Health Care Provider's name: *(Print)* \_\_\_\_\_

Health Care Provider's business address: \_\_\_\_\_

Type of practice / Medical specialty: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**PART A: Medical Information**

Limit your response to the medical condition for which the employee is seeking FMLA leave. Your answers should be your **best estimate** based upon your medical knowledge, experience, and examination of the patient. **After completing Part A, complete Part B to provide information about the amount of leave needed.** Note: For FMLA purposes, "incapacity" means the inability to work, attend school, or perform regular daily activities due to the condition, treatment of the condition, or recovery from the condition. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. § 1635.3(b).

(1) Patient's Name: \_\_\_\_\_

(2) State the approximate date the condition started or will start: \_\_\_\_\_ (mm/dd/yyyy)

(3) Provide your **best estimate** of how long the condition lasted or will last: \_\_\_\_\_

(4) For FMLA to apply, care of the patient must be medically necessary. Briefly describe the type of care needed by the patient *(e.g., assistance with basic medical, hygienic, nutritional, safety, transportation needs, physical care, or psychological comfort)*.

(1) Check the box(es) for the questions below, as applicable. For all box(es) checked, the amount of leave needed must be provided in Part B.

☐ **Inpatient Care:** The patient (☐ has been / ☐ is expected to be) admitted for an overnight stay in a hospital, hospice, or residential medical care facility on the following date(s): \_\_\_\_\_

☐ **Incapacity plus Treatment:** (e.g. outpatient surgery, strep throat)

Due to the condition, the patient (☐ has been / ☐ is expected to be) incapacitated for *more than* three consecutive, full calendar days from \_\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_\_ (mm/dd/yyyy).

The patient (☐ was / ☐ will be) seen on the following date(s): \_\_\_\_\_

The condition (☐ has / ☐ has not) also resulted in a course of continuing treatment under the supervision of a health care provider (e.g. prescription medication (other than over-the-counter) or therapy requiring special equipment)

☐ **Pregnancy:** The condition is pregnancy. List the expected delivery date: \_\_\_\_\_ (mm/dd/yyyy).

☐ **Chronic Conditions:** (e.g. asthma, migraine headaches) Due to the condition, it is medically necessary for the patient to have treatment visits at least twice per year.

☐ **Permanent or Long Term Conditions:** (e.g. Alzheimer's, terminal stages of cancer) Due to the condition, incapacity is permanent or long term and requires the continuing supervision of a health care provider (even if active treatment is not being provided).

☐ **Conditions requiring Multiple Treatments:** (e.g. chemotherapy treatments, restorative surgery) Due to the condition, it is medically necessary for the patient to receive multiple treatments.

☐ **None of the above:** If none of the above condition(s) were checked, (i.e., inpatient care, pregnancy) no additional information is needed. Go to page 4 to sign and date the form.

(2) If needed, briefly describe other appropriate medical facts related to the condition(s) for which the employee seeks FMLA leave. (e.g., use of nebulizer, dialysis) \_\_\_\_\_

### **PART B: Amount of Leave Needed**

For the medical condition(s) checked in Part A, complete all that apply. 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 if the benefits and protections of the FMLA apply.

(3) Due to the condition, the patient (☐ had / ☐ will have) **planned medical treatment(s)** (scheduled medical visits) (e.g. psychotherapy, prenatal appointments) on the following date(s): \_\_\_\_\_

(4) Due to the condition, the patient (☐ was / ☐ will be) **referred to other health care provider(s)** for evaluation or treatment(s).

State the nature of such treatments: (e.g. cardiologist, physical therapy) \_\_\_\_\_

Provide your **best estimate** of the beginning date \_\_\_\_\_ (mm/dd/yyyy) and end date \_\_\_\_\_ (mm/dd/yyyy) for the treatment(s).

Provide your **best estimate** of the duration of the treatment(s), including any period(s) of recovery

\_\_\_\_\_ (e.g. 3 days/week)



- (1) Due to the condition, the patient (☐ was / ☐ will be) **incapacitated for a continuous period of time**, including any time for treatment(s) and/or recovery.

Provide your **best estimate** of the beginning date: \_\_\_\_\_ (mm/dd/yyyy) and end date \_\_\_\_\_ (mm/dd/yyyy) for the period of incapacity.

- (2) Due to the condition it, (☐ was / ☐ is / ☐ will be) medically necessary for the employee to be absent from work to provide care for the patient on an **intermittent basis** (periodically), including for any episodes of incapacity i.e., episodic flare-ups. Provide your **best estimate** of how often (frequency) and how long (duration) the episodes of incapacity will likely last.

Over the next 6 months, episodes of incapacity are estimated to occur \_\_\_\_\_ times per (☐ day / ☐ week / ☐ month) and are likely to last approximately \_\_\_\_\_ ( ☐ hours / ☐ days) per episode.

Signature of

Health Care Provider \_\_\_\_\_ Date \_\_\_\_\_ (mm/dd/yyyy)

#### Definitions of a Serious Health Condition (See 29 C.F.R. §§ 825.113-.115)

##### Inpatient Care

- An overnight stay in a hospital, hospice, or residential medical care facility.
- Inpatient care includes any period of incapacity or any subsequent treatment in connection with the overnight stay.

##### Continuing Treatment by a Health Care Provider (any one or more of the following)

**Incapacity Plus Treatment:** A period of incapacity of more than three consecutive, full calendar days, and any subsequent treatment or period of incapacity relating to the same condition, that also involves either:

- Two or more in-person visits to a health care provider for treatment within 30 days of the first day of incapacity unless extenuating circumstances exist. The first visit must be within seven days of the first day of incapacity; or,
- At least one in-person visit to a health care provider for treatment within seven days of the first day of incapacity, which results in a regimen of continuing treatment under the supervision of the health care provider. For example, the health provider might prescribe a course of prescription medication or therapy requiring special equipment.

**Pregnancy:** Any period of incapacity due to pregnancy or for prenatal care.

**Chronic Conditions:** Any period of incapacity due to or treatment for a chronic serious health condition, such as diabetes, asthma, migraine headaches. A chronic serious health condition is one which requires visits to a health care provider (or nurse supervised by the provider) at least twice a year and recurs over an extended period of time. A chronic condition may cause episodic rather than a continuing period of incapacity.

**Permanent or Long-term Conditions:** A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective, but which requires the continuing supervision of a health care provider, such as Alzheimer's disease or the terminal stages of cancer.

**Conditions Requiring Multiple Treatments:** Restorative surgery after an accident or other injury; or, a condition that would likely result in a period of incapacity of more than three consecutive, full calendar days if the patient did not receive the treatment.

#### PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 15 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

**DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR. RETURN TO THE PATIENT.**

**Certification for Military Family Leave for  
Qualifying Exigency  
under the Family and Medical Leave Act****U.S. Department of Labor  
Wage and Hour Division****DO NOT SEND FORM TO THE DEPARTMENT OF LABOR.  
RETURN THE COMPLETED FORM TO THE EMPLOYER.**OMB Control Number: 1235-0003  
Expires: 6/30/2023

The Family and Medical Leave Act (FMLA) provides that eligible employees may take FMLA leave for a qualifying exigency while the employee's spouse, child, or parent (the military member) is on covered active duty or has been notified of an impending call or order to covered active duty. The FMLA allows an employer to require an employee seeking FMLA leave due to a qualifying exigency to submit a certification. 29 U.S.C. §§ 2613, 2614(c)(3). The employer must give the employee **at least 15 calendar days** to provide the certification. 29 C.F.R. § 825.305(b). If the employee fails to provide complete and sufficient certification, the employee's FMLA leave request may be denied. 29 C.F.R. § 825.313. Information about the FMLA may be found [on the WHD website at http://www.dol.gov/agencies/whd/fmla](http://www.dol.gov/agencies/whd/fmla).

**SECTION I - EMPLOYER**

Either the employee or the employer may complete Section I. While use of this form is optional, it asks the employer for the information necessary for a complete and sufficient qualifying exigency certification, which is set out at 29 C.F.R. § 825.309. **You may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. § 825.309.**

- (1) Employee name: \_\_\_\_\_  
*First Middle Last*
- (2) Employer name: \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yyyy)  
*(List date certification requested)*
- (3) This certification must be returned by \_\_\_\_\_ (mm/dd/yyyy).  
*(Must allow at least 15 calendar days from the date requested, unless it is not feasible despite the employee's diligent, good faith efforts.)*

**SECTION II - EMPLOYEE**

Please complete all Parts of Section II and sign the form before returning it to your employer. The FMLA allows an employer to require that you submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a qualifying exigency. If requested by your employer, your response is required to obtain the benefits and protections of the FMLA. 29 C.F.R. § 825.309. Failure to provide a complete and sufficient certification may result in a denial of your FMLA leave request. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a military member's covered active duty or call to covered active duty status. **You are responsible for making sure the certification is provided to your employer within the time frame requested, which must be at least 15 calendar days.** 29 C.F.R. § 825.313.

- (1) Provide the name of the military member on covered active duty or call to covered active duty status:

\_\_\_\_\_ *First Middle Last*

- (2) Select your relationship of the military member. The military member is your:

☐ Spouse ☐ Parent ☐ Child, of any age

Spouse means a husband or wife as defined or recognized in the state where the individual was married, including a common law marriage or same-sex marriage. The terms "child" and "parent" include *in loco parentis* relationships in which a person assumes the obligations of a parent to a child. An employee may take FMLA leave for a qualifying exigency related a military member who assumed the obligations of a parent to the employee when the employee was a child. An employee may also take FMLA leave for a qualifying exigency related a military member for whom the employee has assumed the obligations of a parent. No legal or biological relationship is necessary.

Covered active duty or call to covered active duty in the case of a member of the Regular Armed Forces means duty during the deployment of the member with the Armed Forces to a foreign country. Covered active duty or call to covered active duty in the case of a member of the Reserve components means duty during the deployment of the member with the Armed Forces to a foreign country under a Federal call or order to active duty in support of a contingency operation pursuant to: Section 688 of Title 10 of the United States Code; Section 12301(a) of Title 10 of the United States Code; Section 12302 of Title 10 of the United States Code; Section 12304 of Title 10 of the United States Code; Section 12305 of Title 10 of the United States Code; Section 12406 of Title 10 of the United States Code; chapter 15 of Title 10 of the United States Code; or, any other provision of law during a war or during a national emergency declared by the President or Congress so long as it is in support of a contingency operation. 10 U.S.C. § 101(a)(13)(B).

An employer may require the employee to provide a copy of the military member's active duty orders or other documentation issued by the military which indicates that the military member is on covered active duty or call to covered active duty status, and the dates of the military member's covered active duty service. **This information need only be provided to the employer once, unless additional leave is needed for a different military member or different deployment.**

- (1) Provide the dates of the military member's covered active duty service: \_\_\_\_\_
- (2) Please check one of the following and attach the indicated written document to support that the military member is on covered active duty or call to covered active duty status:
- ☐ A copy of the military member's covered active duty orders
  - ☐ Other documentation from the military indicating that the military member is on covered active duty or has been notified of an impending call to covered active duty, such as official military correspondence from the military member's chain of command
  - ☐ I have previously provided my employer with sufficient written documentation confirming the military member's covered active duty or call to covered active duty status

#### **PART B: APPROPRIATE FACTS**

Under the FMLA, leave can be taken for a number of qualifying exigencies. 29 C.F.R. § 825.126(b). Complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes available written documentation which supports the need for leave such as a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming the military member's Rest and Recuperation leave, or other documentation issued by the military which indicates that the military member has been granted Rest and Recuperation leave, or a document confirming an appointment with a third party (*e.g.*, a counselor or school official, or staff at a care facility, a copy of a bill for services for the handling of legal or financial affairs). Please provide appropriate facts related to the particular qualifying exigency to support the FMLA leave request, including information on the type of qualifying exigency and any available written documentation of the exigency event.

- (3) Select the appropriate **Qualifying Exigency Category** and, if needed, provide additional information related to the event:
- ☐ Short notice deployment (*i.e.*, deployment within seven or fewer days of notice)
  - ☐ Military events and related activities (*e.g.*, *official ceremonies or events, or family support and assistance programs*):  
\_\_\_\_\_
  - ☐ Childcare related activities for the child of the military member (*e.g.*, *arranging for alternative childcare*):  
\_\_\_\_\_

- ☐ Care for the military member's parent (*e.g., admitting or transferring the parent to a new care facility*): \_\_\_\_\_
- ☐ Financial and legal arrangements related to the deployment (*e.g., obtaining military identification cards*)
- ☐ Counseling related to the deployment (*i.e., counseling provided by someone other than a health care provider*)
- ☐ Military member's short-term, temporary Rest and Recuperation leave (R&R) (leave for this reason is limited to 15 calendar days for each instance of R&R)
- ☐ Post deployment activities (*e.g., arrival ceremonies, or reintegration briefings and events*): \_\_\_\_\_
- ☐ Any other event that the employee and employer agree is a qualifying exigency: \_\_\_\_\_

- (1) **Available written documentation** supporting this request for leave is ( ☐ attached / ☐ not attached / ☐ not available).

### **PART C: AMOUNT OF LEAVE NEEDED**

**Provide information concerning the amount of leave that will be needed.** Several questions in this section seek a response as to the frequency or duration of the qualifying exigency leave needed. Be as specific as you can; terms such as “unknown” or “indeterminate” may not be sufficient to determine FMLA coverage.

- (2) List the approximate date exigency started or will start: \_\_\_\_\_ (mm/dd/yyyy)
- (3) Provide your best estimate of how long the exigency lasted or will last:  
From \_\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_\_ (mm/dd/yyyy)
- (4) Due to a qualifying exigency, I need to work a **reduced schedule**. Provide your **best estimate** of the reduced schedule you are able to work:  
From \_\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_\_ (mm/dd/yyyy)  
I am able to work \_\_\_\_\_  
(*e.g., 5 hours/day, up to 25 hours a week*)
- (5) Due to a qualifying exigency, I will need to be absent from work for a **continuous period of time**. Provide your **best estimate** of the beginning and ending dates for the period of absence:  
From \_\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_\_ (mm/dd/yyyy)

- (1) Due to a qualifying exigency, I will need to be absent from work on an **intermittent basis** (periodically).

Provide your **best estimate** of the frequency (how often) and duration (how long) of each appointment, meeting, or leave event, including any travel time.

Over the next 6 months, absences on an **intermittent basis** are estimated to occur: \_\_\_\_\_ times per  
(☐ day / ☐ week / ☐ month) and are likely to last approximately \_\_\_\_\_ (☐ hours / ☐ days) per episode.

- (2) My leave is due to a qualifying exigency that involves **Rest and Recuperation leave** (R & R) of the military member (leave for this reason is limited to 15 calendar days for each instance of R & R leave).

List the dates of the military member's R & R leave:

From \_\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_\_ (mm/dd/yyyy)

#### **PART D: THIRD PARTY INFORMATION**

If applicable, please provide information below that may be used by your employer to verify meetings or appointments with a third party related to the qualifying exigency. Examples of meetings with third parties include: arranging for childcare or parental care, to attend non-medical counseling, to attend meetings with school, childcare or parental care providers, to make financial or legal arrangements, to act as the 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. This information may be used by your employer to verify that the information contained on this form is accurate.

Individual (e.g., name and title) or Entity / Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Describe purpose of meeting: \_\_\_\_\_

**Employee**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ (mm/dd/yyyy)

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#### **PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**

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**DO NOT SEND THE COMPLETED FORM TO THE DEPARTMENT OF DEPARTMENT OF LABOR.  
RETURN FORM TO THE EMPLOYER.**

Certification for Serious Injury  
Labor or Illness of a Veteran for  
Military Caregiver Leave  
(Family and Medical Leave  
Act)

U.S. Department of  
Wage and Hour Division



DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE EMPLOYEE

OMB Control Number: 1235-  
0003  
Expires: 8/31/2021

**Notice to the EMPLOYER**

The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking military caregiver leave under the FMLA leave due to a serious injury or illness of a covered veteran to submit a certification providing sufficient facts to support the request for leave. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 CFR 825.310. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees or employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 CFR 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 CFR 1635.9, if the Genetic Information Nondiscrimination Act applies.

**SECTION I: For completion by the EMPLOYEE and/or the VETERAN for whom the employee is requesting leave**

**INSTRUCTIONS to the EMPLOYEE and/or VETERAN:** 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 military caregiver leave under the FMLA leave due to a serious injury or illness of a covered veteran. If requested by the employer, your response is required to obtain or retain the benefit of FMLA-protected leave. 29 U.S.C. 2613, 2614(c)(3). Failure to do so may result in a denial of an employee's FMLA request. 29 CFR 825.310(f). The employer must give an employee at least 15 calendar days to return this form to the employer.

(This section must be completed before Section II can be completed by a health care provider.)

**Part A: EMPLOYEE INFORMATION**

Name and address of employer (this is the employer of the employee requesting leave to care for a veteran):

\_\_\_\_\_

Name of employee requesting leave to care for a veteran:

\_\_\_\_\_

First

Middle

Last

Name of veteran (for whom employee is requesting leave):

\_\_\_\_\_

First

Middle

Last

Relationship of employee to veteran:

Spouse ☐ Parent ☐ Son ☐ Daughter ☐ Next of Kin ☐ (please specify relationship):

## Part B: VETERAN INFORMATION

- (1) Date of the veteran's discharge:  
\_\_\_\_\_
- (2) Was the veteran **dishonorably** discharged or released from the Armed Forces (including the National Guard or Reserves)? Yes ☐ No ☐
- (3) Please provide the veteran's military branch, rank and unit at the time of discharge:  
\_\_\_\_\_
- (4) Is the veteran receiving medical treatment, recuperation, or therapy for an injury or illness?  
Yes ☐ No ☐

## Part C: CARE TO BE PROVIDED TO THE VETERAN

Describe the care to be provided to the veteran and an estimate of the leave needed to provide the care:

\_\_\_\_\_

**SECTION II: For completion by: (1) a United States Department of Defense (“DOD”) health care provider; (2) a United States Department of Veterans Affairs (“VA”) health care provider; (3) a DOD TRICARE network authorized private health care provider; (4) a DOD non-network TRICARE authorized private health care provider; or (5) a health care provider as defined in 29 CFR 825.125.**

**INSTRUCTIONS to the HEALTH CARE PROVIDER:** The employee named in Section I has requested leave under the military caregiver leave provision of the FMLA to care for a family member who is a veteran. For purposes of FMLA military caregiver leave, a serious injury or illness means an injury or illness incurred by the servicemember in the line of duty on active duty in the Armed Forces (or that existed before the beginning of the servicemember’s active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) and manifested itself before or after the servicemember became a veteran, and is:

- (i) a continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember’s office, grade, rank, or rating; or
- (ii) a physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service Related Disability Rating (VASRD) of 50 percent or greater, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave; or
- (iii) a physical or mental condition that substantially impairs the covered veteran’s ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment; or
- (iv) an injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veterans’ Affairs Program of Comprehensive Assistance for Family Caregivers.

A complete and sufficient certification to support a request for FMLA military caregiver leave due to a covered veteran’s serious injury or illness includes written documentation confirming that the veteran’s injury or illness was incurred in the line of duty on active duty or existed before the beginning of the veteran’s active duty and was aggravated by service in the line of duty on active duty, and that the veteran is undergoing treatment, recuperation, or therapy for such injury or illness by a health care provider listed above. 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 military caregiver leave coverage. Limit your responses to the veteran’s condition for which the employee is seeking leave. Do not provide information about genetic tests, as defined in 29 CFR 1635.3(f), or genetic services, as defined in 29 CFR 1635.3(e).

(Please ensure that Section I has been completed before completing this section. Please be sure to sign the form on the last page and return this form to the employee requesting leave (See Section I, Part A above). **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.**)

**Part A: HEALTH CARE PROVIDER INFORMATION**

Health care provider’s name and business address:

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Telephone: (    )

Fax: (    )

Email:



**PART B: MEDICAL STATUS**

Note: If you are unable to make certain of the military-related determinations contained in Part B, you are permitted to rely upon determinations from an authorized DOD representative (such as, DOD Recovery Care Coordinator) or an authorized VA representative.

(1) The Veteran's medical condition is:

- ☐ A continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember's office, grade, rank, or rating.
- ☐ A physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service Related Disability Rating (VASRD) of 50% or higher, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave.
- ☐ A physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment.
- ☐ An injury, including a psychological injury, on the basis of which the covered veteran is enrolled in the Department of Veterans' Affairs Program of Comprehensive Assistance for Family Caregivers.
- ☐ None of the above.

(2) Is the veteran being treated for a condition which was incurred or aggravated by service in the line of duty on active duty in the Armed Forces? Yes ☐ No ☐

(3) Approximate date condition commenced: \_\_\_\_\_

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

(5) Is the veteran undergoing medical treatment, recuperation, or therapy for this condition? Yes ☐

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

\_\_\_\_\_

**PART C: VETERAN'S NEED FOR CARE BY FAMILY MEMBER**

"Need for care" encompasses both physical and psychological care. It includes situations where, for example, due to his or her serious injury or illness, the veteran is unable to care for his or her own basic medical, hygienic, or nutritional needs or safety, or is unable to transport him or herself to the doctor. It also includes providing psychological comfort and reassurance which would be beneficial to the veteran who is receiving inpatient or home care.

(1) Will the veteran need care for a single continuous period of time, including any time for treatment and recovery? Yes ☐ No ☐

If yes, estimate the beginning and ending dates for this period of time: \_\_\_\_\_

(2) Will the veteran require periodic follow-up treatment appointments? Yes ☐ No ☐

If yes, estimate the treatment schedule: \_\_\_\_\_

- (1) Is there a medical necessity for the veteran to have periodic care for these follow-up treatment appointments?  
Yes ☐ No ☐
- (2) Is there a medical necessity for the veteran to have periodic care for other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of medical condition)? Yes ☐ No ☐

If yes, please estimate the frequency and duration of the periodic care:

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Signature of Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years, in accordance with 29 U.S.C. 2616; 29 CFR 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION; RETURN IT TO THE EMPLOYEE REQUESTING LEAVE (As shown in Section I, Part "A" above).**

## HIPAA PRIVACY

The Plan provides each Covered Person with a separate Notice of Privacy Practices. This Notice describes how the Plan uses and discloses a Covered Person's personal health information. It also describes certain rights the Covered Person has regarding this information. Additional copies of the Plan's Notice of Privacy Practices are available by calling 330-287-5409

### Definitions:

- **Breach** means an unauthorized acquisition, access, use or disclosure of Protected Health Information ("PHI") or Electronic Protected Health Information ("ePHI") that violates the HIPAA Privacy Rule and that compromises the security or privacy of the information.
- **Protected Health Information ("PHI")** means individually identifiable health information, as defined by HIPAA, that is created or received by the Plan and that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or for which there is a reasonable basis to believe the information can be used to identify the individual. PHI includes information of persons living or deceased.

**Commitment to Protecting Health Information:** The Plan will comply with the Standards for Privacy of Individually Identifiable Health Information (i.e., the "Privacy Rule") set forth by the U.S. Department of Health and Human Services ("HHS") pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Such standards control the dissemination of "protected health information" ("PHI") of Covered Persons. Privacy Standards will be implemented and enforced in the offices of the Employer and Plan Administrator and any other entity that may assist in the operation of the Plan.

The Plan is required by law to take reasonable steps to ensure the privacy of the Covered Person's PHI, and inform him/her about:

1. The Plan's disclosures and uses of PHI.
2. The Covered Person's privacy rights with respect to his or her PHI.
3. The Plan's duties with respect to his or her PHI.
4. The Covered Person's right to file a complaint with the Plan and with the Secretary of HHS.
5. The person or office to contact for further information about the Plan's privacy practices.

Within this provision capitalized terms may be used, but not otherwise defined. These terms shall have the same meaning as those terms set forth in 45 CFR Sections 160.103 and 164.501. Any HIPAA regulation modifications altering a defined HIPAA term or regulatory citation shall be deemed incorporated into this provision.

**How Health Information May Be Used and Disclosed:** In general, the Privacy Rules permit the Plan to use and disclose, the minimum necessary amount, an individual's PHI, without obtaining authorization, only if the use or disclosure is for any of the following:

1. To carry out payment of benefits.
2. For health care operations.
3. For treatment purposes.

4. If the use or disclosure falls within one of the limited circumstances described in the rules (e.g., the disclosure is required by law or for public health activities).

**Disclosure of PHI to the Plan Administrator for Plan Administration Purposes:** In order that the Plan Administrator may receive and use PHI for plan administration purposes, the Plan Administrator agrees to:

1. Not use or further disclose PHI other than as permitted or required by the Plan documents or as required by law (as defined in the Privacy Standards).
2. Ensure that any agents, including a subcontractor, to whom the Plan Administrator provides PHI received from the Plan, agree to the same restrictions and conditions that apply to the Plan Administrator with respect to such PHI.
3. Establish safeguards for information, including security systems for data processing and storage.
4. Maintain the confidentiality of all PHI, unless an individual gives specific consent or authorization to disclose such data or unless the data is used for health care payment or Plan operations.
5. Receive PHI, in the absence of an individual's express authorization, only to carry out Plan administration functions.
6. ***If a Plan engages in underwriting:*** Not use or disclose Genetic Information for underwriting purposes.
7. Not use or disclose PHI for employment-related actions and decisions or in connection with any other benefit or Employee benefit plan of the Plan Administrator, except pursuant to an authorization which meets the requirements of the Privacy Standards.
8. Report to the Plan any PHI use or disclosure that is inconsistent with the uses or disclosures provided for of which the Plan Administrator becomes aware.
9. Make available PHI in accordance with section 164.524 of the Privacy Standards (45 CFR 164.524).
10. Make available PHI for amendment and incorporate any amendments to PHI in accordance with section 164.526 of the Privacy Standards (45 CFR 164.526).
11. Make available the information required to provide an accounting of disclosures in accordance with section 164.528 of the Privacy Standards (45 CFR 164.528).
12. Make its internal practices, books and records relating to the use and disclosure of PHI received from the Plan available to the Secretary of the U.S. Department of Health and Human Services ("HHS"), or any other officer or Employee of HHS to whom the authority involved has been delegated, for purposes of determining compliance by the Plan with part 164, subpart E, of the Privacy Standards (45 CFR 164.500 et seq).
13. Train Employees in privacy protection requirements and appoint a Privacy Officer responsible for such protections.
14. If feasible, return or destroy all PHI received from the Plan that the Plan Administrator still maintains in any form and retain no copies of such PHI when no longer needed for the purpose for which disclosure was made, except that, if such return or destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction of the PHI infeasible.
15. Ensure that adequate separation between the Plan and the Plan Administrator, as required in section 164.504(f)(2)(iii) of the Privacy Standards (45 CFR 164.504(f)(2)(iii)), is established as follows:
  - a. The following Employees, or classes of Employees, or other persons under control of the Plan Administrator, shall be given access to the PHI to be disclosed:

- i. Privacy Officer.
- b. The access to and use of PHI by the individuals identified above shall be restricted to the plan administration functions that the Plan Administrator performs for the Plan.
- c. In the event any of the individuals described above do not comply with the provisions of the Plan documents relating to use and disclosure of PHI, the Plan Administrator shall impose reasonable sanctions as necessary, in its discretion, to ensure that no further non-compliance occurs. The Plan Administrator will promptly report such violation or noncompliance to the Plan, and will cooperate with the Plan to correct violation or noncompliance and to impose appropriate disciplinary action or sanctions. Such sanctions shall be imposed progressively (for example, an oral warning, a written warning, time off without pay and termination), if appropriate, and shall be imposed so that they are commensurate with the severity of the violation.

**Disclosure of Summary Health Information to the Plan Sponsor:** The Plan may disclose PHI to the Plan Sponsor of the group health plan for purposes of plan administration or pursuant to an authorization request signed by the Covered Person. The Plan may use or disclose "summary health information" to the Plan Sponsor for obtaining premium bids or modifying, amending, or terminating the group health plan. "Summary health information" may be individually identifiable health information and it summarizes the Claims history, Claims expenses, or the type of Claims experienced by individuals in the plan, but it excludes all identifiers that must be removed for the information to be de-identified, except that it may contain geographic information to the extent that it is aggregated by five-digit zip code.

**Disclosure of Certain Enrollment Information to the Plan Sponsor:** Pursuant to section 164.504(f)(1)(iii) of the Privacy Standards (45 CFR 164.504(f)(1)(iii)), the Plan may disclose to the Plan Sponsor information on whether an individual is participating in the Plan or is enrolled in or has un-enrolled from a health insurance issuer or health maintenance organization offered by the Plan to the Plan Sponsor.

**Disclosure of PHI to Obtain Stop-loss or Excess Loss Coverage:** The Plan Sponsor may hereby authorize and direct the Plan, through the Plan Sponsor or the Third Party Administrator, to disclose PHI to stop-loss carriers, excess loss carriers or managing general underwriters ("MGUs") for underwriting and other purposes in order to obtain and maintain stop-loss or excess loss coverage related to benefit claims under the Plan. Such disclosures shall be made in accordance with the Privacy Standards.

**Other Disclosures and Uses of PHI:**

***Primary Uses and Disclosures of PHI***

1. **Treatment, Payment and Health Care Operations:** The Plan has the right to use and disclose a Covered Person's PHI for all activities as included within the definitions of Treatment, Payment, and Health Care Operations and pursuant to the HIPAA Privacy Rule.
2. **Business Associates:** The Plan contracts with individuals and entities (Business Associates) to perform various functions on its behalf. In performance of these functions or to provide services, Business Associates will receive, create, maintain, use, or disclose PHI, but only after the Plan and the Business Associate agree in writing to contract terms requiring the Business Associate to appropriately safeguard the Covered Person's information.
3. **Other Covered Entities:** The Plan may disclose PHI to assist health care Providers in connection with their treatment or payment activities or to assist other covered entities in connection with payment activities and certain health care operations. For example, the Plan may disclose PHI to

a health care Provider when needed by the Provider to render treatment to a Covered Person, and the Plan may disclose PHI to another covered entity to conduct health care operations. The Plan may also disclose or share PHI with other insurance carriers (such as Medicare, etc.) in order to coordinate benefits, if a Covered Person has coverage through another carrier.

***Other Possible Uses and Disclosures of PHI***

1. Required by Law: The Plan may use or disclose PHI when required by law, provided the use or disclosure complies with and is limited to the relevant requirements of such law.
2. Public Health and Safety: The Plan may use or disclose PHI when permitted for purposes of public health activities, including disclosures to:
  - a. A public health authority or other appropriate government authority authorized by law to receive reports of Child abuse or neglect.
  - b. Report reactions to medications or problems with products or devices regulated by the Federal Food and Drug Administration (FDA) or other activities related to quality, safety, or effectiveness of FDA-regulated products or activities.
  - c. Locate and notify persons of recalls of products they may be using.
  - d. A person who may have been exposed to a communicable Disease or may otherwise be at risk of contracting or spreading a Disease or condition, if authorized by law.
3. Government Authority: The Plan may disclose PHI to a government authority, except for reports of Child abuse or neglect, when required or authorized by law, or with the Covered Person's agreement, if the Plan reasonably believes he or she to be a victim of abuse, neglect, or domestic violence. In such case, the Plan will promptly inform the Covered Person that such a disclosure has been or will be made unless the Plan believes that informing him/her would place him/her at risk of serious harm (but only to someone in a position to help prevent the threat). Disclosure generally may be made to a minor's parents or other representatives although there may be circumstances under Federal or State law when the parents or other representatives may not be given access to the minor's PHI.
4. Health Oversight Activities: The Plan may disclose PHI to a health oversight agency for oversight activities authorized by law. This includes civil, administrative or criminal investigations; inspections; claim audits; licensure or disciplinary actions; and other activities necessary for appropriate oversight of a health care system, government health care program, and compliance with certain laws.
5. Lawsuits and Disputes: The Plan may disclose PHI when required for judicial or administrative proceedings. For example, the Covered Person's PHI may be disclosed in response to a subpoena, discovery requests, or other required legal processes when the Plan is given satisfactory assurances that the requesting party has made a good faith attempt to advise the Covered Person of the request or to obtain an order protecting such information, and done in accordance with specified procedural safeguards.
6. Law Enforcement: The Plan may disclose PHI to a law enforcement official when required for law enforcement purposes concerning identifying or locating a suspect, fugitive, material witness or missing person. Under certain circumstances, the Plan may disclose the Covered Person's PHI in response to a law enforcement official's request if he or she is, or are suspected to be, a victim of a crime and if it believes in good faith that the PHI constitutes evidence of criminal conduct that occurred on the Sponsor's or Plan's premises.
7. Decedents: The Plan may disclose PHI to family members or others involved in decedent's care or payment for care, a coroner, funeral director or medical examiner for the purpose of identifying a deceased person, determining a cause of death or as necessary to carry out their

duties as authorized by law. The decedent's health information ceases to be protected after the individual is deceased for 50 years.

8. Research: The Plan may use or disclose PHI for research, subject to certain limited conditions.
9. To Avert a Serious Threat to Health or Safety: The Plan may disclose PHI in accordance with applicable law and standards of ethical conduct, if the Plan, in good faith, believes the use or disclosure is necessary to prevent or lessen a threat to health or safety of a person or to the public.
10. Workers' Compensation: The Plan may disclose PHI when authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.
11. Military and National Security: The Plan may disclose PHI to military authorities or armed forces personnel under certain circumstances. As authorized by law, the Plan may disclose PHI required for intelligence, counter-intelligence, and other national security activities to authorized Federal officials.

### **Required Disclosures of PHI**

1. Disclosures to Covered Persons: The Plan is required to disclose to a Covered Person most of the PHI in a Designated Record Set when the Covered Person requests access to this information. The Plan will disclose a Covered Person's PHI to an individual who has been assigned as his or her representative and who has qualified for such designation in accordance with the relevant State law. Before disclosure to an individual qualified as a personal representative, the Plan must be given written supporting documentation establishing the basis of the personal representation.

The Plan may elect not to treat the person as the Covered Person's personal representative if it has a reasonable belief that the Covered Person has been, or may be, subjected to domestic violence, abuse, or neglect by such person, it is not in the Covered Person's best interest to treat the person as his or her personal representative, or treating such person as his or her personal representative could endanger the Covered Person.

2. Disclosures to the Secretary of the U.S. Dept of Health and Human Services: The Plan is required to disclose the Covered Person's PHI to the Secretary of the U.S. Department of Health and Human Resources when the Secretary is investigating or determining the Plan's compliance with the HIPAA Privacy Rule.

### **Instances When Required Authorization Is Needed From Covered Persons Before Disclosing PHI**

1. *If the Plan maintains psychotherapy notes*: Most uses and disclosures of psychotherapy notes.
2. Uses and disclosures for marketing.
3. Sale of PHI.
4. Other uses and disclosures not described in this section can only be made with authorization from the Covered Person. The Covered Person may revoke this authorization at any time.

### **Covered Person's Rights**: The Covered Person has the following rights regarding PHI about him/her:

1. Request Restrictions: The Covered Person has the right to request additional restrictions on the use or disclosure of PHI for treatment, payment, or health care operations. The Covered Person may request that the Plan restrict disclosures to family members, relatives, friends or other persons identified by him/her who are involved in his or her care or payment for his or her care. The Plan is not required to agree to these requested restrictions.

2. Right to Receive Confidential Communication: The Covered Person has the right to request that he or she receive communications regarding PHI in a certain manner or at a certain location. The request must be made in writing and how the Covered Person would like to be contacted. The Plan will accommodate all reasonable requests.
3. Right to Receive Notice of Privacy Practices: The Covered Person is entitled to receive a paper copy of the plan's Notice of Privacy Practices at any time. To obtain a paper copy, contact the Privacy Officer.
4. Accounting of Disclosures: The Covered Person has the right to request an accounting of disclosures the Plan has made of his or her PHI. The request must be made in writing and does not apply to disclosures for treatment, payment, health care operations, and certain other purposes. The Covered Person is entitled to such an accounting for the six years prior to his or her request. Except as provided below, for each disclosure, the accounting will include: (a) the date of the disclosure, (b) the name of the entity or person who received the PHI and, if known, the address of such entity or person; (c) a description of the PHI disclosed, (d) a statement of the purpose of the disclosure that reasonably informs the Covered Person of the basis of the disclosure, and certain other information. If the Covered Person wishes to make a request, please contact the Privacy Officer.
5. Access: The Covered Person has the right to request the opportunity to look at or get copies of PHI maintained by the Plan about him/her in certain records maintained by the Plan. If the Covered Person requests copies, he or she may be charged a fee to cover the costs of copying, mailing, and other supplies. If a Covered Person wants to inspect or copy PHI, or to have a copy of his or her PHI transmitted directly to another designated person, he or she should contact the Privacy Officer. A request to transmit PHI directly to another designated person must be in writing, signed by the Covered Person and the recipient must be clearly identified. The Plan must respond to the Covered Person's request within thirty (30) days (in some cases, the Plan can request a thirty (30) day extension). In very limited circumstances, the Plan may deny the Covered Person's request. If the Plan denies the request, the Covered Person may be entitled to a review of that denial.
6. Amendment: The Covered Person has the right to request that the Plan change or amend his or her PHI. The Plan reserves the right to require this request be in writing. Submit the request to the Privacy Officer. The Plan may deny the Covered Person's request in certain cases, including if it is not in writing or if he or she does not provide a reason for the request.
7. Fund raising contacts: The Covered Person has the right to opt out of fundraising contacts.

**Questions or Complaints**: If the Covered Person wants more information about the Plan's privacy practices, has questions or concerns, or believes that the Plan may have violated his or her privacy rights, please contact the Plan using the following information. The Covered Person may submit a written complaint to the U.S. Department of Health and Human Services or with the Plan. The Plan will provide the Covered Person with the address to file his or her complaint with the U.S. Department of Health and Human Services upon request.

The Plan will not retaliate against the Covered Person for filing a complaint with the Plan or the U.S. Department of Health and Human Services.



**Contact Information:**

Privacy Officer Contact Information:

Barb Winey, HR Manager

428 West Liberty Street

Wooster, Ohio 44691

Phone: 330-287-5409

Fax: 330-287-5407

Email: [bwiney@wayneohio.org](mailto:bwiney@wayneohio.org)

Additional Contact Information for HIPAA Questions:

Patrick Herron, County Administrator

428 West Liberty Street

Wooster, Ohio 44691

Phone: 330-287-5400

Fax: 330-287-5407

Email: [pherron@wayneohio.org](mailto:pherron@wayneohio.org)

## HIPAA SECURITY

### **Disclosure of Electronic Protected Health Information ("Electronic PHI") to the Plan Sponsor for Plan Administration Functions: STANDARDS FOR SECURITY OF INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION ("SECURITY RULE")**

The Health Insurance Portability and Accountability Act (HIPAA) and other applicable law shall override the following wherever there is a conflict, or a term or terms is/are not hereby defined.

The Security Rule imposes regulations for maintaining the integrity, confidentiality and availability of protected health information that it creates, receives, maintains, or maintains electronically that is kept in electronic format (ePHI) as required under HIPAA.

#### **Definitions:**

- **Electronic Protected Health Information (ePHI)**, as defined in Section 160.103 of the Security Standards (45 C.F.R. 160.103), means individually identifiable health information transmitted or maintained in any electronic media.
- **Security Incidents**, as defined within Section 164.304 of the Security Standards (45 C.F.R. 164.304), means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with systems operation in an information system.

**Plan Sponsor Obligations:** To enable the Plan Sponsor to receive and use Electronic PHI for Plan Administration Functions (as defined in 45 CFR §164.504(a)), the Plan Sponsor agrees to:

1. Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the Electronic PHI that it creates, receives, maintains, or transmits on behalf of the Plan.
2. Ensure that adequate separation between the Plan and the Plan Sponsor, as required in 45 CFR § 164.504(f)(2)(iii), is supported by reasonable and appropriate Security Measures.
3. Ensure that any agent, including a subcontractor, to whom the Plan Sponsor provides Electronic PHI created, received, maintained, or transmitted on behalf of the Plan, agrees to implement reasonable and appropriate administrative, physical, and technical safeguards to protect the confidentiality, integrity, and availability of the Electronic PHI and report to the Plan any security incident of which it becomes aware.
4. Report to the Plan any security incident of which it becomes aware.

**Notification Requirements in the Event of a Breach of Unsecured PHI:** The required breach notifications are triggered upon the discovery of a breach of unsecured PHI. A breach is discovered as of the first day the breach is known, or reasonably should have been known.

When a breach of unsecured PHI is discovered, the Plan will:

1. Notify the Covered Person whose PHI has been, or is reasonably believed to have been, assessed, acquired, used, or disclosed as a result of the breach, in writing, without unreasonable delay and in no case later than sixty (60) calendar days after discovery of the breach. Breach notification must be provided to the affected individual(s) by:

- a. Written notice by first-class mail to the Covered Person (or next of kin) at the last known address or, if specified by the Covered Person, e-mail.
  - b. If the Plan has insufficient or out-of-date contact information for the Covered Person, the Covered Person must be notified by a "substitute form".
  - c. If an urgent notice is required, the Plan may contact the Covered Person by telephone. The breach notification will have the following content:
    - i. Brief description of what happened, including date of breach and date discovered.
    - ii. Types of unsecured PHI involved (e.g., name, Social Security number, date of birth, home address, account number).
    - iii. Steps the Covered Person should take to protect from potential harm.
    - iv. What the Plan is doing to investigate the breach, mitigate losses and protect against further breaches.
2. Notify the media if the breach affected more than 500 residents of a State or jurisdiction. Notice must be provided to prominent media outlets serving the State or jurisdiction without unreasonable delay and in no case later than sixty (60) calendar days after the date the breach was discovered.
3. Notify the HHS Secretary if the breach involves 500 or more individuals, contemporaneously with the notice to the affected individual and in the manner specified by HHS. If the breach involves less than 500 individuals, an internal log or other documentation of such breaches must be maintained and annually submitted to HHS within sixty (60) days after the end of each Calendar Year.
4. When a Business Associate, which provides services for the Plan and comes in contact with PHI in connection with those services discovers a breach has occurred, that Business Associate will notify the Plan without unreasonable delay and in no case later than sixty (60) calendar days after discovery of a breach so that the affected Covered Persons may be notified. To the extent possible, the Business Associate should identify each individual whose unsecured PHI has been, or is reasonably believed to have been, breached.



## INCIDENT REPORT

**YOU ARE TO BE TRUTHFUL IN YOUR STATEMENT ON THESE PAGES, TO THE BEST OF YOUR KNOWLEDGE. FRAUDULENT STATEMENTS MAY RESULT IN DISCIPLINE AND/OR TERMINATION IF YOU ARE A WAYNE COUNTY EMPLOYEE.**

**PLEASE USE BACK SIDE OF THIS FORM OR AN ADDITIONAL PAGE IF NECESSARY; (PLEASE USE NUMBERS NEXT TO EACH QUESTION FOR REFERENCE):**

EMPLOYEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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

1. Who committed the offense? \_\_\_\_\_

2. What exactly occurred or was said? \_\_\_\_\_

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

3. Is the offense still ongoing? \_\_\_\_\_

4. Where did the offense occur? \_\_\_\_\_

5. How often did the offense occur? \_\_\_\_\_

\_\_\_\_\_

6. How did the offense affect you? \_\_\_\_\_

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

7. How did you react to the offense? \_\_\_\_\_

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

8. What response did you make when the offense(s) occurred or afterwards? \_\_\_\_\_

9. Has your job been affected in any way? \_\_\_\_\_

10. Are there any persons who have relevant information? \_\_\_\_\_

11. Was anyone present when the alleged offense occurred? \_\_\_\_\_

12. Did you tell anyone about it? \_\_\_\_\_

13. Did anyone see you immediately after the episodes of alleged offense? \_\_\_\_\_

14. Did the person who offended you offend anyone else? \_\_\_\_\_

15. Do you know whether anyone else complained about that person? \_\_\_\_\_

16. Are there any notes, physical evidence or other documentation regarding the incident(s)?

\_\_\_\_\_

17. How would you like to see the situation resolved? \_\_\_\_\_

18. Do you know of any other relevant information? \_\_\_\_\_



## INCIDENT RESPONSE REPORT

**YOU ARE TO BE TRUTHFUL IN YOUR STATEMENT ON THESE PAGES, TO THE BEST OF YOUR KNOWLEDGE. FRAUDULENT STATEMENTS MAY RESULT IN DISCIPLINE AND/OR TERMINATION IF YOU ARE A WAYNE COUNTY EMPLOYEE.**

**PLEASE USE BACK SIDE OF THIS FORM OR AN ADDITIONAL PAGE IF NECESSARY; (PLEASE USE NUMBERS NEXT TO EACH QUESTION FOR REFERENCE):**

EMPLOYEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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

1. What is your response to the allegation(s)? \_\_\_\_\_

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2. If you are denying the allegations, can you explain why the complainant might lie?

---

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3. Are there any persons who have relevant information? \_\_\_\_\_

---

4. Are there any notes, physical evidence or other documentation regarding the incident(s)?

---

5. Do you know of any other relevant information? \_\_\_\_\_

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**INCIDENT RESPONSE REPORT** FOR THIRD PARTY WITNESS

**YOU ARE TO BE TRUTHFUL IN YOUR STATEMENT ON THESE PAGES, TO THE BEST OF YOUR KNOWLEDGE. FRAUDULENT STATEMENTS MAY RESULT IN DISCIPLINE AND/OR TERMINATION IF YOU ARE A WAYNE COUNTY EMPLOYEE.**

**PLEASE USE BACK SIDE OF THIS FORM OR AN ADDITIONAL PAGE IF NECESSARY; (PLEASE USE NUMBERS NEXT TO EACH QUESTION FOR REFERENCE):**

EMPLOYEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

1. Are you a County employee? If not, state how are you connected to the incident:

\_\_\_\_\_

2. What did you see or hear? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. When did this occur? \_\_\_\_\_

4. Describe the alleged behavior toward the complainant and toward others in the workplace.

\_\_\_\_\_

\_\_\_\_\_

5. What did the complainant tell you? And when did he/she tell you this? \_\_\_\_\_

\_\_\_\_\_

6. Do you know of any other relevant information? \_\_\_\_\_

\_\_\_\_\_

7. Are there other persons who have relevant information? \_\_\_\_\_

\_\_\_\_\_

Please refer to the following pages when trying to identify a language which an LEP individual speaks, in addition to following the instructions in Section 8.27.

For individuals needing sign language services, dial 888-225-6065.

<b>2004 Census Test</b>	<b>United States Census 2010</b> <b>LANGUAGE IDENTIFICATION FLASHCARD</b>
<input type="checkbox"/> ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.	1. Arabic
<input type="checkbox"/> Խոսողո՞ւմ ե՞նք նշո՞ւմ կատարե՞լ այս քառակուսում, կթե՞խոսում կա՞մ կարդո՞ւմ ե՞ք հայերեն:	2. Armenian
<input type="checkbox"/> যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।	3. Bengali
<input type="checkbox"/> ល្អប្រសើរណាស់ប្រសិនបើ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។	4. Cambodian
<input type="checkbox"/> Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.	5. Chamorro
<input type="checkbox"/> 如果你能读中文或讲中文，请选择此框。	6. Simplified Chinese
<input type="checkbox"/> 如果你能讀中文或講中文，請選擇此框。	7. Traditional Chinese
<input type="checkbox"/> Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	8. Croatian
<input type="checkbox"/> Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	9. Czech
<input type="checkbox"/> Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	10. Dutch
<input type="checkbox"/> Mark this box if you read or speak English.	11. English
<input type="checkbox"/> اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید.	12. Farsi



<input type="checkbox"/> Cocher ici si vous lisez ou parlez le français.	13. French
<input type="checkbox"/> Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	14. German
<input type="checkbox"/> Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	15. Greek
<input type="checkbox"/> Make kazyé sa a si ou li oswa ou pale kreyòl ayisyen.	16. Haitian Creole
<input type="checkbox"/> अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ।	17. Hindi
<input type="checkbox"/> Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	18. Hmong
<input type="checkbox"/> Jelölje meg ezt a kockát, ha megérti vagy beszél a magyar nyelvet.	19. Hungarian
<input type="checkbox"/> Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	20. Ilocano
<input type="checkbox"/> Marchi questa casella se legge o parla italiano.	21. Italian
<input type="checkbox"/> 日本語を読んだり、話せる場合はここに印を付けてください。	22. Japanese
<input type="checkbox"/> 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	23. Korean
<input type="checkbox"/> ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກມາສາລາວ.	24. Laotian
<input type="checkbox"/> Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	25. Polish

<input type="checkbox"/>	Assinale este quadrado se você lê ou fala português.	26. Portuguese
<input type="checkbox"/>	Însemnați această căsuță dacă citiți sau vorbiți românește.	27. Romanian
<input type="checkbox"/>	Пометьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
<input type="checkbox"/>	Обележите овај квадратик уколико читате или говорите српски језик.	29. Serbian
<input type="checkbox"/>	Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	30. Slovak
<input type="checkbox"/>	Marque esta casilla si lee o habla español.	31. Spanish
<input type="checkbox"/>	Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	32. Tagalog
<input type="checkbox"/>	ให้กาเครื่องหมายลงในช่องด้านหน้าหรือพูดภาษาไทย.	33. Thai
<input type="checkbox"/>	Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
<input type="checkbox"/>	Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.	35. Ukranian
<input type="checkbox"/>	اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	36. Urdu
<input type="checkbox"/>	Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.	37. Vietnamese
<input type="checkbox"/>	באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	38. Yiddish

Name: \_\_\_\_\_  
Last First MI

Employee #: \_\_\_\_\_ Dept: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Number of Hours of Sick Leave to be Converted to Cash Payment:

*(This must be no greater than 80 hours. Employee must have a minimum balance of 960 hours after deduction.)*

\_\_\_\_\_

Number of Hours of Vacation to be Converted to Cash Payment:

*(This must be no greater than 80 hours. Employee must have a minimum balance of 40 hours after deduction.)*

\_\_\_\_\_

I certify I have read the policy on Pre-Retirement Sick and Vacation Leave Conversion (under Section 5.11), and I have concluded I meet the eligibility requirements outlined in the policy.

\_\_\_\_\_  
Signature of Employee

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**Administrative Action**

☐ Approved

☐ Disapproved

\_\_\_\_\_  
Appointing Authority Signature

\_\_\_\_\_  
Date

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Name: \_\_\_\_\_  
Last First MI

Employee #: \_\_\_\_\_ Dept: \_\_\_\_\_ Date of Request: \_\_\_\_\_

**AS USED IN THIS SECTION, "RETIREMENT" MEANS DISABILITY OR SERVICE RETIREMENT UNDER ANY STATE OR MUNICIPAL RETIREMENT SYSTEM IN THIS STATE, WHICH DOES NOT INCLUDE A CASH PAYOUT OR ROLLOVER WHERE EMPLOYEE IS CONSIDERED BY SUCH AGENCIES TO BE A REFUNDED MEMBER. FOR PURPOSES OF THIS SECTION, EMPLOYEES MUST BE CONSIDERED "RETIRED" BY SUCH AGENCIES, AND ARE ENCOURAGED TO DISCUSS THESE OPTIONS WITH THE APPROPRIATE AGENCY'S REPRESENTATIVE PRIOR TO SUBMITTING RETIREMENT PAPERWORK.**

☐ **I WISH TO CONVERT THE REMAINDER OF MY SICK LEAVE HOURS TO A CASH PAYMENT (25% OF VALUE)**

- ☐ *I certify that I have at least 10 years of service with the County or any State political subdivision*
- ☐ *I recognize that this is a one-time payment and will eliminate all sick leave credit accrued by me*
- ☐ *I recognize that the maximum payment cannot exceed 240 hours or 30 days*

☐ **I DO NOT WISH TO CONVERT THE REMAINDER OF MY SICK LEAVE HOURS TO A CASH PAYMENT**

- ☐ *I recognize that this is the only opportunity for me to do this; I will not have another opportunity upon any and all future terminations from employment with the County or any other State political subdivision*

I certify that I have read the policy on Retirement Sick Leave Conversion (under Section 11.03) and I have concluded that I meet the eligibility requirements outlined in the policy.

\_\_\_\_\_  
Signature of Employee

## LEAVE REQUEST

## WAYNE COUNTY

NAME (PRINT)	LAST	FIRST	MIDDLE INITIAL	DATE
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EMPLOYING UNIT

I REQUEST LEAVE BEGINNING \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_, 20\_\_\_\_ AND ENDING \_\_\_\_\_

\_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_, 20\_\_\_\_ FOR THE FOLLOWING REASON:

## HOURS REQUESTED

\_\_\_\_\_ MEDICAL, DENTAL, OR OPTICAL EXAMINATION OR TREATMENT \_\_\_\_\_

\_\_\_\_\_ PERSONAL ILLNESS OR INJURY (Please Explain) \_\_\_\_\_

\_\_\_\_\_ SERIOUS ILLNESS OR INJURY IN IMMEDIATE FAMILY \_\_\_\_\_

\_\_\_\_\_ DEATH OF \_\_\_\_\_ ON \_\_\_\_\_  
Name Relationship

\_\_\_\_\_ VACATION

\_\_\_\_\_ COURT: \_\_\_\_\_ Court Duty \_\_\_\_\_ Jury Duty. Subpoena issued by \_\_\_\_\_ Court \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_ MILITARY

\_\_\_\_\_ PRE-APPROVED LEAVE WITHOUT PAY (Reason) \_\_\_\_\_

\_\_\_\_\_ COMP. TIME

\_\_\_\_\_ FLEX TIME (MUST be pre-approved and MUST be made up in the same week which requested leave is taken)

\_\_\_\_\_ TOTAL HOURS REQUESTED

I understand that leave abuse (defined in Section 5.04 of the Personnel Policy Manual), which includes, but is not limited to, dishonesty on this request, may result in discipline up to and including termination.

IS THE ABOVE REQUEST FOR FMLA LEAVE? ☐ Yes ☐ No\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Supervisor	Date
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<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Administrative Head/ Appointing Authority	Date
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REMARKS:

## WAYNE COUNTY COMMISSIONERS

428 West Liberty Street  
Wooster, OH 44691

## NON-FMLA MEDICAL CERTIFICATION BY PHYSICIAN OR PRACTITIONER

<b>SECTION I – Authorization to Release Medical Information (to be filled out by Employee)</b>			
I hereby authorize a health care provider or other appropriate person representing my employer to contact my physician to verify the reason for my requested family and medical leave. I understand and agree that a failure to return to work at the end of my leave period will be treated as a resignation unless an extension has been agreed upon and approved in writing by my employer. I certify all statements provided on this form are complete and factual. I also understand that falsification of information is cause for disciplinary action.			
Employee Name:		Department:	
Signature:		Date:	
<b>SECTION II – Certification of Medical Condition (to be filled out by Physician or Practitioner)</b>			
<i>This section is to be filled out by the health care provider to certify the need for the employee's personal medical leave.</i>			
1. Patient Name	2. Relationship to Employee	3. Beginning Date of Requested Leave	4. Ending Date of Requested Leave
5. Describe the medical facts, including the diagnosis and prognosis, that support your certification:			
6. Regimen of treatment prescribed (indicate number of visits, general nature and duration of treatment, including referral to other provider of health services):			
7. Is inpatient hospitalization required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Can the employee perform the essential functions of their position (please answer after reviewing the employee's job description and discussing with the employee)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. If the employee cannot perform their position's essential functions, explain whether the employee can perform work of any kind and what activities the employee can perform.			
11. Name of Physician or Practitioner (please type or print)		12. Type of Practice (specialization, if any)	
13. Signature of Physician or Practitioner		14. Date	
15. Address of Physician or Practitioner		16. Phone Number	

**MEETING/CONFERENCE/TRAINING REQUEST**

Ohio Revised Code 325.20

- ☐ New  
☐ Addition (Resolution # \_\_\_\_\_)  
☐ Required for Continuing Education Credit

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

NAME OF PERSON(S) ATTENDING: \_\_\_\_\_

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

CITY LOCATION: \_\_\_\_\_

DATE(S): \_\_\_\_\_

NAME OF CONF, SEMINAR, MTG: \_\_\_\_\_

P.O. # or REQ. #	BREAKDOWN OF EXPENSES and TOTAL AMOUNT REQUESTED:	\$ REQUESTED		
		REGIS- TRATION	NON- TAXABLE	TAXABLE
	Registration.....			
	Travel Expenses:			
	Mileage (# of Miles: _____).....			
	Lodging/Hotel .....			
	Meals			
	<i>(If a meal reimbursement is requested that does not involve an overnight stay, that amount becomes taxable to the employee)</i>			
	Breakfast (\$6.00 limit per day) .....			
	Lunch (\$9.00 limit per day) .....			
	Dinner (\$16.00 limit per day) .....			
	<i>Gratuity &amp; Alcoholic Beverages will not be reimbursed</i>			
	Parking .....			
	Other (Specify: _____) .....			
	TOTAL REQUESTS.....			

☐ This County travel does not include an overnight stay.

By submitting this request, it is agreed that travel will be reimbursed only in accordance with the Expense Reimbursement Policy in effect by Commissioners' Resolution.

\_\_\_\_\_  
(Employee Signature Required)

REQUEST APPROVED BY: \_\_\_\_\_

\_\_\_\_\_  
(Supervisor Signature Required)



## REPAYMENT AGREEMENT

**Employee Name:**

**Office/Agency:**

**Position:**

**Appointing Authority:**

**Training Program:**

**Location:**

**Cost:**

**Date Concluded:**

I hereby acknowledge that my Appointing Authority approved the above training and expenditure in order to further develop my skills and abilities in my position with Wayne County. In consideration of this action, should I voluntarily or involuntarily separate from employment with Wayne County and my Appointing Authority, I agree to reimburse Wayne County as follows:

- 100% of the above amount if I separate from employment with Wayne County and my Appointing Authority, on or prior to one year from the above conclusion date.
- 50% of the above amount if I separate from employment with Wayne County and my Appointing Authority, on or prior to two years from the above conclusion date.
- I am released from this obligation after two years from the above conclusion date.

I understand that this Agreement does not alter my employment status or guarantee me continued employment with Wayne County. I authorize the Wayne County Auditor to withhold any amount I owe under the terms of this Agreement from my final paycheck. Should any amount I owe, under the terms of this Agreement, exceed the amount of my final paycheck, I agree to make payment to the Wayne County Auditor for the difference owed, within thirty (30) days from my last day of employment with Wayne County.

\_\_\_\_\_  
Please Sign Full Name

\_\_\_\_\_  
Date



**Employee Return to  
Work Information**

***To be completed weekly or until employee returns to work full duty***

Supervisor: \_\_\_\_\_ Dept. \_\_\_\_\_

Employee: \_\_\_\_\_ Report Date: \_\_\_\_\_

**This person is / has (check all that apply):**

☐ Has not returned to work; needs monitoring. **Total Lost Time** \_\_\_\_\_

☐ Performing their full duties with no restrictions. Date: \_\_\_\_\_

☐ Performing their duties with restrictions. Date: \_\_\_\_\_

☐ Has returned in a transitional work effort. Date: \_\_\_\_\_

☐ Is working a partial day for \_\_\_\_\_ hours per day from \_\_\_\_\_ am/pm to  
\_\_\_\_\_ am/pm.

Comments:

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

**\*\*\*Please Fax to Dave Hodgson 330-287-5458\*\*\***

**SPECIAL EVENT REQUEST**  
TO  
BOARD OF COUNTY COMMISSIONERS

**(BOARD APPROVAL IS NECESSARY TO PROCESS PAYMENT)**

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

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

EVENT: \_\_\_\_\_

WHEN: \_\_\_\_\_

WHERE: \_\_\_\_\_

PURPOSE/BENEFIT: \_\_\_\_\_

PURCHASE ORDER# OR REQUISITION #	BREAKDOWN OF EXPENSES	AMOUNT REQUESTED
<b>Please detail below food and all related items, or any other proposed expenses which is “unusual or not typical of a public expenditure.</b>		
TOTAL AMOUNT REQUESTED \$		0.00

\_\_\_\_\_  
(SIGNATURE)

REQUEST APPROVED BY: \_\_\_\_\_  
(SIGNATURE)



## TELEWORK ACKNOWLEDGEMENT

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I hereby acknowledge receipt of Section 3.12 contained in the Commissioners' Personnel Policy Manual, and agree to abide by its terms. By signing below, I understand that I must have sufficient internet access at my approved worksite to support me working from that location. I also understand that I will not be reimbursed for any of the cost associated with internet access or use of personal phone when working from my approved worksite.

Signature:	Date:
Name:	Title:
Work Location:	Phone:

## WAYNE COUNTY TIME REPORT

I certify that the information given on this time sheet is true and correct.

DEPARTMENT: \_\_\_\_\_  
NAME: \_\_\_\_\_  
POSITION: \_\_\_\_\_  
EMPLOYEE #: \_\_\_\_\_

WORK PERIOD STARTS: \_\_\_\_\_  
WORK PERIOD ENDS: \_\_\_\_\_  
PAY DATE: \_\_\_\_\_

Signature

Approved



TIME LOG or JOB LOG	SUN Jan 0	MON Jan 1	TUES Jan 2	WED Jan 3	THUR Jan 4	FRI Jan 5	SAT Jan 6	WEEKLY TOTAL	SUN Jan 7	MON Jan 8	TUES Jan 9	WED Jan 10	THUR Jan 11	FRI Jan 12	SAT Jan 13	WEEKLY TOTAL	TOTAL
IN																	
OUT																	
IN																	
OUT																	
IN																	
OUT																	
SUB-TOTAL																	
SUB-TOTAL																	
EXTRA HOURS — REQUIRES PERMISSION — Check the Appropriate Box if you are requesting Overtime or Comp Time —																	
OVERTIME (PAID) <small>Straight: (Code 10) 1.5 Time: (Code 15)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
COMP TIME (ACCRUED) <small>(Code 201)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
TIME OFF TAKEN																	
HOLIDAY <small>(Code 221)</small>																	
VACATION <small>(Code 204)</small>																	
SICK LEAVE <small>(Code 205)</small>																	
COMP TIME (USED) <small>(Code 206)</small>																	
PRE-APPROVED LEAVE WITHOUT PAY <small>(Code 213)</small>																	
OTHER (specify)																	
TOTAL																	
PAYROLL OFFICE USE ONLY																	
OVERTIME (WORKED) <small>Straight: (Code 10) 1.5 Time: (Code 15)</small>																	
OVERTIME (PAID)																	
COMP TIME (WORKED) <small>(Code 201)</small>																	
COMP TIME (ENTERED)																	

Payroll Personnel Initials:

## Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability ("Release") by the individual signing below ("Volunteer") releases the \_\_\_\_\_ (Department Name) a political subdivision of the state of Ohio, and each of its elected and appointed officials, employees, officers, agents, successors, assignees, and volunteers regarding any and all claims arising in direct relation to Volunteer's assumption of activities related to serving as a volunteer. For purposes of this waiver, "volunteer" does not mean a guest speaker or lecturer providing services of a nominal duration.

Name of Volunteer: \_\_\_\_\_

Department of Employment: \_\_\_\_\_

Department of Volunteer Service: \_\_\_\_\_

Volunteer Service Activities: \_\_\_\_\_

Volunteer Service Supervisor: \_\_\_\_\_

Approx. Hours of Volunteer Service per week: \_\_\_\_\_

Dates of Volunteer Service: \_\_\_\_\_ THROUGH \_\_\_\_\_

1. Volunteer Status: Volunteer desires to provide volunteer services for the \_\_\_\_\_ (Department Name) and engage in activities related to serving as a volunteer. Volunteer understands that the scope of Volunteer's activities, as outlined above, are separate from Volunteer's employment with the \_\_\_\_\_ (Department Name) and that (i) no compensation is expected in return for services provided by Volunteer; (ii) that \_\_\_\_\_ (Department Name) will not provide any benefits traditionally associated with employment to Volunteer for the services provided, including but not limited to insurance, retirement, accumulated vacation or sick time, holiday pay, or years of service; and (iv) that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to the \_\_\_\_\_ (Department Name). Volunteer is performing these services for civic, charitable or humanitarian reasons and as more fully defined by 29 C.F.R. 553.101.

Initials of Volunteer:

\_\_\_\_\_ By my initials indicated, Volunteer hereby states that Volunteer has not received a promise, expectation or receipt of compensation for services to be rendered;

\_\_\_\_\_ By my initials indicated, Volunteer hereby states that Volunteer's services are being offered freely and without pressure or coercion, direct or implied from the \_\_\_\_\_ (Department Name);

\_\_\_\_\_ By my initials indicated, Volunteer is not currently employed by the \_\_\_\_\_ (Department Name) to perform the same type of services being offered in a volunteer status.

2. Waiver and Release: Volunteer hereby releases and forever discharges and holds harmless the \_\_\_\_\_ (Department Name) and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services Volunteer provides to \_\_\_\_\_ (Department Name). Volunteer understands and acknowledges that this Release discharges the \_\_\_\_\_ (Department Name) from any liability or claim that Volunteer may have against the \_\_\_\_\_ (Department Name) with respect to providing volunteer services, including but not limited to: breach of contract, bodily injury, personal injury, illness, death, or property damage that may result from the services Volunteer provides to the \_\_\_\_\_ (Department Name) or occurring while Volunteer is providing services.

3. Assumption of Risk: Participation in the aforementioned volunteer activity carries with it certain risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks may include, but are not limited to: 1) minor injuries such as but not limited to, scratches, bruises, and sprains; 2) major injuries

such as but not limited to eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; and 3) catastrophic injuries including but not limited to paralysis and death. I understand, and acknowledge that these and other unforeseeable risks are inherent to participation in the above activity. I hereby assert that my participation is voluntary and I knowingly assume all such risks. Furthermore, I understand that I will be responsible for any medical or other charges in connection with this activity.

1. Insurance: Further, Volunteer understands that the \_\_\_\_\_ (Department Name) does not assume any responsibility for or obligation to provide financial or other assistance, including but not limited to medical, health, or disability benefits, unemployment benefits, worker's compensation or any other insurance in connection with volunteer services. Volunteer expressly waives any such claim for compensation or liability on the part of the \_\_\_\_\_ (Department Name).

2. Release Scope: Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio and that this Release shall be governed by and interpreted in accordance with the laws of the State of Ohio. Volunteer agrees that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected. By signing below, Volunteer expresses understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

3. Governmental Immunity: Participant hereby releases, waives, discharges, and covenants not to sue, the \_\_\_\_\_ (Department Name), nor any of its elected and appointed officials, employees, officers, agents, successors, assignees, and volunteers regarding any and all claims arising in as a result of Participant's participation in the aforementioned campus activity. To the fullest extent permitted by law, Participant shall indemnify, defend, and hold harmless the \_\_\_\_\_ (Department Name), its elected and appointed officials, employees, officers, agents, successors, assignees, and volunteers from any and all claims, lawsuits, losses, and liability arising out of Participant's involvement in this activity. Further, the \_\_\_\_\_ (Department Name) does not waive its Governmental/Sovereign Immunity by executing or entering into this Waiver/Agreement and specifically retains all immunities and defenses available to it as a governmental entity.

4. Rules: Volunteer agrees to abide by the \_\_\_\_\_'s (Department Name) policies and procedures and any further amendments to the same that govern the operation and activities of the volunteer service. Volunteer agrees to comply with any specific instruction or request given by the supervisor of the volunteer service.

I hereby certify that I have carefully read the foregoing and acknowledge that I understand and agree to all of the above terms and conditions. I have had the opportunity to ask any and all questions regarding this Release. I am aware that by signing this Release, I assume all risks and waive and release certain substantial rights that I may have. I acknowledge that this Release is binding upon myself, my heirs, executors, administrators, and representatives in the event of my death or incapacity.

\_\_\_\_\_  
Volunteer's Printed Name

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer's Phone Number

\_\_\_\_\_  
Volunteer's Email Address (Please Print Carefully)

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Supervisor's Signature



Bureau of Workers'  
Compensation

30 W. Spring St.  
Columbus, OH 43215

## Notice to Employees

Section 4123.84 of the Ohio Revised Code (workers' compensation) reads as follows:

(A) In all cases of injury or death, claims for compensation or benefits for the specific part or parts of the body injured shall be forever barred unless, within two years after the injury or death:

- (1) Written notice of the specific part or parts of the body claimed to have been injured has been made to the Industrial Commission or the Bureau of Workers' Compensation;
- (2) The Employer, with knowledge of a claimed compensable injury or occupational disease, has paid wages in lieu of compensation for total disability;
- (3) In the event the employer has elected to pay compensation or benefits directly, one of the following has occurred:
  - (a) Written notice of the specific part or parts of the body claimed to have been injured has been given to the commission or bureau, or the employer has furnished treatment by a licensed physician in the employ of an employer; providing, however, that the furnishing of such treatment shall not constitute a recognition of a claim as compensable, but shall do no more than satisfy the requirements of this section;
  - (b) Compensation or benefits have been paid or furnished equal to or greater than is provided for in Sections 4123.52, 4123.55 to 4123.62, and 4123.64 to 4123.67 of the Revised Code.
- (4) Written notice of death has been given to the commission or bureau.

As used in division (A) (3) (b) of this section, "benefits" means payment by a self-insuring employer to, or on behalf of, an employee for:

- (1) A hospital bill;
- (2) A medical bill to a licensed physician or hospital;
- (3) An orthopedic or prosthetic device.

Section 4121.65 of the Ohio Revised Code grants authority to self-insuring employers to furnish rehabilitation services as long as the quality and content is equal to or greater than that provided by the bureau of workers' compensation, and prior approval has been given by the bureau.

**Note:** This notice is to be posted and maintained at all times in one or more conspicuous places in workshops or places of employment by all self-insuring employers.

# Your workers' compensation rights and responsibilities

If you suffer a work-related injury in Ohio, you deserve to be treated fairly and to promptly receive the benefits to which you are entitled.

You work for a self-insuring employer, which means the Bureau of Workers' Compensation (BWC) has granted your employer the right to manage its own workers' compensation program. Your medical bills and compensation benefits are paid directly by your employer and BWC monitors the self-insuring program.

Here is some information we hope will be helpful.



## How to file a claim

You should file a claim as soon as possible after an injury. Early filing lessens the impact of the injury, and the sooner medical treatment begins the faster you'll recover. To file a claim, you should:

- Seek medical help;
- Report the accident immediately to your employer;
- Complete a *First Report of Injury* (FROI);
- Provide your medical bills and doctor's treatment plan to your employer.

## How to file a complaint

Sometimes there are disagreements about workers' compensation claims. If you disagree with your employer about your claim, first discuss the matter with your employer. If you are still not satisfied, you may:

- Contact BWC's self-insuring unit at **1-800-OHIOBWC** and press 23; or
- Complete *Filing of Complaint Against Self-Insuring Employer* (also known as the SI-28 form).



## We're here to help!

For more information about BWC's self-insurance program or to file a complaint, just call **1-800-OHIOBWC** (1-800-644-6292) and press 23 or check out our Web site at [www.ohioobwc.com](http://www.ohioobwc.com).

## Pledge of Service

*The Injured Worker Pledge of Service is our pledge to our most important customers, the injured workers of Ohio.*

*Any employee of a self-insuring employer who suffers an on-the-job injury in Ohio deserves to be treated fairly by his or her employer, and to promptly receive the benefits to which he or she is entitled.*

*As an injured worker of a self-insuring employer, you have the right:*

- To workers' compensation benefits if you sustain a work-related injury or contract an occupational disease.
- To quick access to high-quality health care, first from your self-insuring employer's Qualified Health Plan provider and then from any BWC-certified health-care provider that you choose. If your self-insuring employer does not have a Qualified Health Plan, you may choose any health-care provider.
- To have your approved medical bills paid and not to be billed an additional amount.
- To expect prompt, professional and courteous customer service from all BWC employees.
- To have access to your records within 48 hours of your written request.
- To receive timely payments for the allowed conditions in your claim.
- To be considered for all benefits and rehabilitation services for which you may be eligible.
- To a quality independent medical examination when required in your claim.
- To appeal a decision made in your claim to BWC, your employer's Qualified Health Plan or the Industrial Commission.
- To represent yourself or hire a lawyer at your own expense.