

REVISED AGENDA

GENERAL ADMINISTRATION & PERSONNEL COMMITTEE VILLAGE OF HOFFMAN ESTATES

October 19, 2009

7:45 p.m. – Helen Wozniak Council Chambers

Members: Karen Mills, Chairperson
Ray Kincaid, Vice-Chairperson
Gary Pilafas, Trustee

I. Roll Call

II. Approval of Minutes – September 14, 2009

NEW BUSINESS

1. Request to add a section to the Board and Commission manual regarding event publicity.
2. Discussion regarding policy to allow administrative approval of special event license and fee waivers under certain conditions.
3. Update of Village Personnel Policy Manual (FMLA and other administrative policy changes).
4. Request approval of the creation of the Tartan Day Commission.
5. Request acceptance of Cable TV Monthly Report.
6. Request acceptance of Human Resources Management Monthly Report.

III. President's Report

IV. Other

V. Adjournment

**GENERAL ADMINISTRATION & PERSONNEL
COMMITTEE MEETING MINUTES**

September 14, 2009

I. Roll Call

Members in Attendance:

**Karen Mills, Chairperson
Ray Kincaid, Vice Chairperson
Gary Pilafas, Trustee**

**Other Corporate Authorities
in Attendance:**

**Trustee Cary Collins
Trustee Jackie Green
Trustee Anna Newell
Mayor William McLeod**

**Management Team Members
in Attendance:**

**Jim Norris, Village Manager
Arthur Janura, Corporation Counsel
Dan O'Malley, Deputy Village Manager
Mark Koplin, Asst. Vlg. Mgr., Dev. Services
Don Plass, Director of Code Enforcement
Mike Hankey, Director of Transportation
Patrick Seger, Director of HRM
Pete Gugliotta, Director of Planning
Bev Romanoff, Village Clerk
Bruce Anderson, CATV Coordinator**

Others in Attendance

Reporters from Daily Herald, Chicago Tribune

The General Administration & Personnel meeting was called to order at 7:49 p.m.

II. Approval of Minutes

Motion by Trustee Green, seconded by Trustee Newell, to approve the General Administration & Personnel Committee meeting minutes of August 24, 2009. Voice vote taken. All ayes. Motion carried.

NEW BUSINESS

1. Request acceptance of Cable TV Monthly Report.

The Cable TV Monthly Report was submitted to the Committee.

Motion by Mayor McLeod, seconded by Trustee Newell, to accept Cable TV monthly report. Voice vote taken. All ayes. Motion carried.

2. Request acceptance of Human Resources Management Monthly Report.

The Human Resources Management Monthly Report was submitted to the Committee.

Motion by Mayor McLeod, seconded by Trustee Kincaid, to accept Human Resources Management monthly report. Voice vote taken. All ayes. Motion carried.

III. President's Report

Mayor McLeod reported that the Platzkonzert was a great success and the September 11 ceremony was very moving and thanked both the Celebrations and Arts Commissions for their efforts on both events.

IV. Other

V. Adjournment

Motion by Trustee Green, seconded by Trustee Newell, to adjourn the meeting at 7:51 p.m. Voice vote taken. All ayes. Motion carried.

Minutes submitted by:

Debbie Schoop, Executive Assistant

Date

COMMITTEE AGENDA ITEM

VILLAGE OF HOFFMAN ESTATES

SUBJECT: Discussion regarding Boards and Commissions events promotion

MEETING DATE: October 12, 2009

COMMITTEE: General Administration & Personnel Committee

FROM: Doug Schultz, Community Relations Coordinator

PURPOSE: Discussion regarding Boards and Commissions events promotion.

BACKGROUND: The Communications Division is responsible for promoting all Village events and activities. It does this currently through several different public relations vehicles, including the Citizen newsletter for residents and businesses, the Village's website, press releases, HETV Channel 6 cable TV announcements, and others.

DISCUSSION: Because the Village's communication tools are expanding to include social media sites like Facebook and Twitter, as well as electronic message boards and eNews, a Social Media Policy was approved by the Village Manager. The Boards & Commissions Procedures Manual should include this information as well. Therefore, it is recommended that the attached Boards & Commissions Manual be revised to include the following Section:

9. Promoting Commission Events

Requests to promote upcoming Commission events and activities must be coordinated through the Communications Division via the Staff Liaison or the Commission Chairperson.

The Communications Division is responsible for promoting all Village events and activities. It does this through different public relations vehicles, including the Citizen newsletter for residents and businesses, the website (www.hoffmanestates.org), press releases, blast e-mails to eNews subscribers, the electronic message boards throughout the Village, Social Media sites including Facebook and Twitter, and HETV Channel 6 cable TV announcements, among others.

Requests will include relevant information (event name, date, time, location) and any imagery associated with the request. Requests may also include a preferred number of announcements and timing, (e.g., two weeks prior to the event, a week prior to the event, and the day of the event), but this is not required.

Requests can include which outreach method the Commission would like to utilize, but all submissions will be reviewed on a case-by-case basis. For example, some events will only utilize one or two of these outlets, while others may appear on all of them. Final promotional vehicle selection(s) will be made by the Communications Division based upon relevance, timeliness, scope, and audience.

RECOMMENDATION: Approval of revision to Boards & Commission Manual to include section on Promoting Commission Events.

ADMINISTRATIVE PROCEDURES MANUAL

For

BOARDS AND COMMISSIONS

Village of Hoffman Estates, Illinois

INDEX

<u>Topic</u>	<u>Page</u>
I. Introduction	
1. Applicability	2
2. Purpose.....	2
3. Questions.....	2
4. Municipal Code.....	2
II. Procedures	
1. Meeting Schedule Agenda and Changes.....	3
2. Quorum for Official meeting	3
3. Appointments and Vacancies.....	4
4. Tardiness and Absence	4
5. Open Meetings Act	5
6. Member Responsibilities/Administrative Assistance	5
7. Staff Liaison.....	6
8. Village Board Liaison Committee	6
9. Promoting Commission Events.....	6
10. Building Security	7
11. Identification Cards.....	7
12. Contracts	7
13. Mail	7
14. Meeting Agendas and Minutes	7
15. Meeting Rules of Order	8
16. Budget/Purchasing	8
17. Solicitation	9
18. Ethics.....	9
III. Governmental Code of Ethics	10

I. INTRODUCTION

1. Applicability

These procedures shall apply to all existing boards and commissions, whether established permanently or for a temporary special purpose, and appointed by the President with the advice and consent of the Board of Trustees or appointed by the corporate authorities voting jointly.

2. Purpose

Primarily, these procedures should provide information to commissions and boards, which will enable them to expeditiously complete their projects.

3. Questions

Any member of a board or commission who has a question regarding a project or procedure should first ask their respective chairman. If the matter is unresolved, then the chairman should contact the appropriate Staff Liaison. If a matter is still unresolved, feel free to contact the Assistant to the Village Manager.

For routine matters and general assistance, it will be appropriate to contact the Boards and Commissions Administrative Staff Assistant.

Likewise, the chairman may have policy questions of the Village President or the Standing Committee Trustee liaison. Either may be called by the chairman during normal working hours. Please remember, if the questions can be resolved through your Staff Liaison, please call that person. Notwithstanding the above, there is nothing herein that would be construed to limit the right of any board or commission member to speak directly to any elected official.

4. Municipal Code

These procedures are also intended to complement the ordinances or resolutions, which establish each board or commission. Every member should read their respective enabling ordinance and/or resolution. A copy is provided in the Boards and Commissions binder given to all members. Additional copies may be obtained from the Village Clerk.

II. PROCEDURES

1. Meeting Schedule Agendas and Changes

The Village distributes and posts a monthly schedule of meetings. Changes to the regular meeting schedule require public notice. Any changes made after the monthly calendar has been distributed, require written notice to the Village Clerk's office (form attached). Accordingly, the meeting notice form (attached) must be completed and given to the Village clerk for processing. Staff Liaisons or the Boards & Commissions Admin Staff Assistant will assist with completing this form. A permanent change of regular meeting requires 10 days' notice. Notice of change or cancellation must reach the Village Clerk's office within 48 hours of meeting.

Pursuant to the Illinois Open Meetings Act (see #5) agendas must be posted 48 hours in advance of the meeting at the Village Hall and at the location of the meeting. Special meetings shall have 48 hours' notice with the agenda limited "only" to the special items to be considered.

Meetings cancelled due to inclement weather shall be cancelled by the chairman prior to 4:00 p.m. on the evening of the meeting. The chairman must notify the Staff Liaison and the Boards & Commission Admin Staff Assistant in order to officially cancel the meeting and ensure that appropriate notice is provided to the Village Clerk's office for posting.

2. Quorum for Official Meeting

Statutory Boards/Commissions – Quorums

- Plan Commission
- Zoning Board of Appeals
- Fire & Police Pension Boards
- Fire & Police Commission

A majority of the authorized members of the commission or board constitutes a quorum to do business. "Authorized members" shall be the number of members authorized by the enabling Village resolution or ordinance. At an official meeting, a smaller number may convene and discuss matters, but the only formal action they may take is to set a new meeting date.

As boards/commissions increase, the number of members which constitutes a majority of a quorum also increases, as follows:

Number of Members	Quorum	Majority of a Quorum
3	2	2
5	3	2
7	4	3
9	5	3
11	6	4
13	7	4
15	8	5
17	9	5

Non-Statutory Commissions – Quorums

- All Boards/Commission not listed above.

Since case law does not address non-statutory boards and commissions, the traditional and related approach is used to count members to be those appointed and serving (and not count resigned members or vacancies not filled) for the purpose of quorum requirements. Further, the Village Board has instructed that a majority of a quorum (illustrated above) be the minimum number required for all official business of the non-statutory commissions to occur.

Number of Members	Quorum	Majority of a Quorum
3	2	2
5	3	2
7	4	3
9	5	3
11	6	4
13	7	4
15	8	5
17	9	5

3. Appointment and Vacancies

If a member resigns, it is the member's responsibility to forward a resignation letter, via U.S. Postal Service or email, to the Village President. The resignation letter will be brought to a Village Board meeting for formal action. However, should it come to the Board's attention that a member has moved out of the area or is no longer able to be contacted (i.e. outdated phone number(s), email, home address), written communication from the chair of the commission shall serve as notice of resignation.

Applications for vacancies are available through the Legislative Assistant to the Village Board. Interviews for persons interested in appointment are conducted by the President and Board of Trustees. Interviews are coordinated by the President and Board's Legislative Assistant.

Public announcement of vacancies is usually made through the Village newsletter, website, cable TV and press releases.

Actual appointment is made in accordance with Village ordinance/resolution.

Commissions are not permitted to establish formal offices unless made in accordance with Village ordinance/resolution. However, informal offices such as vice chair, secretary, etc. may be appointed by the Chair with the consent of the balance of the commission.

4. Tardiness and Absence

The rules on Tardiness and Absence are stated in the Resolution for Appointment Commissions and Boards Resolution No. 681-1987 as follows:

- A. **Tardiness:** A member shall be considered tardy twenty (20) minutes after the beginning of a scheduled meeting.

- B. **Absence:** An excused absence shall be considered any absence where the Chairman or Secretary of the Board of Commission is advised at least six (6) hours in advance of the meeting of the unavailability of the member. An unexcused absence shall be considered any absence where no communication is given to the Chairman or Secretary of the Board of Commission prior to the meeting. If any member shall accumulate more than four (4) excused or two (2) unexcused absences within a calendar year, the member may be contacted to determine if they wish to continue serving on the commission.
- C. **Leave of Absence:** A leave of absence may be granted by the Village Board of Trustees upon written request and good cause shown.

The Chairman is responsible for keeping attendance records for their respective board or commission. An attendance form is to be completed and forwarded to the Village President no later than April 15th of each year. (Example attached)

5. Open Meetings Act

As an advisory body of the Village, all boards and commissions are subject to the provisions of the ILLINOIS OPEN MEETINGS ACT (5 ILCS 120/1).

The applicable sections of the Act can be summarized as follows:

- A. A meeting is defined as the presence of a majority of a quorum gathered for the purpose of discussing public business. As an example, assuming there are eleven members on a commission and a quorum is defined as a simple majority. The Quorum would be six, and a majority of a quorum would be four.
- B. It is the policy that all meetings conducted by commissions and boards are open to the public. The State Act provides exceptions where meetings may be closed. It is highly unlikely there would be a closed meeting (except for Fire and police Commission). Most of the business conducted by commissions and boards would not qualify.

The exceptions are a) collective bargaining matters; b) acquisitions of property; c) litigation, actual or prospective, d) personnel hiring, dismissal or complaint. If a chairman believes there may be an occasion for closing a meeting, he should confer ahead of time with the Village's Corporation Counsel.

- C. An actual roll-call vote must be taken at an open meeting in order to hold a closed meeting. The vote must include reference to one or more of the exceptions.
- D. Minutes of the closed meeting are to be kept but need not be made public (they are held for a court subpoena). Minimum minutes should include: a) date, time, place; b) members present and absent; c) nature of matters discussed; d) no votes taken.

6. Member Responsibilities/Administrative Assistance

Administrative support is provided for boards and commissions to assist with routine clerical/secretarial duties.

It is the board or commission member's responsibility to make phone calls, coordinate arrangements and perform duties necessary for project completion. However, such work should be done in conjunction with consultation from the Staff Liaison. The Administrative Staff Assistant to the Boards/Commissions is available to perform typing, filing, receiving and sending information, and other functions.

It is recognized that there may be instances when a Village Administrative Staff Assistant is needed to perform duties beyond the typical scope of responsibility. Such additional work requires prior coordination from the Staff Liaison who must first consider the Administrative Staff Assistant's schedule. Should any question arise as a result of requests, which may not be getting done, please contact the Legislative Assistant to the Mayor and Trustees.

7. Staff Liaison

All staff personnel work under the direction of the Village Manager. The role of the Staff Liaison includes providing boards and commissions with professional advice and coordinating information and needs with other departments. Staff liaisons will attend meetings to participate in discussions. Staff Liaisons should also attend their respective board/commission activities

Village Staff is not intended to perform routine commission or board duties.

Always feel free to contact your Staff Liaison with questions.

A list of Standing Committee and liaison Assignments is attached.

8. Village Board Liaison Committee

Each board or commission is assigned to a Village Board Standing Committee. Quarterly (or as otherwise scheduled) activity reports, special project requests, solicitation requests, schedule changes and related matters will be forwarded to the respective committee through your Staff Liaison for placement on the appropriate agenda. Chairmen are encouraged to attend Board committee meetings to discuss these agenda items and receive direction/input.

9. Promoting Commission Events

Requests to promote upcoming Commission events and activities must be coordinated through the Communications Division via the Staff Liaison or the Commission Chairperson.

The Communications Division is responsible for promoting all Village events and activities. It does this through different public relations vehicles, including the Citizen newsletter for residents and businesses, the website (www.hoffmanestates.org), press releases, blast e-mails to eNews subscribers, the electronic message boards throughout the Village, Social Media sites including Facebook and Twitter, and HETV Channel 6 cable TV announcements, among others.

Requests will include relevant information (event name, date, time, location) and any imagery associated with the request. Requests may also include a preferred number of announcements and timing, (e.g., two weeks prior to the event, a week prior to the event, and the day of the event), but this is not required.

Requests can include which outreach method the Commission would like to utilize, but all submissions will be reviewed on a case-by-case basis. For example, some events will only utilize one or two of these outlets, while others may appear on all of them. Final promotional vehicle selection(s) will be made by the Communications Division based upon relevance, timeliness, scope, and audience.

10. Building Security

The Staff Liaison is responsible for opening and closing the Village offices used as a result of a meeting.

Accordingly, members and guests should not wander through the Village offices before, during or after meetings.

11. Identification Cards

Upon appointment to a Board or Commission, an identification card will be issued by the Village President. The Staff Liaison of the respective Board/Commission will contact the new member regarding meeting information. The Boards and Commissions Administrative Procedures Manual will be presented by the Staff Liaison at the first meeting after appointment. Orientation will be completed by the Chair and/or Staff Liaison no later than the second meeting after appointment.

12. Contracts

Only the Village Manager or the Village President is empowered to enter into a contract on behalf of the Village. All contracts should be prepared with the name of the Village Manager or Village President as the authorized signator. A commission member may be listed as a "contact" only. Completion of the Contract Review and approval form is the responsibility of the Staff Liaison. This form is to be completed prior to the Village Manager's or Village President's signature.

13. Mail

For legal purposes, all official mail (e.g. all contracts & proposals) is to be sent to the Village Hall, 1900 Hassell Road, Hoffman Estates, IL 60169 – not to home addresses. It is the policy of the Village that addresses and telephone numbers are not distributed to the general public. Inquiries received at the Village Hall will be forwarded to the volunteer by the Staff Liaison or Boards & Commissions Administrative Staff Assistant.

14. Meeting Agendas and Minutes

The Chairman and Staff Liaison jointly will prepare the meeting agenda and submit the agenda to the Board and Commissions Administrative Staff Assistant fourteen (14) days prior to the meeting. This will allow time to distribute the packets and post the agenda.

A Sample agenda is attached.

Each commission or board will appoint a member to take meeting minutes. All Staff Liaisons have been instructed not to take meeting minutes. Exceptions to this procedure apply to the Zoning Board of Appeals and Plan Commission.

Meeting minutes should contain the date, time and place of the meeting; members present and absent; summary of all discussion on all matters proposed, deliberated or decided in record of any votes taken. Once taken, typed minutes should be given to the Boards and Commissions Administrative Staff Assistant within forty-eight (48) hours of the meeting. The Boards and Commissions Administrative Staff Assistant will photocopy and distribute packets (including the agenda for the next meeting) to all members, President and Board, and appropriate staff one week prior to the next meeting. Minutes shall be approved at a subsequent meeting upon the vote of members present at the prior meeting. Abstentions are counted with the majority. No commission or board may create sub-committees, but members of the Commission or board may be assigned to meet in project groups or work sessions so long as they are in compliance with the Open Meetings Act which would require a majority of a minimum quorum to give notice (example: with a membership of 9, notice is required if 3 or more meet).

15. Meeting Rules of Order

All meetings should be conducted in accordance with Robert's Rules of Order (current edition available for reference in the Village Clerk's office and with the Boards and Commissions Administrative Staff Assistant) with the understanding that sometimes formalities may be waived. The chairman is responsible for ensuring that decorum is maintained and that the business before the board or commission is properly completed.

16. Budget/Purchasing

Each year, limited funds are budgeted for programs anticipated by boards and commissions. These budgeted funds are part of the Village's administrative budget and disbursement requires compliance with the Village purchasing procedures (Municipal Code 4-7-4(I)). These procedures are monitored by the Department of Finance.

Should there be anticipation of spending money on a project, prior approval from the standing committee or the Village Manager is necessary. Once approval is received, the chairman must contact the Staff Liaison in order to follow required procedures.

Should the Commission wish to change the approved budget after a Board or Commission budget is approved as part of the annual budget process, the Commission/Board may with the approval of the Village Manager move up to \$1,000 between projects or functions. Changes in actually programming or above the \$1,000 line would need to go to the Standing Committee.

Chairmen or other members who order and/or purchase items without approval and not in accordance with Village procedures may be responsible for paying any invoices themselves.

The following chart summarizes the information presented in the Municipal Code:

Purchase Amount	Instructions
Under \$2,500	Competitive quotes not required if single source pricing is deemed reasonable by Department Director or Financial Services Manager
\$2,500 - \$5,000	Two quote minimum, three quotes preferred
\$5,001 - \$19,999	Three quote minimum required; if three quotes unavailable, must present to Village Board for approval
Over \$20,000	Formal Sealed bids and Village Board approval required

Only the Village Board or Village Manager may approve expenditures. Approval simply authorizes the Staff Liaison to be contacted in order to initiate the proper requisition and purchase procedures.

For budget preparation purposes, if there is the anticipation of project expenses in the upcoming fiscal year (January 1 to December 31), please work with the Staff Liaison to prepare Budget Worksheets which are due in August each year. The Staff Liaison will be available to assist with these steps.

17. Solicitations

The Village permits Boards and Commissions to conduct solicitations subject to Standing Committee approval. Solicitation shall mean petitioning of businesses/individuals requesting funds or in-kind services or commodities. All requests for solicitation require the approval of a Board's/Commission's Standing Committee. These requests shall be in written form, containing a description of the project, target audience, method of solicitation, benefits of project(s), anticipated target dates for initial and follow-up solicitation contacts and be presented to the respective liaison Standing Committee at least 60 days prior to the anticipated date of solicitation.

Solicitations are to be included in the Boards/Commission Budget. Solicitations needing target business addresses(s) from the Village Clerk's Office are to be delivered pre-stuffed to the Office of the Village Clerk 10 working days prior to target solicitation date mailing.

18. Ethics

There is a code of ethics established for officials, appointees, and employees of the Village of Hoffman Estates (see attached).

Chapter 15

GOVERNMENTAL ETHICS

Article 1. Policy and Purpose

Sec. 15-1-1.	Policy and purpose.
Sec. 15-1-2.	Definitions.
Sec. 15-1-3.	Code of conduct.
Sec. 15-1-4.	Conflict of Interest.
Sec. 15-1-5.	Financial disclosure.
Sec. 15-1-6.	Penalties for violation.

Article 2. State Gift Ban Act

Sec. 15-2-1.	Adoption of Act.
--------------	------------------



ARTICLE 1. POLICY AND PURPOSE

Section 15-1-1. Policy and Purpose.

A. It is essential to the proper operation of democratic government that public officials be independent and impartial; that governmental decisions and policy be made through proper channels; that public office not be used for private gain; and that there be public confidence in the integrity of government. Public officials, appointees and employees must serve their government in a fiduciary capacity and must not bestow special consideration upon any person merely because of that person's relationship to an official or employee. The attainment of these ends is impaired whenever there exists conflict between the private interests of a public official or employee and his duties as such. The public interest therefore requires that the law protect against such conflicts of interest and establish appropriate ethical standards with respect to the conduct of elected officials, appointees and government employees in situations where conflict exist, as well as in situations where conflict might develop.

B. It is also essential to the proper operation of government that those best qualified be encouraged to serve the government. Accordingly, legal safeguards against conflicts of interest must be so designed as not unnecessarily or unreasonably to impede the recruitment and retention by the government of those men and women who are best qualified to serve it. The right of each official, appointee and employee to privacy in their financial affairs must not, therefore, be limited beyond that disclosure necessary to ensure the integrity of government. Moreover, because an essential principle underlying the staffing of our government is that its officials and employees should not be denied the opportunity, available to all other citizens, to acquire and retain private economic and other interests, such opportunity should not be limited unless conflicts with the responsibility of such officials, appointees and employees to the public cannot be avoided.

C. It is the policy and purpose of this Chapter to implement these objectives of protecting the integrity of the Village of Hoffman Estates and of facilitating the recruitment and retention of qualified personnel by prescribing essential restrictions against conflicts of interest in municipal government without creating unnecessary barriers to public service and by establishing a Code of Ethics for officials, appointees and employees of the Village of Hoffman Estates.
(Ord. No. 3855-2006, § 1, 9-5-06)

Section 15-1-2. Definitions.

[The following words, terms and phrases, when used in this chapter, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning:]

A. "*Official*" shall mean any person elected or appointed to an elective office in the Village of Hoffman Estates.

B. "*Appointee*" shall mean any person not otherwise an "official" or "employee" who is appointed to a Board of Commission under authority of Chapter 4 of the Hoffman Estates Municipal Code.

C. *"Employee"* shall mean any person employed by the Village of Hoffman Estates whether part-time or full-time.

D. *"Financial Interest"* shall mean any economic interest or relationship, whether by ownership, trust, purchase, sale, lease, contract, option, investment, employment, gift, fee, or otherwise; whether present, promised, or reasonably expected; whether direct or indirect; whether or not legally enforceable; whether in the person itself or in a parent or subsidiary corporation, or in another subsidiary of the same parent. An indirect financial interest shall include, but is expressly not limited to, any economic interest, as set forth above, of a spouse or minor child, as well as any economic interest held by an agent on behalf of an official, appointee or employee, his spouse or minor child, by a business entity managed or controlled by, or by a trust in which an official, appointee or employee has a substantial interest. A business entity is controlled by an official, appointee or employee when he, his spouse or his minor child, singly or in the aggregate, possess a majority ownership interest in the entity. An official, appointee or employee has a substantial interest in a trust when he, his spouse or his minor child, singly or in the aggregate, have a present or future interest worth more than \$1,000.00. "Financial Interest" shall not include ownership through purchase at fair market value of less than one percent of the share of a parent, subsidiary or other affiliated corporation whose shares are registered on a national securities exchange pursuant to the Securities Exchange Act of 1934. "Financial Interest" shall also not include authorized compensation or salary paid to an official, appointee or employee for services rendered to the Village of Hoffman Estates, or any economic benefit provided equally to all residents of the Village of Hoffman Estates.

E. *"Compensation"* shall mean any money, thing of value or other pecuniary benefit received or to be received in return for, or as reimbursement for, services rendered or to be rendered.

F. *"Person"* shall mean any individual, entity, corporation, proprietorship, partnership, firm, association, trade union, trust, estate or group, as well as any parent or subsidiary of any of the foregoing entities, whether or not operated for profit.

G. The term *"contribution"* as used herein shall be defined as provided in 10 ILCS 5/9-1-4. (Ord. No. 3855-2006, § 1, 9-5-06)

Section 15-1-3. Code of Conduct.

A. *Fiduciary Duty.* Officials, appointees and employees shall at all times in the performance of their public duties owe a fiduciary duty to the Village of Hoffman Estates.

B. *Improper Influence.* No official, appointee or employee shall make, participate in making or in any way attempt to use his position to influence any governmental decision or action in which he knows or has reason to know that he has a financial interest. An official, appointee or employee has a financial interest in a governmental decision or action when it is reasonably foreseeable that said decision or action will have a material effect on said official, appointee or employee distinguishable from its effect on the public generally.

C. *Criminal Misconduct.* An official, appointee or employee shall not commit the act of bribery, intimidation, official misconduct or perjury. Proof of such offenses shall be evidenced by a certified record of conviction in any court of jurisdiction. The additional penalty herein shall be limited to Section 15-1-6-A-3.

D. *Use or Disclosure of Confidential Information.* No current or former public official, appointee or employee shall use or disclose, other than in the performance of his official duties and responsibilities, confidential or other non-public information gained in the course of or by reason of his position or employment and identified to such official, appointee or employee in writing by the Corporation Counsel, Village Manager or Village Board as a confidential matter.

E. *Regulations of Business While Official, Appointee or Employee is Associated.* Whenever the Village Board or a committee or other subdivision thereof, or any Village department, agency, board, commission or any other body, undertakes consideration of any matter in which one of its members or employees has a financial interest, said member or employee shall refrain from all official activity respecting such matter and shall publicly state the nature and extent of his interest in the matter during any deliberation thereon. However, such an interested member or employee shall be considered present for purposes of establishing a quorum.
(Ord. No. 3855-2006, § 1, 9-5-06)

Section 15-1-4. Conflict of Interest.

A. *Interest in Village Business.*

1. No official, appointee or employee shall have a financial interest in his own name or in the name of any other person in any contract, work or business of the Village of Hoffman Estates, or in the sale of any article, whenever the expense, price or consideration of the contract, work, business or sale is paid either from the Village treasury or by an assessment levied by any ordinance.

Money paid by the Village to an official, appointee or employee as compensation for property taken pursuant to the Village's eminent domain power shall not constitute a financial interest within the meaning of this Article. Unless sold pursuant to a process of competitive bidding following public notice, no official, appointee or employee shall have a financial interest in the purchase of any property that:

- a. Belongs to the Village, or
- b. Is sold for taxes or assessments, or
- c. Is sold by virtue of legal process at the suit of the Village.

2. The foregoing notwithstanding, this provision shall not prohibit an official, appointee or employee from having a financial interest in any contract, work or business of the Village of Hoffman Estates, but only if:

- a. The contract, work or business of the Village is awarded pursuant to a process of competitive bidding following public notice; and
- b. The contract, work or business is with a person in which such interested official, appointee or employee has less than a five percent share in the ownership and from which he derived income of less than \$25,000.00 during the preceding calendar year; and
- c. Such interested official, appointee or employee publicly discloses the nature and extent of his interest prior to the commencement of any deliberations, or the taking of any official action, concerning the contract, work or business; and
- d. Such interested official, appointee or employee abstains from deliberating or voting on, or taking any official action with respect to the contract, work or business; and

e. The award of the contract, work or business would not cause the aggregate amount of all such contracts, work or business so awarded to the same person in the same fiscal year to exceed \$25,000.00.

B. *Employment of Relatives--Restrictions.*

1. For purposes of this Article, the following terms shall have the following meanings:

a. "*Agency*" shall mean the Village Board, any committee, or other subdivision thereof, as well as any Village department, agency, commission, board or other body.

b. "*Relative*" shall mean any person who is related to an official or employee as father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepbrother, stepsister, half brother or half sister.

c. "*Employ*" shall mean hire, appoint, promote, advance, transfer or in any other manner establish or alter the employment status of any person.

2. No official or appointee shall employ or advocate for employment, in any agency over which said official or appointee either serves or exercises jurisdiction or control, any person (i) who is a relative of said official or appointee or (ii) in exchange for or in consideration of the employment of any of said official's appointee's relatives by any other official, appointee or employee.

3. Any person employed after the enactment of this Article and in violation of this Code and in violation of this Article is not entitled to compensation, and money may not be paid from the Village treasury as compensation to an individual so employed.

C. *Solicitation of Contributions.* No person shall compel, coerce or intimidate any official, appointee or employee of the Village of Hoffman Estates into making, or refraining from making, any political contribution or into engaging in any form of political activity. Nothing herein shall be construed to prevent any such official, appointee or employee from making such a contribution or from engaging in political activity voluntarily.

(Ord. No. 3855-2006, § 1, 9-5-06)

Section 15-1-5. Financial Disclosure.

A. For purpose of this Article, each elected official of the Village, and certain appointees and employees are required by 5 ILCS 420/4A-101 to file a statement of economic interest.

B. By May 1 of each year, each such elected official, appointee and employee shall file a photocopy of the Statement of Economic Interest as required by 5 ILCS 420/4A-101 that is required to be filed with the County Clerk. Such statement shall be filed with the Village Clerk. If a person required to file such statement fails to file by May 1 of any year, the Village Clerk shall notify such person with seven days after May 1 of his or her failure to file and such person shall not be considered in violation of this Article until May 15 of any year for failure to file such statement.

(Ord. No. 3855-2006, § 1, 9-5-06)

Section 15-1-6. Penalties for Violation.

A. *Penalties.*

1. Any person found guilty of knowingly violating, disobeying, omitting, neglecting, or refusing to comply with any of the provisions of this Chapter, except when otherwise specifically provided, upon conviction thereof shall be punished by a fine of not less than \$10.00 nor more than \$500.00. Any such offenses may also be punishable as a misdemeanor by incarceration for a term not to exceed six months under the procedures set forth in Section 1-2-1.1 of the Illinois Municipal Code, as amended, and under the provisions of the Illinois Code of Criminal Procedures, as amended, in a separate proceeding. All actions seeking the imposition of fines only shall be filed as quasi-criminal action subject to the provisions of the Illinois Code of Civil Procedures, as amended.
2. Prosecutions for violation of the provisions of the Chapter shall be initiated and prosecuted by the Corporation Counsel of the Village of Hoffman Estates.
3. The penalties provided in this Chapter do not limit either the power of the Village Board to discipline its members or the powers of any other Village department, agency, or commission to otherwise discipline officials, appointees or employees of the Village of Hoffman Estates.
4. Nothing in this Chapter is intended to or is to be construed as repealing in any way the provisions of any other law of the State of Illinois or ordinance of the Village of Hoffman Estates.

B. *Void Contract; Invalid Licenses, Permits, Actions.* Any contract negotiated, entered into, or performed in violation of any of the provisions of this Chapter shall be void as to the Village of Hoffman Estates. Any permit, license, ruling, determination, or other official action of the Village Board, a committee or other subdivision thereof, or of any Village department, agency, board, commission, or other body, applied for or in any other manner sought, obtained or undertaken in violation of any of the provisions of this Chapter shall be invalid and without any force or effect whatsoever.

C. *Disgorging Corporation Opportunity.* Any current or formal official, appointee or employee shall, upon demand of the Corporation Counsel, account for all benefits accruing to such official, appointee or employee as a result of any violation of the provisions of this Chapter. Any current or formal official, appointee or employee receiving any such benefits in violation of any of the provisions of this Chapter shall disgorge such benefits and, in addition to any other penalty provided herein, shall be subject to a penalty equal to two times the amount of such benefits. In the event that any such official, appointee or employee refuses to account for benefits received in violation of any of the provisions of this Article, the Corporation Counsel may seek an accounting in a court of law.

D. *Severability.* If any provision of this Chapter or application thereof to any person or circumstance is held unconstitutional or otherwise invalid, such invalidity does not affect other provisions or applications of this Chapter which can be given effect without the invalid application or provisions, and to this end each such invalid provision or invalid application of this Chapter is severable, unless otherwise provided by this Chapter. It is hereby declared to be the legislative intent of the Village of Hoffman Estates that this Chapter would have been adopted had any such unconstitutional or otherwise invalid provision or application not been included.

(Ord. No. 3855-2006, § 1, 9-5-06)

ARTICLE 2. STATE GIFT BAN ACT

Section 15-2-1. Adoption of Act.

A. The regulations of Sections 5-15 (5 ILCS 430/5-15) and Article 10 (5 ILCS 430/10-10 through 10-40) of the State Officials and Employees Ethics Act, 5 ILCS 430/1-1 et. seq. (hereinafter referred to as the "Act" in this section) are hereby adopted by reference and made applicable to the officers and employees of the Village to the extent required by 5 ILCS 430/70-5.

B. The solicitation or acceptance of gifts prohibited to be solicited or accepted under the Act, by any officer or any employee of the Village, is hereby prohibited.

C. The offering or making of gifts prohibited to be offered or made to an officer or employee of the Village under the Act, is hereby prohibited.

D. The participation in political activities prohibited under the Act, by an officer or employee of the Village, is hereby prohibited.

E. For purposes of this section, the terms "officer" and "employee" shall be defined as set forth in 5 ILCS 430/70-5(c).

F. The penalties for violations of this Section shall be the same as those penalties set forth in 5 ILCS 430/50-5 for similar violations of the Act.

G. This section does not repeal or otherwise amend or modify any existing ordinances or policies which regulate the conduct of Village officers and employees. To the extent that any such existing ordinances or policies are less restrictive than this Section, however, the provisions of this section shall prevail in accordance with the provisions of 5 ILCS 430/70-5(a).

H. Any amendment to the Act that becomes effective after the effective date of this section shall be incorporated into this section by reference and shall be applicable to the solicitation, acceptance, offering and making of gifts and to prohibited political activities. However, any amendment that makes its provisions optional for adoption by municipalities shall not be incorporated into this section by reference without formal action by the corporate authorities of the Village.

I. If the Illinois Supreme Court declares the Act unconstitutional in its entirety, then this section shall be repealed as of the date that the Illinois Supreme Court's decision becomes final and not subject to any further appeals or re hearings. This section shall be deemed repealed without further action by the Corporate Authorities of the Village if the Act is found unconstitutional by the Illinois Supreme Court.

J. If the Illinois Supreme Court declares part of the Act unconstitutional but upholds the constitutionality of the remainder of the Act, or does not address the remainder of the Act, then the remainder of the Act as adopted by this section shall remain in full force and effect; however, that part of this section relating to the part of the Act found unconstitutional shall be deemed repealed without further action by the Corporate Authorities of the Village.
(Ord. No. 3855-2006, § 1, 9-5-06)

VILLAGE OF HOFFMAN ESTATES

SOCIAL MEDIA POLICY

Social Media:

Social Media is defined as a media outlet that allows users to generate their own content and share content while networking with other users. Social Media is not strictly limited to the Internet; however, Internet-based Social Media sites present the best opportunity to reach a critical mass of residents and businesses.

Generally, the only cost for the most basic Social Media programs is limited to the manpower needed to start and maintain them.

Objective of Village of Hoffman Estates Social Networking Program:

“To deliver Village of Hoffman Estates information to residents and businesses in a timely and engaging manner via relevant social networking tools.” Information includes:

- Public event information – dates, times, locations
- Village meeting information and updates
- Photos from public events
- “Did you know ...” information, services available, tools on the Village website
- Links to relevant pages of the Village website or in the traditional media

Social Media will NOT be used to share personal opinions, subjective information, political campaign information or political stands. The Social Media Team reserves the right to delete or remove inappropriate and/or offensive comments.

Strategy:

Create Village of Hoffman Estates identities on key Social Media sites, and use those identities to develop a social network and share information with the community at large. Recommended sites include:

Facebook (“Fan Page”)

- Create an official Village of Hoffman Estates “fan page” with key event information and links to the official Village of Hoffman Estates website
- Build the fan base by becoming a fan of prominent residents and members of the community with similar or relevant interests
- Photos may not be posted on the Facebook “fan page,” but will be linked to the Hoffman Estates Flickr account

Flickr

- Upload recent event photos to a Village Flickr account
- Tag photos with keywords to increase hits from search engines and users looking for specific images

Twitter

- Create a Twitter account that is updated several times each week
- Develop a following by following prominent residents and members of the community (connectors)
- Consider incorporating the Twitter-feed into the Village website

Social Media Guidelines

Execution:

Posting Updates:

The purpose of posting updates is to communicate useful, factual information regarding public events and information. The tone of updates on Social Media sites will strive to appropriately convey a feeling of excitement for upcoming events and general announcements. Public meeting updates will maintain a neutral, objective tone. Minimally, updates will be posted on a regular basis during the work week. Posting will be under user names that may include “Hoffman_Estates,” “HoffmanEstates,” or “HoffmanEstatesIL,” et al.

Social Media Team:

The Social Media efforts will be managed by a team designated by the Village Manager, and will include the Community Relations Coordinator and the Director of Operations – Mayor’s Office and Board of Trustees. The team is responsible for managing the design/layout of the Social Media accounts, posting updates, and monitoring comments/feedback. The Social Media Team will meet weekly, and will be responsible for reviewing posting requests, developing a weekly schedule of updates, and determining if a response is needed to any feedback or comments.

Posting Update Requests:

Requests for posting updates on Social Media sites will be sent to the Communication Division via the following channels:

- Chairpersons/Staff liaisons for specific commissions and events
- Department Directors/Village Manager
- Elected officials

Requests will include relevant information (event name, date, time, location) and any photos, artwork, or logos associated with the request. Requests may also include a preferred number of announcements and timing (i.e., two weeks prior to the event, a week prior to the event, and the day of the event).

Events will be posted on relevant social channels throughout the week to avoid releasing information all at one time, and to keep information fresh.

Fostering a Dialogue:

Considering that the information posted on each of the sites is informational in nature and will not take on a political bias or tone, it is recommended that comments be enabled unless conditions warrant that the comments be disabled. Municipalities with similar “fan pages” on Facebook have limited comments on their sites, and the comments are generally positive or neutral responses to event information.

Disclaimers:

The Facebook, Flickr, and Twitter user names will have disclaimers included that will direct individuals with questions to the Village website and individuals with emergencies to 9-1-1. The disclaimer will be incorporated into the Facebook “fan page” and the Flickr account profile. Followers of the Twitter feed will receive a direct message with the disclaimer.

James H. Norris, Village Manager

Date

COMMITTEE AGENDA ITEM

VILLAGE OF HOFFMAN ESTATES

SUBJECT: Discussion regarding policy to allow administrative approval of special event license and fee waivers under certain conditions

MEETING DATE: October 12, 2009

COMMITTEE: General Administration & Personnel Committee

FROM: Becky Suhajda, Administrative Intern

PURPOSE: To provide discussion regarding policy to allow administrative approval of special event license and fee waivers under certain conditions.

BACKGROUND: The Village of Hoffman Estates requires a variety of fees associated with special events held within the Village, including but not limited to: electrical and health inspections, sign permits, tent permits, Fire, Police and Public Works hirebacks, and barricade rentals. These fees vary depending on the requirements for each event. Additionally, non-profit rates are given when applicable. The Village Board has not traditionally waived fees related to public safety staff time.

DISCUSSION: From January 2008 through October 2009, staff presented the Village Board with nine (9) 501(c)3 charity organization special event waiver request ranging from \$135 to \$2,350, all of which were approved unanimously. A list of the events waived and their approved fee waiver amount is attached.

Staff is requesting that the Village Board allow administrative approval of special event license and fee waivers for 501(c)3 charity organizations not to exceed a waiver of \$2500. No waiver will be granted for public safety staff time.

FINANCIAL IMPACT: The amount of fees waived depends on the number of fee waiver requests made per year by 501(c)3 charity organizations. From 2008 through October 2009, the Village waived \$4,382 all of which were for requests below \$2500.

RECOMMENDATION: For discussion.

Special Event Waiver Requests

- 9-30-09 Request waiver of certain fees by Rotary Club of Schaumburg and Hoffman Estates for the Touch a Truck Fundraiser on October 11, 2009.
Total Waived: \$185.00
- 9-30-09 Request waiver of certain fees by American Cancer Society for the Making Strides against Breast Cancer 5 Mile Run/Walk on October 18, 2009.
Total Waived: \$135.00
- 8-30-09 Request by the Hoffman Estates Chamber of Commerce for waiver of Village fees for the 2009 Chamber Business Under the Big Top event.
Total Waived: \$2,350.00
- 6-22-09 Discussion regarding the Hoffman Estates Park District's 8th annual Party in the Park event to be held on Saturday, August 8, 2009 and request waiver of certain fees associated with the Party in the Park event
Total Waived: \$391.00
- 4-13-09 Request approval of request by the Hoffman Estates Chamber of Commerce for waiver of Village fees associated with the Annual Community Fishing Derby.
Total Waived: \$315.00
- 6-9-08 Discussion regarding the Hoffman Estates Park District's sixth-annual Party in the Park event to be held on Saturday, August 9, 2008 and request waiver of certain fees associated with the Party in the Park event.
Total Waived: \$391.00
- 4-14-08 Discussion regarding a request from the Hoffman Estates Chamber of Commerce for waiver of Village fees associated with the Annual Community Fishing Derby.
Total Waived: \$315.00
- 4-14-08 Request approval by the Hoffman Estates Jaycees for the waiver of the special event permit fee for the annual Jaycees Carnival.
Total Waived: \$50.00
- 2-18-08 Request approval by Bright Hope International for fee waivers of all fees associated with the Run for Hungry Children.
Total Waived: \$250.00

COMMITTEE AGENDA ITEM VILLAGE OF HOFFMAN ESTATES

SUBJECT: Update of Personnel Policy Manual (FMLA and other Administrative policies)

MEETING DATE: October 12, 2009

COMMITTEE: General Administration and Personnel

FROM: Patrick J. Seger, Human Resources Management Director

PURPOSE: The HRM department is recommending the amendment of the personnel policy manual. Amendments are recommended due to changes in both federal and state laws, and administrative policies along with general house cleaning that occurs from time to time in order to keep the policy current and meaningful. The purpose is to request that the Board review and approve appropriate personnel policy amendments as described within.

Although the Board authorizes the Village Manager to update the personnel policy in order to implement ordinances, resolutions, and changes in federal, state and local laws, the Village Manager, Deputy Village Manager and I decided that due to the multiple changes to the policy we wanted to bring all of the changes to the Board's attention for their concurrence.

BACKGROUND: As a regular review of the Village personnel policy the Human Resources Management (HRM) department will recommend updates to the policy from time to time. The recommended updates include the new FMLA policy, which is the most significant change, due to a change in federal law. Also, in an effort to save on over-time expense, it is recommended to amend the administrative policy, work beyond the normal schedule policy for non-contract, non-shift merit employees. Finally, it is recommended to update the manual with current policies such as the following: Performance Appraisal Management System for non-contract merit employees, Smoking and tobacco prohibition and Sexual Harassment.

DISCUSSION: Update Village FMLA policy due to Federal Law Change

The new Village FMLA policy, which has been reviewed by outside legal counsel, meets the requirements set forth in the revised FMLA. The most significant change is that the Act expanded the eligible leave criteria. New to the Act is that military families are able to take up to 12 weeks of job-protected leave for “qualifying exigencies” such as family preparation time prior to call to duty, military ceremonies, and child care arrangements arising out of active duty. Also, the revised policy allows family members to take up to 26 weeks of leave to care for the covered service members undergoing medical treatment due to the injury or illness incurred during active duty military service.

Other changes in the policy include further clarification on what is considered a “serious illness” under the Act and clarification on what is required to certify a serious health condition.

Attached is the revised FMLA policy with several forms that are used in administering the new policy. The forms include the Eligibility and Rights & Responsibilities Notice, Eligibility & Designation Notice, Certification of Health Care Provider (Employee), Certification of Health Care Provider (Family), Certification of Health Provider (Covered service members) Certification of Qualifying Exigency.

Recommended Change in Non-Contract Employee Over-time Benefit

The recommended policy change would be to eliminate the current policy and practice of paying over-time (1 ½ times regular hourly rate) to those full-time non-shift merit hourly employees, designated part-time employees that work meetings after 7:00 p.m. and employees working on Saturdays at Village Hall. The current policy was part of a previous clerical union agreement that was adopted as part of the personnel policy manual when that union decertified.

This has been a benefit that certain employees have enjoyed over the years, and has provided an incentive for employees to work the “beyond normal work schedule”. However, the job

market is such that employee flexibility is at an all time high and employees understand that they can flex their hours to cover the after hour work schedule. Based on feedback received by some non-contract employees during a state of the economy meeting, it was suggested to eliminate the benefit as a way to save money. With the current economic circumstances the Village faces it is encouraging to hear employees that are willing to do their part.

The Village will continue to meet our legal obligation under the Fair Labor Standards Act and corresponding laws of the State of Illinois to provide over-time payments of 1 ½ times the employees regular rate of pay for hours worked over a forty (40) hour work week for all eligible employees under the law.

Upon Board approval the benefit will be eliminated and all employees involved will be advised that this cost saving suggestion was implemented. That section of policy and recommended change is attached for your review.

Administrative Policy Updates/ House Cleaning

The Smoking and Tobacco Prohibition policy is currently in place and was prompted by the Smoke Free Illinois Act. The policy requires employees to discard smoking and tobacco products before entering a Village building along with establishing designated smoking areas.

The second update consists of the Formal Evaluations for Non-Contract Employees. This revised section further clarifies the policy to reflect the current performance appraisal management system. New non-contract employees within the merit system receive a prorated increase dependent on when they were hired in that evaluation year.

Finally, house cleaning changes to indicate the appropriate employee contact (Deputy Village Manager) in case employees believe they have experienced or witnessed sexual harassment.

FISCAL IMPACT: The new FMLA policy has added both Qualifying Exigency and Care of an injured or ill service member as eligible FML events. The change potentially will impact department staffing which may result in over-time if necessary, however, the risk of these events occurring are lower than the other traditional types of leave eligible under the policy. The elimination of non-

General Administration and Personnel Committee

October 12, 2009

Page 4

FLSA over-time will save approximately \$10,000 annually. The other policy changes have minimal fiscal impact.

RECOMMENDATION: Approve the revised FMLA Policy and forms in addition to the recommended policy changes as proposed.

LEAVES FOR FAMILY, MEDICAL AND VICTIM NEEDS

The United States Congress passed the "Family Medical Leave Act" (FMLA) in 1993 and ten (10) years later the State of Illinois passed the "Victims' Economic Security and Safety Act" (VESSA) in 2003. Both acts provide eligible employees with the right to unpaid leave for certain verified family, medical or victim reasons. The Acts also provide to eligible employees job protection during the period of entitled absence.

FAMILY AND MEDICAL LEAVE ACT POLICY

The Village is committed to compliance with the Family and Medical Leave Act of 1993 (the "FMLA"). The FMLA allows eligible employees to take up to 12 weeks of job-protected, unpaid leave per year for certain specified reasons, and up to a total of 26 workweeks of leave to care for a family member who is a "covered servicemember" recovering from injury or illness incurred during active duty military service.

A description of your rights and responsibilities under the FMLA is included in the Appendix of the Personnel Policy Manual.

The following is a description of the Village's specific policies and procedures relating to FMLA leave.

I. ELIGIBILITY

FMLA leave is available only to certain eligible employees. To be eligible for a family or medical leave, an employee must have:

1. been employed by the Village for at least twelve (12) months, and
2. worked at least one thousand two hundred fifty (1,250) hours during the twelve months before the date on which leave is to begin.

II. REASONS FOR FMLA LEAVE

If you are an eligible employee and meet the criteria, due to requirements of Federal Law, the Village will place you on FMLA for the following reasons:

- For a serious health condition that makes you unable to perform the essential functions of your job;
- For the birth of your child, and to care for your newborn child;
- For the placement with you of a child for adoption or foster care;
- The care for a member of the employee's "immediate FMLA family" (spouse (married domestic partner), child (biological, adopted, foster or stepchild who is under age 18, or who is age 18 or over and incapable of self-care because of a physical or mental disability) and/or parent (biological or individual who stood in the place of a parent to the employee as a child, but not parents-in-law)) who has a serious health condition;
- To address "qualifying exigencies" that arise because your spouse, son, daughter, or parent is on active duty or call to active duty status with the National Guard or Reserves in support of a contingency operation.
- To care for a spouse, son, daughter, parent, or next of kin who is a "covered servicemember," while the covered servicemember is undergoing medical treatment,

recuperation, or therapy; is in outpatient status; or is on the temporary disability retired list.

III. DEFINITIONS

Eligibility for FMLA leave will be determined in accordance with the definitions set forth in the FMLA and the applicable FMLA regulations in effect at the time your eligibility for leave is being determined. The following definitions are summaries provided for your convenience, and are not intended to modify the definitions set forth in the FMLA or the applicable regulations, to modify any rights that may exist under the FMLA, or to create any right to leave not otherwise required by the FMLA.

A. Serious Health Condition

For purposes of the FMLA, "serious health condition" means an illness, injury, impairment, or physical or mental condition that involves:

- 1) In-patient care (*i.e.*, an overnight stay) in a hospital, hospice, or residential medical care facility, or any period of incapacity or subsequent treatment connected with such in-patient care; or
- 2) Any period of incapacity (*i.e.*, inability to work, attend school, or perform other regular daily activities due to the condition, treatment for the condition, or recovery from treatment), which is:
 - a. More than three consecutive calendar days and involves
 - i. One in-person treatment by a health care provider, a nurse under direct supervision of a health care provider, or by a provider of health care services (*e.g.*, a physical therapist) under orders of, or on referral by a health care provider, followed by a second in-person treatment visit that occurs (absent extenuating circumstances) within 30 days of the first day of incapacity; or
 - ii. One in-person treatment by a health care provider, a nurse under direct supervision of a health care provider, or by a provider of health care services (*e.g.*, a physical therapist) under orders of, or on referral by a health care provider, that results in a continuing regimen of continuing treatment under the supervision of a health care provider; or
 - b. Due to pregnancy or prenatal care; or
 - c. Due to a chronic condition that requires period visits (at least twice per year) for treatment by a health care provider, or by a nurse under direct supervision of a health care provider, that continues over an extended period of time, and that may cause episodic rather than a continuing period of incapacity (for example, asthma, diabetes, epilepsy, etc.); or
 - d. Permanent or long-term conditions for which treatment may not be effective, but for which you or your family member are under the continuing supervision of (but need not be receiving active treatment by) a health care provider; or
- 3) Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive, full calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.) or kidney disease (dialysis).

Ordinarily, the common cold, the flu, ear aches, upset stomach, minor ulcers, headaches other than migraines, routine dental or orthodontic problems, periodontal disease, *etc.*, are examples of conditions that do not meet the definition of a serious health condition and do not qualify for FMLA leave.

With regard to substance abuse (including alcohol abuse), FMLA leave may be taken only for treatment of substance abuse by or on referral from a health care provider. Absences caused by the employee's use of the substance, rather than for treatment, do not qualify for FMLA leave.

B. Health Care Provider

For purposes of the FMLA, "health care provider" means:

- A doctor of medicine or osteopathy who is authorized to practice medicine or surgery (as appropriate) by the state in which the doctor practices;
- Podiatrists, dentists, clinical psychologists, optometrists, and chiropractors (limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist), authorized to practice in the state and performing within the scope of their practice as defined under state law;
- Nurse practitioners, nurse midwives, clinical social workers and physician assistants who are authorized to practice under state law and who are performing within the scope of their practice under state law;
- Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts;
- Any health care provider from whom the Village or the Village's group health plan will accept certification of the existence of a serious health condition to substantiate a claim for benefits; and
- A health care provider listed above who practices in a country other than the United States, who is authorized to practice in accordance with the law of that country, and who is performing within the scope of his or her practice as defined under such law.

For purposes of the FMLA, "authorized to practice in the state" means that the health care provider is authorized by state law to diagnose and treat physical or mental health conditions.

C. Qualifying Exigency

For purposes of FMLA leave to address a "qualifying exigency" that arises because an employee's spouse, son, daughter, or parent is on active duty or call to active duty status with the National Guard or Reserves in support of a contingency operation, the term "qualifying exigency" means the following:

- Issues that arise from the fact that a covered military member is notified of an impending call or order to active duty in support of a contingency operation seven or fewer days before the date of deployment. Employees are eligible for leave for this purpose for a period of seven calendar days beginning on the day the covered military member is notified of an impending call or order to active duty in support of a contingency operation.
- Attending military events and related activities, such as ceremonies, programs and briefings sponsored by the military, military service organizations, or the American Red Cross, that are related to the active duty or call to active duty status of a covered military member.
- Attending to childcare and school-related activities arising from a covered military member's active duty or call to active duty status, such as arranging for alternative childcare, providing childcare on an urgent, immediate need basis (but not on a routine, regular, or

everyday basis), enrolling in or transferring a child to a new school or day care facility, attending meetings with staff at a school or day care facility.

- Making financial and legal arrangements to address the covered military member's absence while on active duty or call to active duty status.
- Acting as the covered military member's representative before a government agency for purposes of obtaining, arranging, or appealing military service benefits while a covered military member is on active duty or call to active duty status and for a period of 90 days following the termination of the active duty status.
- Attending counseling provided by someone other than a health care provider for oneself, for the covered military member, or his or her child;
- To spend time with a covered military member who is on short-term, temporary rest and recuperation leave during the period of deployment. Eligible employees may take up to five days of leave for each instance of rest and recuperation.
- To attend to post-deployment activities, including official ceremonies and programs sponsored by the military for a period of 90 days following the termination of a covered military member's active duty status, and to address issues arising from the death of a covered military member while on active duty status, such as recovering the body and making funeral arrangements.
- Additional activities as agreed upon by the Village and the employee.

D. Covered Servicemember

For purposes of FMLA leave to care for a covered servicemember, a "covered servicemember" is a current member of the Armed Forces, including the national Guard or Reserves, or who is a member of the Armed Forces, the National Guard or Reserves on the temporary disability retired list, who has a serious injury or illness incurred in the line of duty on active duty for which he or she is undergoing medical treatment, recuperation, or therapy, or otherwise in outpatient status, or otherwise on the temporary disability retired list. Former members of the Armed Forces, Reserves, or National Guard, and those on the Disability Retired List, are not "covered servicemembers."

To be entitled to leave to care for a covered servicemember, an employee must be the covered servicemember's spouse, son or daughter, parent, or next of kin. "Next of kin" means the nearest blood relative, other than spouse, parent, son or daughter, in the following order of priority: blood relatives granted legal custody over the covered servicemember by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins. If the covered servicemember has specifically designated in writing another blood relative as his or her nearest blood relative for purposes of military caregiver leave under the FMLA, that relative (and only that relative) will be the covered servicemember's next of kin. When no such designation is made and there are multiple family members with the same level of relationship to the covered servicemember, all such family members are considered the covered servicemember's next of kin.

IV. AMOUNT OF LEAVE

Generally, eligible employees are entitled to take up to 12 weeks of leave in a single 12-month period for the reasons specified above.

For the purposes of this policy, the Village will use a "rolling" 12-month period measured backward from the date an employee uses any FMLA leave. Available leave is determined by subtracting the number of weeks of FMLA leave taken during this 12-month "look back" period from the 12-week total allowed.

Any leave taken for the birth or care of a child or the placement of a child for adoption or foster care must be completed within one year after the date of birth or placement.

If both you and your spouse are employed by the Village and eligible for FMLA leave, you will be permitted to take only a combined total of 12 weeks of leave during a 12-month period for the birth and care of a child, the placement of a child for adoption or foster care, or to care for a parent (not a parent-in-law) with a serious health condition. This limitation does not apply to FMLA leave taken by either spouse for other FMLA-qualifying purposes.

Eligible employees are also entitled to up to 26 workweeks of leave in a single 12-month period to care for a spouse, son, daughter, parent, or next of kin who is a "covered servicemember." The 12-month period for leave to care for a covered servicemember begins on the first day that an employee takes leave to care for a covered servicemember. During this period, the employee is entitled to a combined total of 26 workweeks of leave for any FMLA-qualifying reason, no more than 12 weeks of which may be for reasons other than to care for a covered servicemember. This leave is applied on a per-covered-servicemember, per-injury basis, meaning that an employee is entitled to only one 26-workweek allotment of leave per covered servicemember (unless the covered servicemember is later re-injured in the line of active duty). If both you and your spouse are employed by the Village and are eligible for FMLA leave, you will be permitted to take only a combined total of 26 workweeks of leave during the single 12-month period for this reason.

V. HOW TO REQUEST FMLA LEAVE

Employees do not have to state FMLA rights nor mention the FMLA when notifying the Village of an absence that is eligible for FMLA leave. It is sufficient for employees to inform the Village of the need for leave which is covered by one or more of the FMLA qualifying reasons listed under Section II (Reasons for Leave) above.

If you need to take time off for reasons that you believe qualify for FMLA leave, you must comply with the Village's usual and customary procedures for requesting time off as addressed in the applicable Village personnel policies or collective bargaining agreement. It is your responsibility to provide the Village with sufficient information to make it aware that your leave is for an FMLA-qualifying reason, and to inform the Village of the timing and duration of your leave. If necessary, the Village may contact you to request additional information or documentation regarding your absence. Failure to comply with the Village's usual and customary procedures for requesting time off or to provide documentation or information requested by the Village may result in delay or denial of requested leave, and/or disciplinary action up to and including termination of employment.

If you know of your need for time off 30 or more days in advance, you must notify the Director no later than 30 days before your time off begins, absent extenuating circumstances. Your request shall be transmitted to HRM on a *Hoffman Estates Time Report (HETR)*, (See Personnel Forms following the Appendices). If you provide less than 30 days' notice of your time off, you will be required to explain why it was not practicable for you to provide 30 days' notice. If the "foreseeable" absence is for a family reason eligible for FMLA leave (birth or placement of a child), employees shall give the same notice to the Director as required by the department for scheduling floating holidays and vacation.

If you cannot provide 30 days' notice, you must notify the Director of your need for time off as soon as practicable under the circumstances. In most cases, this will mean the same day you learn of your need for time off, or the next business day. The *Hoffman Estates Time Report (HETR)* shall be submitted, as soon as practical, following the verbal notice.

When scheduling time off, you will be expected to consult with the Village to work out a schedule for leave that, to the extent possible, meets your needs without unduly disrupting the Village's operations.

VI. INTERMITTENT AND REDUCED SCHEDULE LEAVE

When taking FMLA leave for your own serious health condition, to care for a family member with a serious health condition, or to care for a covered servicemember, you may take FMLA leave on an intermittent or reduced schedule basis, if the required health care provider's certification indicates that this is medically necessary. FMLA military family leave may also be taken on an intermittent or reduced schedule basis when necessary due to a qualifying exigency.

If you require foreseeable intermittent or reduced schedule leave, you will be expected to consult with the Village to work out a schedule for such leave that meets your needs without unduly disrupting the Village's operations, subject to approval by the health care provider.

Likewise, if you need FMLA leave due to planned medical treatment for your own or a family member's serious health condition, you will be expected to consult with the Village to work out a treatment schedule that best suits your needs and the needs of the Village, subject to approval by the health care provider. In some circumstances, the Village may alter your existing job (while maintaining existing pay and benefits), or may temporarily transfer you to a different position with equivalent pay and benefits, to better accommodate your intermittent or reduced schedule leave.

The Village may consider requests for intermittent or reduced schedule leave due to the birth, adoption or foster placement of a child, but is not obligated to grant such requests, and will do so only at the Village's sole discretion.

VII. ELIGIBILITY NOTICE

After you give notice of your need for FMLA leave, the Village will provide you with a written notice advising you whether or not you are an "Eligible Employee" under the FMLA. The Village will provide this eligibility notice within five business days after you give notice of your need to leave, absent extenuating circumstances. If you later make another request for FMLA leave within the same 12-month period, the Village may elect not to provide another eligibility notice, unless your status as an eligible employee has changed. Note that even if you are an "eligible employee" under the FMLA, your request for leave may be denied if the Village determines that your leave is not for an FMLA-qualifying reason, or if you have exhausted all available leave under the FMLA.

At the same time as it provides the eligibility notice, the Village will provide you with a written notice advising you of any applicable rights and responsibilities relating to your requested FMLA leave.

VIII. REQUIRED CERTIFICATION

It is your responsibility to provide the Village with any information needed to determine whether your leave qualifies as FMLA leave. The FMLA requires you to respond to reasonable requests for information regarding your leave, and your failure to do so may result in delay or denial of your requested leave. In addition, you may be required to provide the certifications described below.

A. Certification for Serious Health Condition

If you are requesting FMLA leave due to your own serious health condition, or to care for a family member with a serious health condition, you will be required to provide a health care provider's certification on a form that will be provided by the Village. It is your obligation to provide a complete and sufficient certification form to the Village within 15 calendar days after the Village requests it. If it is not practicable for you to provide a completed, sufficient certification form within 15 days despite your diligent, good faith efforts to do so, you must contact Human Resources to explain the situation.

If you return a certification form but it is incomplete (i.e., one or more items are left blank) or insufficient (i.e., responses are vague, illegible, ambiguous, or non-responsive), Human Resources will notify you of the deficiency. You will then have 7 calendar days to provide a complete, sufficient certification. If it is

not practicable for you to provide a completed, sufficient certification form within 7 days despite your diligent, good faith efforts to do so, you must contact Human Resources to explain the situation.

Authentication and Clarification

The Village may contact the health care provider to authenticate a completed certification form by providing the health care provider a copy of the form and requesting verification that the information contained on the form was written or authorized by the health care provider who signed the document.

Additionally, the Village may request clarification of information on the certification form, and may ask you to sign, or have your family member sign, a release form authorizing the health care provider to communicate with the Village for the purpose of clarifying the certification. If the certification is unclear and you fail to provide a signed authorization or otherwise clarify the certification, the Village may deny your request for FMLA leave

Second and Third Opinions

The Village may require you to obtain a second certification at the Village's expense from a health care provider designated by the Village. If the second health care provider's certification differs from your health care provider's certification, the Village may require you to obtain certification from a third health care provider, again at the Village's expense. The third health care provider will be designated or approved jointly by you and the Village. You and the Village are required to act in good faith to attempt to reach agreement on a third health care provider. The third opinion will be final and binding.

Recertification

If you take leave due to your own or a family member's serious health condition, you will generally be required to submit a complete and sufficient recertification from your health care provider every 30 days in conjunction with an absence. If your health care provider's initial certification specifies that the minimum duration of the condition for which you are taking leave is longer than 30 days, you will be required to submit a recertification in conjunction with an absence when the minimum duration expires, or every six months, whichever is less. You also may be required to provide a recertification if you request an extension of leave, the circumstances described in the original certification have changed significantly, or the Village receives information raising doubt as to the stated reason for your leave or the continuing validity of the previously provided certification. The Village will provide you with the required recertification form when a recertification is required.

B. Certification of a Qualifying Exigency

If you request FMLA leave due to a qualifying exigency arising out of the active duty or call to active duty status of a covered military member, you will be required to submit a complete and sufficient certification form provided to you by the Village, and to provide the documentation requested therein. You must provide this certification within 15 days after the Village requests it. If you submit a certification but it is incomplete or insufficient, the Village will notify you of the deficiency. You must correct the deficiency within 7 days after this notice. If it is not practicable for you to provide a complete and sufficient certification within these deadlines, you must contact Human Resources to explain the situation.

If the qualifying exigency for which you are taking leave involves a meeting or appointment with a third party, the Village may contact the third party for purposes of verifying the meeting or appointment and the nature of the meeting or appointment. The Village also may contact an appropriate unit of the Department of Defense to request verification that the covered military member is on active duty or call to active duty status.

C. Certification for a Covered Servicemember

If you request leave to care for a covered servicemember with a serious injury or illness, you will be required to obtain a certification from the servicemember's authorized health care provider on a form provided to you by the Village. Any one of the following may complete this certification: A U.S. Department of Defense ("DOD") health care provider; a U.S. Department of Veteran's Affairs health care provider; a DOD TRICARE network authorized private health care provider; or a DOD non-network TRICARE authorized private health care provider.

The Village may contact the health care provider to authenticate a completed certification form by providing the health care provider a copy of the form and requesting verification that the information contained on the form was written or authorized by the health care provider who signed the document.

Additionally, the Village may request clarification of information on the certification form, and may ask that the covered servicemember sign a release authorizing the health care provider to communicate with the Village for the purpose of clarifying the certification. If the certification is unclear and you fail to provide a signed authorization or otherwise clarify the certification, the Village may deny your request for FMLA leave.

IX. DESIGNATION OF FMLA LEAVE

The Village will provide you with a written notice advising whether your leave will be designated as FMLA leave. Absent extenuating circumstances, the Village will provide this notice within five business days after it receives sufficient information to determine whether your requested leave is for an FMLA-qualifying reason. If the Village does not provide the designation notice within the time specified above, the Village may retroactively notify you that time off will be designated as FMLA leave if the delay in providing this notice does not cause you harm or injury, or if you and the Village agree that the time off will be designated as FMLA leave.

X. WHILE YOU ARE ON FMLA LEAVE

A. Unpaid Leave and Substitution of Paid Leave

FMLA leave is generally unpaid. However, if you have any available sick leave, floating holidays or vacation leave, or other paid leave available pursuant to applicable Village policies or a collective bargaining agreement, you will be required to use this paid leave concurrently with your FMLA leave pursuant to the schedule below and the provisions in any applicable collective bargaining agreement governing use of paid leave. Pursuant to the schedule and provisions contained in Section 1 and 2, respectively, you will be required to exhaust any available paid leave before any unpaid portion of your FMLA leave commences. When all paid leave accruals (other than compensatory time) are exhausted, you may request in writing to use available compensatory time. This shall be done at your sole discretion and is not required by the FMLA or the Village. If you request use of compensatory time, compensatory time shall run concurrently with your FMLA leave.

1. Schedule for Use of Paid Leave during FMLA Leave**

Reasons for FMLA Leave	Substituted Paid Personal Leave
Birth, adoption or foster care	Sick leave when medically necessary, floating holidays and vacation
Health care for family member	Sick leave (when presence is medically necessary at other times floating holidays and vacation)
Employee's serious health condition	Sick leave, floating holidays, and vacation
Employee's family members on active duty or called to active duty in the Armed Forces.	Floating holidays, vacation
Care for an injured or ill family Armed Forces servicemember.	Sick leave (when presence is medically necessary at other times floating holidays & vacation)

Benefit Allocation: *Although the FML policy clearly indicates the type of leave benefit to be used during the eligible FML; **contract** employees must follow the respective contract language as it relates to sick time eligibility. If the employee is not eligible for sick time under the contract during the FML leave, other Paid-Time-Off (PTO) shall be used. (i.e.: vacation and floating holiday). Comp-time may be allowed, however, only after employee requests and is approved. Upon exhaustion of eligible PTO, the employee will be placed on un-paid FML.*

2. Previously Scheduled Vacation Leave That Coincides with FMLA Leave

Pursuant to the long-standing practice of the Village, employees such as Village Police Officers, Firefighters, Public Works employees and other Village employees are required to bid on and schedule vacation leave in the prior calendar year. Where these employees request and are granted FMLA leave during a period of time which coincides with previously scheduled vacation leave, the employee will be required to exhaust this scheduled vacation leave concurrently with FMLA leave. When the employee's FMLA leave does not coincide with previously scheduled vacation leave, employees will be required to exhaust any remaining paid leave pursuant to the schedule in Section 1 above.

B. Group Insurance Benefits

Coverage of employees under the Village's group health insurance and life insurance plans continues under the same conditions that existed when actively employed. Employees are obligated to continue to make the same co-payments of insurance premiums as made while actively employed. This includes the payment of any increases in insurance premiums that occur during a FMLA leave. The Village will provide you with instructions for paying health insurance premiums during any period of unpaid FMLA leave. The Village will continue to pay its share of the premiums for your group health insurance coverage while you are on FMLA leave, unless you notify the Village of your intent not to return to work following leave. If you do not timely pay your share of health insurance premiums while you are on FMLA leave, you may be dropped from plan coverage until you return to work. The Village will continue deducting premiums from your paycheck during any period during which paid time off is substituted for unpaid FMLA leave.

If you do not return to work upon completion of your FMLA leave, you may be required to repay the Village for any premiums paid by the Village to maintain your group health insurance coverage during your leave, unless the failure to return to work was due to the recurrence or onset of a serious health condition or injury or illness of a covered servicemember, which would otherwise entitle you FMLA leave, or due to other circumstances beyond your control.

C. Other Benefits

Employees continue to earn service and personal leave and the Village continues to make pension and other payroll deductions from paychecks during periods of paid FMLA leave. Consistent with Village policy for all types of leave, you will not accrue vacation or other benefits while you are on unpaid FMLA leave. Additionally, you will not be paid for holidays that occur during *approved, unpaid* FMLA leave.

While in unpaid FMLA leave status, employees with a serious medical condition may be eligible for disability benefits under the applicable pension program (see the ***Disability Tenure and Benefits*** section). Receipt of disability benefits under a pension program does not extend the maximum limit of FMLA leave entitlement.

XI. REPORTING REQUIREMENTS DURING LEAVE

While on FMLA leave for a period for extended periods at a time, you will generally be required to contact Human Resources pursuant to Village personnel policies to report on your status and confirm your intention to return to work on the scheduled date, as required by Village policy.

You must notify the Village of any change in your expected return to work date (*i.e.*, if you will require more leave than originally anticipated, or if you will return to work earlier than expected) within two business days after you learn of such a change. If this is not possible due to an unforeseen change in circumstances, you must notify the Village of the change as soon as practicable under the circumstances.

XII. REINSTATEMENT AT THE CONCLUSION OF LEAVE

If you timely return from FMLA leave and used the leave for the stated purpose, you generally will be reinstated to the same position you held when you began your leave, or to an equivalent position with equivalent benefits, pay and other terms and conditions of employment. However, you may not be reinstated if your employment would have terminated for reasons unrelated to your FMLA leave, or if you are unable to perform any essential functions of your job (with or without any required accommodations).

Before returning to work from FMLA leave lasting more than three consecutive work days (or for an absence of a shorter duration that gives rise to a reasonable safety concern regarding your ability to safely perform your job), you will be required to submit certification from your health care provider confirming that you are able to resume work. This certification must specifically confirm that you are able to perform the essential functions of your position, as set forth in the job description provided to you by the Village.

All documentation of an employee's personal or family member's health conditions will be held in strictest confidence and maintained in a separate medical records file housed in H&HS.

XIII. PROHIBITIONS

Consistent with the Village's policy regarding all types of leave, the following conduct is strictly prohibited in relation to FMLA leave:

- Engaging in fraud, misrepresentation or providing false information to the Village or any health care provider.
- Having other employment during the leave, without prior written approval from the Village.
- Failure to comply with the employee's obligations under this policy.

- Failure to timely return from the leave.

Employees who engage in such conduct will be subject to loss of benefits, denial or termination of leave, and discipline, up to and including discharge.

XIV. THE VILLAGE'S COMMITMENT

The Village will not interfere with, restrain, or deny the exercise of any right provided by the FMLA, nor will it discharge or discriminate against any individual for opposing any practice or involvement in any proceeding relating to the FMLA. The Village recognizes the co-existence of state and/or local laws regarding family and medical leave. Where such laws apply and provide greater family and medical leave rights than the FMLA, the Village will comply with those laws.

Notice and Certification Requirements for a VESSA Leave

An employee, seeking a VESSA leave, shall provide the Village with at least forty-eight (48) hours advance notice of the employee's intention to take VESSA leave, except in such cases where it is not practicable to provide such notice. If an unscheduled absence occurs, the Village will not take any action against the employee if the employee provides an acceptable certification of eligibility for VESSA leave within a reasonable period after the absence.

When an employee needs VESSA leave for a qualifying event they should notify the Department Director of the absence as soon as possible, which will be conveyed to HRM on a *Hoffman Estates Time Report (HETR)*. While verification is required, every effort will be taken to see that the information is kept confidential. Verifying documentation shall be sent directly to HRM. The verification shall consist of a sworn written statement of the employee, and:

1. Documentation from a victim services organization, attorney, member of the clergy, or medical or other professional from whom the employee or the employee's family or household member has sought assistance; or
2. A police or court record; or
3. Other corroborating evidence.

Protected Job Status While on a VESSA Leave

Employees returning to work with the submission of a *Duty Status Report* (copy found with the Light Duty Policy under Appendix "J") at the end of the original VESSA leave shall be reinstated into the former or equivalent position with equivalent pay, benefits, status, authority and other conditions of employment.

1. Reinstatement rights are lost if positions are eliminated, or employment terminated for reasons other than being on a VESSA leave.
2. If an employee is unable to return to work at the end of an original VESSA leave period due to a continuation of circumstances relating to the condition of violence, then HRM should be contacted regarding an extension of the VESSA leave. An employee requesting an extension is required to submit a new set of certification documents.. Original and extended VESSA leave cannot exceed the employee's available VESSA leave entitlement (twelve (12) week maximum) - (See the *VESSA Notice* under the Personnel Forms and Notices section following the Appendices).
3. Employees failing to return to work by the end of a VESSA leave period for reasons other than circumstances related to being a victim may be terminated.

**Family and Medical Leave Act (FMLA)
Eligibility and Rights & Responsibilities Notice
(DOL Model Form WH-381, as modified)**

1

[Employer Letterhead]

Date:

TO: [Employee Name]

FROM: Francie Hardt
Human Resources Coordinator

Part A: Eligibility Notice

On [date], you informed us that you needed leave beginning on [date] for the following reason(s):

[Select from:]

- The birth of a child, or placement of a child with you for adoption or foster care;
- Your own serious health condition;
- Your need to care for your [specify – spouse; child; parent] due to his/her serious health condition.
- A qualifying exigency arising out of the fact that your [specify – spouse; son or daughter; parent] is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- Your need to care for your [specify – spouse; son or daughter; parent; next of kin] who is a covered servicemember with a serious injury or illness.

This notice is to inform you that you are eligible for FMLA leave.

See Part B of this Notice for a summary of your rights and responsibilities. If you have any questions, contact Francie Hardt, Human Resources Coordinator, or view the FMLA poster located in the Human Resources Management department. Additionally, the FMLA poster is included in the Employee Handbook in the appendix, and our FMLA policy is included at page 55.

Part B: Rights and Responsibilities for Taking FMLA Leave

1. As explained in Part A, you meet the eligibility requirements for taking FMLA leave. However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us by [date – allow at least 15 days from date of notice]:

A complete and sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request is enclosed.

Sufficient documentation to establish the required relationship between you and your family member.

Other information needed: [Specify, but note that employers may request only the information permitted by the regulations.]

No additional documentation required.

2. If your leave does qualify as FMLA leave, you will have the following responsibilities:

You will be required to use your available paid time off (*i.e.*, [specify applicable types – e.g., sick leave, vacation, etc.]) during your FMLA absence. This means that, until your available paid time off is exhausted, you will receive your paid time off and the time off

**Family and Medical Leave Act (FMLA)
Eligibility and Rights & Responsibilities Notice
(DOL Model Form WH-381, as modified)**

will also be considered protected FMLA leave and counted against your FMLA leave entitlement. Once any available paid time off is exhausted, your FMLA leave will be unpaid.

***Benefit Allocation: Although the FML policy clearly indicates the type of leave benefit to be used during the eligible FML; **contract** employees must follow the respective contract language as it relates to sick time eligibility. If the employee is not eligible for sick time under the contract, during the FML leave, other Paid-Time-Off (PTO) shall be used (i.e., vacation and floating holiday).*

During any period of paid leave, we will continue to deduct your share of your health insurance premiums from your paycheck. Once any available paid leave is exhausted, you must contact the Human Resources department to make arrangements to continue to pay your share of the premiums on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day [or, indicate longer period, if applicable] grace period in which to make premium payments. If payment is not made in a timely manner, 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 are are not considered a "key employee" as described in the FMLA regulations. If you are considered a "key employee" restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us. 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, though we reserve the right to revise this determination if necessary.

While on leave, you will be required to furnish us with periodic reports of your status and intent to return to work every [Specify period here, (e.g., every week), as appropriate for the particular leave situation].

You may be required to furnish recertification relating to a serious health condition.

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

3. If your leave does qualify as FMLA leave you will have the following rights:

- a. You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period. The Village calculates FMLA leave using a "rolling" 12-month period, measured backward from the date of any FMLA leave usage.
- b. You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. This 12-month period begins on the first day you take leave to care for a covered servicemember. [Include the following only if employee has taken leave to care for covered servicemember:] This single 12-month period commenced on [date].
- c. Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.

**Family and Medical Leave Act (FMLA)
Eligibility and Rights & Responsibilities Notice
(DOL Model Form WH-381, as modified)**

3

- d. At the conclusion of your FMLA leave, you will 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. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.) However, reinstatement may be denied in certain circumstances, such as if you are unable to perform the essential functions of your position, if you fail to provide a required fitness-for-duty certification, or if your employment would have been terminated regardless of your FMLA leave.

- e. If you do not return to work following FMLA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 2) the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.

Once we obtain the information from you specified above, we will inform you, within 5 business days (absent extenuating circumstances) whether your leave will be designated as FMLA leave and count toward your FMLA leave entitlement. If you have any questions, please do not hesitate to contact me at 847-781-2692.

Sincerely,

Francie Hardt
Human Resources Coordinator

**Family and Medical Leave Act (FMLA)
Designation Notice – Leave Approved
(DOL Model Form WH-382, as modified)
[Employer Letterhead]**

1

Date:

TO:

**FROM: Francie Hardt
Human Resources Coordinator**

On _____, you informed us that you needed leave beginning on [date] for the following reason:

- The birth of a child, or placement of a child with you for adoption or foster care;
 - Your own serious health condition;
 - Your need to care for your [specify – spouse; child; parent] due to his/her serious health condition.
 - A qualifying exigency arising out of the fact that your [specify – spouse; son or daughter; parent] is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- Your need to care for your [specify – spouse; son or daughter; parent; next of kin] who is a covered servicemember with a serious injury or illness.

We have reviewed your request and any supporting documents and information you have provided. We received your most recent information on [date]. Based upon the information you have provided to us, we have determined that your request for FMLA leave will be approved.

[1] [Use this paragraph where actual or expected leave dates are known:]

Based upon the information provided to us, the following dates or periods of time will be counted as FMLA leave:

[Specify specific dates / times of absences]

Provided that there is no deviation from this leave schedule, the following number of hours, days, or weeks will be counted against your FMLA leave entitlement: [Specify total amount of FMLA leave taken or expected based upon above schedule.]

If there are any changes to this schedule, it is your responsibility to notify the Village as soon as practicable, in accordance with the Village's absence reporting policy. Your failure to do so may result in delay or denial of leave, unexcused absences, and/or disciplinary action.

[2] [Use this section if future leave dates are not known with specificity:]

[In addition,] Based upon the information provided to us, it is anticipated that you will need FMLA leave as follows:

[Describe expected time period, frequency and duration (e.g., 1 day 2 times per month for the next 6 months), to the extent known, in accordance with certification / info from employee]

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

Because the expected dates of your FMLA leave are not presently known, it is your responsibility to notify the Village each time you are to be absent for the reason identified above, as specified in the Village's absence reporting policy. Your failure to do so may result in delay or denial of leave, unexcused absences, and/or disciplinary action.

**Family and Medical Leave Act (FMLA)
Designation Notice – Leave Approved
(DOL Model Form WH-382, as modified)**

2

You will be required to use your available paid time off (*i.e.*, [specify applicable types – e.g., sick, vacation, etc.]) during your FMLA absence. This means that, until your available paid leave is exhausted, you will receive your paid time off and the time off will also be considered protected FMLA leave and

counted against your FMLA leave entitlement. Once any available paid time off is exhausted, your FMLA leave will be unpaid. As of the date of this notice, you have [specify type(s) and amount of paid leave] available.

[Use following paragraph for extended FMLA leaves]

While you are on FMLA leave, you will be required to call in to Human Resources every [Specify period – e.g., every week] to report on your status and intent to return to work. [Provide specific contact information as applicable, such as name of HR contact, business hours for call in, telephone number, etc.] If you are unable to call in as required for reasons beyond your control, you must contact Human Resources as soon as practicable to explain the situation.

[Use following paragraph only if leave is for employee's own serious health condition]

You will be required to provide a fitness-for-duty certification from a health care provider to be restored to employment following your FMLA leave [unless one has already been submitted for this condition within the past (specify time period – no more than 30days)]. If this certification is not received in a timely manner, your return to work may be delayed until certification is provided. A list of the essential functions of your position is attached. The fitness-for-duty certification must address your ability to perform these functions. A certification form that your health care provider may use for this purpose is enclosed with this notice.

Please remember that it is your responsibility to keep the Village informed of any changes to your expected FMLA leave. [If applicable, include the following:] In particular, if you are able to return to work earlier than the date indicated above, you will be required to notify us at least two days prior to the date you intend to report for work, and if you require an extension of your leave, you must notify us at least two days before the date you are expected to return to work.

If any of the information about your leave contained in this notice is incorrect or has changed, or if you have any questions, please contact Human Resources as soon as practicable at [Provide applicable contact information.]

Sincerely,

[Name]

**Family and Medical Leave Act (FMLA)
Designation Notice – Leave Not Approved
(DOL Model Form WH-382, as modified)
[Employer Letterhead]**

Date:

TO: [Employee Name]

**FROM: Francie Hardt
Human Resources Coordinator**

On [date], you informed us that you needed leave beginning on [date] for the following reason:

- The birth of a child, or placement of a child with you for adoption or foster care;
- Your own serious health condition;
- Your need to care for your [specify – spouse; child; parent] due to his/her serious health condition.
- A qualifying exigency arising out of the fact that your [specify – spouse; son or daughter; parent] is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
Your need to care for your [specify – spouse; son or daughter; parent; next of kin] who is a covered servicemember with a serious injury or illness.

We have reviewed your request and any supporting documentation you have provided. We received your most recent information on [date]. Based upon the information you have provided, we have determined that the FMLA does not apply to your leave request, and any leave taken for this reason will not be counted against your FMLA leave entitlement.

[Although not required by the FMLA rules, we recommend advising employees of any consequences flowing from this decision – for example, if leave is determined not to be FMLA leave, absences may be unexcused and may result in discipline; or, employees may have other leave available, such as paid vacation or sick leave. If employee must return to work by a specific date to avoid termination, include this as well. Keep in mind that other laws – such as VESSA and the ADA – may affect employee leave rights even where the FMLA does not apply.]

If you have any questions, please contact me at 847-781-2692.

Sincerely,

Francie Hardt
Human Resources Coordinator

**Family and Medical Leave Act (FMLA)
Certification of Health Care Provider
For Employee's Serious Health Condition (DOL Model Form WH-380E, as modified)**

Employee Name:

Employee Job Title:

Employee's Regular Work Schedule:

Employee's Essential Job Functions: See attached job description.

Instructions to the Employee: The Family and Medical Leave Act ("FMLA") permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. It is your responsibility to have this form completed and signed by your health care provider, and to return it to the Village's Human Resources department by the date below. If you have any questions, please call Francie Hardt, Human Resources Coordinator at 847-781-2692.

Your failure to provide a complete and sufficient medical certification by the date below may result in denial of your FMLA leave request.

COMPLETED FORM MUST BE RECEIVED IN HR BY: (at least 15 days after receipt)

Fax: **847-781-2699**

E-Mail: **francie.hardt@hoffmanestates.org**

Mail: **1900 Hassell Road, Hoffman Estates, IL 60169**

Instructions for Health Care Provider: Your patient has requested leave under the FMLA for his or her own health condition. Please answer all applicable parts of this certification fully and completely. 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. Please limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

1. Provider's name: _____
2. Provider's business address:
Name of Practice / Organization _____
Street # _____ Suite# _____
City _____ State _____ Zip _____
3. Type of Practice / Medical Specialty: _____
4. Telephone: (____) _____ Fax: (____) _____

**Family and Medical Leave Act (FMLA)
Certification of Health Care Provider
For Employee's Serious Health Condition (DOL Model Form WH-380E, as modified)**

Part A: MEDICAL FACTS

5. Approximately when did the patient's condition commence?
How long is the condition expected to last? (Please be as specific as possible.)
6. Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility for this condition? No Yes

If so, dates of admission: _____

7. Has the patient had any in-person visits with you or another health care provider for treatment of this condition? No Yes

If so, please state the date of each such visit: _____

8. Will the patient need to have treatment visits with a health care provider at least twice per year for the condition? No Yes
9. Was medication, other than over-the-counter medication, prescribed? No Yes
10. Was the patient referred to any other health care provider(s) for evaluation or treatment (e.g., physical therapist)? No Yes

If yes, state the nature of these treatments and the expected duration of treatments:

11. Will the patient require any other regimen of continuing treatment under the supervision of a health care provider (e.g., the use of specialized medical equipment)? No Yes

If so, please describe: _____

12. Is the medical condition pregnancy? No Yes If so, expected delivery date: _____

13. Has the patient been incapacitated (i.e., unable to work, attend school, or perform other regular daily activities) due to the condition (including any treatment or recovery from treatment for the condition) for more than three consecutive, full calendar days? No Yes

If so, dates of incapacity: _____

14. Is the condition one that may cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy)? No Yes

**Family and Medical Leave Act (FMLA)
Certification of Health Care Provider
For Employee's Serious Health Condition (DOL Model Form WH-380E, as modified)**

15. Please review the job description attached to this certification form or the job duties described on page 1 of this form. (If no description is provided, please answer these questions based upon the employee's own description of his/her functions). Is the patient unable to perform any of the job functions described in the attached job description due to the condition? No Yes

If yes, please identify each job function(s) the patient is unable to perform: _____

16. As a result of the patient's condition, are there any other restrictions on the patient's ability to perform the duties set forth in the attached job description or the job duties described on page 1 of this form. (If no description is provided, please answer these questions based upon the employee's own description of his/her functions.) No Yes

If so, please describe: _____

17. Describe other relevant medical facts, if any, related to the condition for which the patient seeks leave. (These may include symptoms, diagnosis, etc..)

Part B: AMOUNT OF LEAVE NEEDED

18. Will the patient be unable to perform the functions of his or her job (*i.e.*, unable to work at all, or unable to perform one or more of the job functions set forth in the attached job description) for any single continuous period of time due to his/her medical condition, including any time for treatment and recovery? No Yes

If so, please estimate the beginning and ending dates of the patient's inability to perform the functions of his or her job:

Start

End

19. Is it medically necessary for the patient to attend follow-up treatment appointments due to this medical condition? No Yes

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

**Family and Medical Leave Act (FMLA)
Certification of Health Care Provider
For Employee's Serious Health Condition (DOL Model Form WH-380E, as modified)**

20. Is it medically necessary for the patient to work a reduced or part-time work schedule due to this medical condition? No Yes

If so, please estimate the part-time or reduced work schedule the patient needs, if any:

___ hour(s) per day; ___ day(s) per week from _____ through _____.
Start Date End Date

Please describe any other restrictions on the patient's schedule or hours of work due to the condition (e.g., will the patient require leave at specific times of day, or on specific days of the week?): _____

21. Is the condition expected to cause episodic flare-ups that will periodically prevent the patient from working at all, or from performing one or more of the job functions set forth in the attached job description? No Yes

Is it medically necessary for the patient to be absent from work during the flare-ups?

No Yes

If so, please explain: _____

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

Frequency: _____ episode every _____ week(s) _____ month(s)

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

22. Please respond to the following only if checked:

A record of the absences the patient has attributed to his/her serious health condition to date is attached. Is the employee's condition and need for leave consistent with the pattern of absences described in this record? No Yes

If not, please explain why not: _____

ADDITIONAL INFORMATION (Please identify the applicable question number with your additional answer; attach additional pages if more space is needed):

Signature of Health Care Provider

Date

**Family and Medical Leave Act (FMLA)
Certification of Health Care Provider
For Family Member's Serious Health Condition (DOL form WH-380-F, as modified)**

SECTION II: TO BE COMPLETED BY FAMILY MEMBER'S HEALTH CARE PROVIDER

Instructions for Health Care Provider: The employee named on the first page of this form has requested FMLA leave to care for your patient. Please answer all applicable parts of this certification fully and completely. 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. Please limit your responses to the condition for which the employee is needed to care for your patient. Please be sure to sign the form on the last page.

1. Provider's name: _____
2. Provider's business address: _____
Name of Practice / Organization

Street # Suite#

City State Zip
3. Type of Practice / Medical Specialty: _____
4. Telephone: (____) _____ Fax: (____) _____

Part A: MEDICAL FACTS

5. Approximately when did the patient's condition commence? _____
6. What is the probable duration of this condition? _____
7. Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility for this condition? No Yes
If so, dates of admission: _____
8. Has the patient had any in-person visits with you or another health care provider for treatment of this condition? No Yes
If so, please state the date of each such visit: _____
9. Will the patient need to have treatment visits with a healthcare provider at least twice per year for the condition? No Yes
10. Was medication, other than over-the-counter medication, prescribed? No Yes
11. Was the patient referred to any other health care provider(s) for evaluation or treatment (e.g., physical therapist)? No Yes

If yes, state the nature of these treatments and the expected duration of treatments:

**Family and Medical Leave Act (FMLA)
Certification of Health Care Provider
For Family Member's Serious Health Condition (DOL form WH-380-F, as modified)**

12. Will the patient require any other regimen of continuing treatment under the supervision of a health care provider (e.g., the use of specialized medical equipment)? No Yes

If so, please describe: _____

13. Is the medical condition pregnancy? No Yes If so, expected delivery date: _____

14. Has the patient been, or is the patient expected to be incapacitated (*i.e.*, unable to work, attend school, or perform other regular daily activities) due to the condition (including any treatment or recovery from treatment) for more than three consecutive, full calendar days? No Yes

If so, please estimate the dates of the patient's incapacity: _____

15. Is the condition one that may cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy)? No Yes

16. Describe other relevant medical facts, if any, related to the condition for which the patient needs care. (These may include symptoms, diagnosis, etc..)

Part B: AMOUNT OF CARE NEEDED

When answering the following questions, please note that "medically necessary" care under the FMLA encompasses both physical and psychological care, including assistance with basic medical, hygienic, nutritional, safety, or transportation needs, and the provision psychological comfort and reassurance that would be of benefit to the patient. Additionally, please keep in mind that the employee need not be the only individual or family member available to provide the needed care to the patient.

17. Will the patient require medically necessary care for his or her medical condition (including any treatment or recovery) on a continuous basis over any single period of time? No Yes

Please describe the care needed by the patient during this period and explain why such care is medically necessary:

Please estimate the beginning and ending dates of this period:

Start _____ End _____

**Family and Medical Leave Act (FMLA)
Certification of Health Care Provider
For Family Member's Serious Health Condition (DOL form WH-380-F, as modified)**

18. Will the patient require further medical treatment for this condition? No Yes
If so, will it be medically necessary for the patient to receive care in connection with this treatment, or during any period of recovery? No Yes

Please estimate the patient's treatment schedule, if any, including the dates and times of any scheduled appointments, and the amount of time the patient will require care for each appointment, including any recovery period:

Please describe the care needed by the patient and explain why such care is medically necessary:

19. Will the patient require medically necessary care for his or her condition on an intermittent basis? No Yes

If yes, please estimate the hours and time period for which the patient will need care on an intermittent basis:

_____ hour(s) per day; _____ day(s) per week from _____ through _____.
Start Date End Date

Please describe the intermittent care needed by the patient and explain why such care is medically necessary.

Will the employee need leave from work to provide the patient with the needed intermittent care? No Yes If yes, please estimate the hours the employee will need leave:

_____ hour(s) per day. _____ day(s) per week from _____ through _____.
Start Date End Date

Please describe any other restrictions on the employee's schedule or hours of work due to the need to care for the patient as a result of the patient's condition (e.g., will the employee be needed to care for the patient at specific times of day or on specific days of the week?):

20. Is the patient expected to experience episodic flare-ups that periodically prevent the patient from participating in normal daily activities? No Yes

**Family and Medical Leave Act (FMLA)
Certification of Health Care Provider
For Family Member's Serious Health Condition (DOL form WH-380-F, as modified)**

If so, will it be medically necessary for the employee to care for the patient during these flare-ups? No Yes

Based upon the patient's medical history and your knowledge of the medical condition, please estimate the frequency and duration of the periods during which the patient will require such care due to flare-ups over the next six months (e.g., 1 episode every 3 months lasting 1-2 days).

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

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

Please describe the care needed by the patient during episodic flare-ups of his or her condition, and explain why such care is medically necessary:

21. Please respond to the following only if checked:
 A record of the absences to date that the employee has attributed the need to care for the patient due to the patient's serious health condition is attached. Is the patient's condition and need for care consistent with the pattern of absences described in this record? No Yes

If not, please explain why not: _____

ADDITIONAL INFORMATION (Please identify the applicable question number with your additional answer; use reverse of this page or attach additional pages if more space is needed):

Signature of Health Care Provider

Date

**Certification of Health Care Provider
For Serious Injury or Illness of Covered Servicemember (DOL Form WH-385, as modified)**

Employee Name:

Employee Job Title:

Employee's Regular Work Schedule:

Instructions to the Employee: The Family and Medical Leave Act ("FMLA") permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave to care for a covered service member. It is your responsibility to complete Section I of this form, to have Section II completed and signed by an authorized healthcare provider, and return it to the Human Resources department by the date below. If you have any questions, please call Francie Hardt, Human Resources Coordinator at 847-781-2692.

Your failure to provide a complete and sufficient medical certification by the date below may result in denial of your FMLA leave request.

COMPLETED FORM MUST BE RECEIVED IN HR BY:

Fax: **847-781-2699**
E-Mail: **francie.hardt@hoffmanestates.org**
Mail: **1900 Hassell Road, Hoffman Estates, IL 60169**

**SECTION I: TO BE COMPLETED BY EMPLOYEE
(and/or the covered servicemember for whom the employee is requesting leave)**

1. Name of Covered Servicemember: _____

First
Middle
Last
2. How is this Covered Servicemember related to you?
 Spouse Son or daughter Parent
 Next of kin (please specify relationship): _____
3. Is the Covered Servicemember a current member of the regular armed forces, National Guard, or Reserves? No Yes
If yes, please state the covered servicemember's military branch, rank, and current unit:

4. Is the covered servicemember assigned to a military medical treatment unit as an outpatient, or to a unit established for the purpose of providing command and control to members of the Armed Forces receiving medical care as outpatients (such as a medical hold or warrior transition unit)?
 No Yes
If yes, please state the name of the medical treatment facility or unit: _____
5. Is the Covered Servicemember on the Temporary Disability Retired List (TDRL)? No Yes
6. Describe the care you will be providing to the Covered Servicemember, and estimate the amount of leave you will need to provide that care:

**Certification of Health Care Provider
For Serious Injury or Illness of Covered Servicemember (DOL Form WH-385, as modified)**

SECTION II: TO BE COMPLETED BY HEALTH CARE PROVIDER

This section must be completed by a United States Department of Defense ("DOD") health care provider, or a health care provider who is either (1) a United States Department of Veteran's Affairs ("VA") health care provider; (2) a DOD TRICARE network authorized private healthcare provider; or (3) a DOD non-network TRICARE authorized health care provider.

Instructions for the Health Care Provider: The employee listed on page 1 has requested leave under the FMLA to care for the family member named in question 1, who is a member of the Regular Armed Forces, the National Guard, or the Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness. For purposes of FMLA leave, a serious injury or illness is one that was incurred in the line of duty on active duty that may render the servicemember medically unfit to perform the duties of his or her office, grade, rank, or rating. Please answer all parts of this certification fully and completely. 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. Please limit your responses to the condition for which the employee is needed to provide care to the covered servicemember.

If you are unable to make certain of the military-related determinations contained below in Part B, you are permitted to rely upon determinations from an authorized DOD representative (such as a DOD recovery care coordinator). Please ensure that Section I has been completed before completing this section. Please be sure to sign and date the form on the last page.

Part A: Health Care Provider Information

Provider's name: _____

Provider's business address: _____
Name of Practice / Organization

Street # Suite#

City State Zip

Type of Practice / Medical Specialty: _____

I am a (please check one):

- DOD health care provider;
- VA health care provider;
- DOD TRICARE network authorized private health care provider;
- DOD non-network TRICARE authorized private health care provider;
- None of the above.

Telephone: (____) _____

Fax: (____) _____

E-mail: _____

**Certification of Health Care Provider
For Serious Injury or Illness of Covered Servicemember (DOL Form WH-385, as modified)**

Part B: MEDICAL FACTS

1. The Covered Servicemember's medical condition is classified as (check one):

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

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

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

NONE OF THE ABOVE (Note to employee – if this box is checked, you may still be eligible to take FMLA leave to care for the covered servicemember if he or she is your spouse, son, daughter, or parent, and has a "serious health condition" as defined by the FMLA. If you believe you may be entitled to such leave, you must notify Human Resources and complete and return the appropriate medical certification form.)

2. Was the condition for which the Covered Servicemember is being treated incurred in the line of duty on active duty in the Armed Forces? No Yes

3. Approximate date the condition commenced: _____

4. Probable duration of the condition: _____

5. Is the covered servicemember undergoing medical treatment, recuperation, or therapy?
 No Yes

If yes, please describe:

PART C: Covered Servicemember's Need For Care By Family Member

6. Will the covered servicemember need care for a single, continuous period of time, including any time for treatment and recovery? No Yes

Please estimate the beginning and ending dates of this period of time:

_____ _____
Start End

**Certification of Health Care Provider
For Serious Injury or Illness of Covered Servicemember (DOL Form WH-385, as modified)**

7. Will the covered servicemember require periodic follow-up appointments? No Yes

If so, will it be medically necessary for the employee to care for the covered servicemember in connection with this treatment, or during any period of recovery? No Yes

Please estimate the covered servicemember's treatment schedule, if any, including the dates of any scheduled appointments, and the amount of time the employee will be required to care for the patient for each appointment, including any recovery period:

8. Will the patient require periodic care other than for scheduled follow-up treatments (e.g., due to episodic flare-ups of the condition)? No Yes

If yes, please estimate the frequency and duration of the periodic care:

Signature of Health Care Provider

Date

**Certification of Qualifying Exigency
For Family Military Leave (DOL Form WH-384, as modified)**

Employee Name:

Employee Job Title:

Employee's Regular Work Schedule:

Instructions to the Employee: Please complete this form fully and completely. The Family and Medical Leave Act ("FMLA") permits an employer to require that you submit a timely, complete, and sufficient certification to support your request for FMLA leave due to a qualifying exigency related to your family member's military service. Several questions in this section seek a response as to the duration of the qualifying exigency and the frequency and duration of your need for leave. Please be as specific as you can. Answers such as "unknown" or "indeterminate" may not be sufficient to determine FMLA coverage. It is your responsibility to complete and sign this form, and to return it to the Human Resources department by the date below. If you have any questions, please call Francie Hardt, Human Resources Coordinator at 847-781-2692.

Your failure to provide a complete and sufficient medical certification by the date below may result in denial of your FMLA leave request.

COMPLETED FORM MUST BE RECEIVED IN HR BY:

Fax: **847-781-2699**
E-Mail: **francie.hardt@hoffmanestates.org**
Mail: **1900 Hassell Road, Hoffman Estates, IL 60169**

-
1. Name of family member who is a "covered military member": _____
First Middle Last
 2. How is this family member related to you? Spouse Son or daughter Parent Next of Kin
 3. Period of your family member's active duty: _____
Start Date End date (if known)
 4. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a covered military member's active duty or call to active duty status in support of a contingency operation. Please check one of the following:
 - A copy of the covered military member's active duty orders is attached.
 - Other documentation from the military certifying that the covered military member is on active duty (or has been notified of an impending call to active duty) in support of a contingency operation is attached.
 - I have previously provided my employer with written documentation confirming the covered military member's active duty status or call to active duty status in support of a contingency operation.

**Certification of Qualifying Exigency
For Family Military Leave (DOL Form WH-384, as modified)**

Part A: Qualifying Reason For Leave

5. Please describe the reason you are seeking leave. (Check and complete as applicable):

- To address issues arising from the fact that my family member has been notified of an impending call or order to active duty service in support of a contingency operation seven calendar days or fewer before the date of the deployment.

Date family member was notified of deployment: _____ Date of deployment: _____

- To attend events or related activities sponsored by the military, military service organizations, or the American Red Cross, related to my family-member's active duty or call to active duty status. (Please describe):

- To attend to childcare or school issues (e.g., arranging for child care; provide child care on an urgent, immediate need basis; enroll or transfer child to a new school or day care facility; attend meeting with staff or faculty at a school or childcare facility) arising from my family-member's active duty or call to active duty status. (Please describe):

- To make financial or legal arrangements. (Please describe):

- To attend counseling; (Please describe):

- To spend time with my family member while he or she is on temporary, short-term rest and recuperation leave during his or her period of active duty deployment;

Expected dates of family member's R&R leave: _____

- To attend to post-deployment activities (e.g., arrival ceremonies, reintegration briefings, or to address issues arising from the death of a covered military member). (Please describe):

- Other (please describe):

**Certification of Qualifying Exigency
For Family Military Leave (DOL Form WH-384, as modified)**

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

- I am attaching written documentation supporting my need for leave.
- There is no written documentation available to support my need for leave.
- Written documentation is available, but it is not attached. (Please explain):

Part B: Amount Of Leave Needed

- 7. Approximate date exigency began: _____
- 8. How long do you expect this exigency will last? _____
- 9. Will you need to be absent from work for a single continuous period of time due to this exigency?
 No Yes

If so, please estimate the beginning and ending dates of your absence:

Start of Leave	Expected Return to Work

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

Please estimate the schedule of leave, including the dates and expected duration of any absences for scheduled meetings or appointments:

If you expect to need leave but do not yet know the specific dates of your leave, please estimate the frequency and duration of each appointment, meeting, or other event for which you will need leave (including any travel time) (e.g., 1 meeting every month, lasting 4 hours).

Frequency: __ times per ____ week(s) ____ month(s)

Duration: __ hour(s) __ day(s) per event.

**Certification of Qualifying Exigency
For Family Military Leave (DOL Form WH-384, as modified)**

Part C: Information Regarding Third-Party Meetings

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

Name of individual: _____ Title: _____

Organization: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Describe the nature of the meeting:

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

Employee Signature

Date

WORK BEYOND THE NORMAL SCHEDULE

The "Fair Labor Standards Act" (FLSA) and corresponding laws of the State of Illinois specify eligibility criteria for overtime compensation for hours of work over a forty (40) hour workweek. Certain positions, as defined under the FLSA or by the State of Illinois, are exempt from overtime compensation regardless of the number of hours worked in a week. Employees in non-exempt positions who are authorized by the Director to work hours eligible for overtime compensation may receive overtime pay, or with the concurrence of the Director, equivalent time in a compensatory time bank.

The Village has, at its sole discretion, the right to schedule overtime work for operational needs.

Non-Exempt Employee Overtime

Compensation for authorized hours of overtime, worked by non-exempt, non-contract employees, is at a rate of one-and-one-half (1 ½) times the employee's straight time hourly rate of pay. An overtime rate is paid for all hours worked over forty (40) hours of compensation at the employee's regular rate of pay during a seven (7) day work cycle (12:00 a.m. Sunday through 11:59 p.m. Saturday). Some employees, however, in addition to the regular base hourly rate of pay, receive compensation for special assignments, specialty pay, certifications or other authorized pay. For these employees, the overtime rate as prescribed under FLSA, is one-and-one-half (1 ½) times the regular base hourly rate of pay plus the hourly equivalent of any of these other forms of compensation for work (regardless if paid hourly or compensated in a lump sum once or twice a year).

Sworn Fire and Police shift personnel follow work cycles for overtime prescribed under Section 7k of the FLSA. The CBA proscribes overtime practices for applicable Public Works employees.

1. Non-exempt, non-contract employees assigned to a forty (40) hour per week work schedule must exceed forty (40) hours of compensation at a straight-time hourly rate of pay to be eligible for an overtime rate of pay. These hours may be a combination of work or authorized paid leave in the seven (7) day work cycle.
2. Non-contract shift employees, in addition to an overtime rate of pay for hours of work in excess of forty (40) hours in a seven (7) day work cycle, shall be paid the overtime-hourly rate of pay for all hours actually worked in excess of eight (8) hours in a workday.
3. Non-shift, non-contract employees working a schedule of less than forty (40) hours per week who work additional hours shall be compensated at the regular straight-time hourly rate of pay for all hours worked up to forty (40) hours.
4. ~~Full-time non-shift merit hourly and designated part-time employees assigned to a regular Monday through Friday business day work schedule who work at meetings after 7:00 p.m. on weekday evenings or are assigned to assist the public at Village Hall during the hours Village Hall is open for service on Saturday mornings shall be compensated at an overtime hourly rate of pay for hours worked on these occasions. When such hours are worked during a payroll period, the scheduled straight-time hours on a subsequent workday during the payroll period may be modified.~~
5. Employees who reach a total of forty (40) hours of compensation, that is a combination of both straight time and overtime pay, in a seven (7) day work cycle are not guaranteed additional hours of work during that work cycle.
6. Fractional hours of overtime work will be rounded for payroll purposes in accordance with FLSA and department practices.

Smoking and Tobacco Prohibition

The Village recognizes the dangerous health effects of tobacco usage and second hand smoke. Therefore, employees are prohibited from smoking and using tobacco products in all Village buildings.

Employees will be asked to properly extinguish and discard smoking and tobacco items prior to entering or reentering Village buildings. Village designated smoking areas will be established outside each building, not visible or within close proximity of a public entrance. Per the Smoke-Free Illinois Act, smoking is prohibited in all Village vehicles. In addition, usage of any tobacco products in village vehicles will be prohibited per village policy. All employees shall refrain from smoking and using tobacco products when interacting with the public.

Employees violating the smoking and tobacco prohibition policy will be subject to the progressive discipline policy as outlined in the Personnel Policy Manual.

PERFORMANCE APPRAISAL MANAGEMENT SYSTEM

The Performance Appraisal Management System (attached as Appendix "C") encompasses the ongoing communications process between employees and supervisors. The evaluation step allows for an individual's contributions to the work unit to be recognized, work goals set for the coming year and individual development objectives identified. Supervisors are responsible to convey to the employees they supervise the mission and goals of the Village and of the department and/or work unit. Supervisors will also explain departmental rules and procedures and identify the individual work performance expectations needed to meet department objectives. The process of communication between employees and supervisors is an ongoing opportunity to acknowledge employee achievements and conversely, addressing any performance or conduct issues requiring improvement.

Quarterly Summary Reviews

All non-contract full- and part-time employees will meet quarterly with the supervisor during the first year of employment to review progress and any developmental objectives. Quarterly Summary Reviews will be held during the first year following reclassification or promotion. The *Quarterly Summary Review Form* will be forwarded to HRM after each meeting (copies found in Appendix "C" and under Personnel Forms and Notices following the Appendices).

Formal Evaluations for Non-Contract Employees

For merit employees who are not on the step portion of a step/merit salary range formal performance evaluations are completed annually each January to reflect the completion of the twelve (12) month fiscal and program year, which also happens to be the calendar year. Annual performance evaluation forms and tabulation sheets shall be completed and submitted to HRM by February 1 where the budgeted merit allocation will be distributed to the evaluation ratings to be effective March 1 of each year. ~~New employees hired during the preceding calendar year will also be evaluated during the next Performance Evaluation and Development Review process the next January. The merit adjustment generated by the evaluation will be pro-rated based on the payroll periods worked from the date of hire, or the date of any authorized six (6) month adjustment, to March 1 (e.g., starting June 1 is three-quarters (3/4) of a year and the pro-rated amount of a four percent (4.0%) adjustment would be a three percent (3.0%) increase). New employees hired during the preceding year will receive a pro-rated increase (described in Appendix C) based on the number of eligible months worked from the date of hire to the end of the performance appraisal year.~~ New employees will continue to have quarterly summary reviews during the first year of employment. Directors may elect to conduct a formal performance evaluation(s) more frequently than the annual review based on job performance that requires improvement. The timeframe for any additional performance evaluation(s) and the specific job performance expectations to be met shall be noted on the last completed performance evaluation form and discussed with the employee during that performance review meeting.

Merit Employee Evaluation Process

An effective performance evaluation is dependent upon an open and ongoing exchange and feedback between the supervisor and the employee. Annual performance evaluation meetings should be positive, specific and constructive. These meetings should focus on how well the job is being done; the employee's contribution toward the department's or work unit's goals, accomplishment of individual goals, opportunities for future development and a review of work goals for the coming year. Merit employees in step/merit salary ranges will be evaluated using one of three (3) *Performance Evaluation and Development Forms* (Customer Service Staff, Field Staff and Support Staff). Salaried employees in open merit salary ranges will be evaluated on either the *Professional and Administrative* or the *Management and Supervisory Evaluation and Development Form* (Sample sheets of the forms and procedures for the process can be found in Appendix "C").

1. Merit appraisal forms shall be forwarded to HRM by February 1st. HRM will develop a compensation profile based on the numeric value the ratings and the budgeted merit increases. Merit employees shall receive the annual merit increase effective March 1st.

RESPONSIBILITIES AS AN EMPLOYER

The Village is an equal opportunity employer and complies with all applicable Federal, State and local laws regarding employment. All applicants and employees will be treated without regard to race, sex, color, age, religion, ancestry, national origin, qualified disability, marital status, military status or citizenship. Any employee feeling that they have become a victim of an unwanted or prohibited action by another employee is encouraged to bring the matter to the attention of the proper Village authority. While the Village must maintain a capability to conduct fair and impartial investigations, the Village also recognizes the possible needs of a victim and extends monitoring and Employee Wellness Program (EWP) services to victims.

Equal Employment Opportunity (EEO)

The Village and its agents are legally required to adopt and put into practice policies that are in compliance with executive orders and Federal or State equal employment opportunity laws that forbid discrimination against applicants or employees. Applicants legally protected status shall not be a factor in any decision during the recruitment/selection process or term of employment.

Sexual Harassment

It is the commitment of the Village that each employee works in a professional, business-like environment free from all forms of sexual harassment. Unwelcome sexual advances, requests for sexual favors and other physical, verbal, or visual conduct based on sex constitute sexual harassment.

All Village employees are responsible to help ensure that situations of sexual harassment do not go undetected. Sexual Harassment is actionable under the federal "Title VII of the Civil Rights Act", as amended in 1991, and the State of Illinois "Human Rights Act". Employees who feel that they have experienced or witnessed sexual harassment are to notify a supervisor, the Director, the HRM Director, or the Assistant ~~Deputy~~ Village Manager.

All employees will undergo training on the Village policy and sign an acknowledgement of training and receipt of the policy, which is placed in each employee's official personnel file. The Sexual Harassment Policy and Complaint Procedure are attached as Appendix "A".

Drug-Free Workplace

The Village subscribes to and is in compliance with the federal "Drug Free Workplace Act" and corresponding laws of the State of Illinois. The unlawful manufacturing, distributing, dispensing, possessing, or using of controlled substances, cannabis and other abused drugs/substances that can affect the individual's performance on the job is strictly prohibited. This prohibition applies to any Village facilities, on Village property, in any Village owned or leased vehicle or at any location that employees are working or conducting Village business. The Village considers drug abuse or the misuse of drugs as a potential health, safety and security problem. Employees shall not report to work under the influence of controlled substances. Further, employees are required by this law to notify the Village within five (5) days of any conviction, guilty plea or imposition of a sentence for a drug crime that occurred in the Village's workplace.

Compliance with the "Drug Free Workplace Act" is a condition of continued employment for those employees whose positions with the Village are funded, in part, or in total through a grant. Grant employees found in violation of the provisions of the Act shall be required to satisfactorily participate in drug rehabilitation and may be disciplined up to and including termination.

VILLAGE OF HOFFMAN ESTATES

Memo

To: Jim Norris
From: Bruce Anderson
Regarding: Cable TV Report
Date: October 8, 2009

Citizen

Covers: The Platzkonzert, Business Under the Big Top, Scarecrow Fest, the Kratochvil and St. Alexius Receptions, and Health & Human Services Activities.

Citizen Segments and Programs in development:

Hispanic Heritage Celebration
Harvest Luncheon
French Impressionism
Environmental Fair

Fire Line

Covers: Confined Space Rescue, Dedication of Station 24, Park District Lightening Alarms.

Fitness America

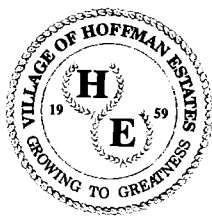
Highlights of the three day racing and fitness event are airing.

High School Sports

HETV will begin taping and airing sporting events, beginning with football in October at the High Schools which serve Hoffman Estates Students (HEHS, Conant, Schaumburg, Fremd and Barrington). Other events, such as basketball, volleyball, gymnastics, etc will be pursued in season.

Complaints/Inquiries

The Village received two inquiries in the last month, one regarding billing and a technical question about U-Verse service. There is one issue outstanding.



HOFFMAN ESTATES

DEPARTMENT OF HUMAN RESOURCES MANAGEMENT

HUMAN RESOURCES MANAGEMENT DEPARTMENT

Monthly Report

September 2009

Staffing Activity

New Starts:	3	Alternate Crossing Guard Pre-Doctoral Intern (2)
Separations:	1	Maintenance I / HEO
Transfers:	0	
Retirees:	0	
Promotions:	0	
Reclassifications:	0	
Change in Status:	0	

Staffing:	Full Time Employees	374 budgeted	356 current
	Part Time Employees	59 budgeted	53 current
	Temporary Employees	2 budgeted	0 current
	Seasonal Employees	21 budgeted	0 current
	Paid Interns	4 budgeted	3 current

Month & Year-to-Date Activity:

0 Seasonal with	18 for year
0 Promotions with	2 for year
1 Separations with	40 for year
0 Retirements with	8 for year
0 Transfers with	3 for year

Recruitment Activity

Recruitment: **Maintenance I/HEO (Internal Only)** – Position posted on 9/18/09. Deadline for application is 10/02/09. Applications will be forwarded to Superintendent for review after deadline.

Maintenance II Water/Sewer Systems Operator (Internal Only) – Position posted on 9/18/09. Deadline for application is 10/02/09. Applications will be forwarded to Superintendent for review after deadline.

Auxiliary Snow Plow Driver (15 – 20) – Position posted on 9/17/09. 98 applications reviewed by the Superintendent. 12 interviews scheduled for 9/29/09 and 12 interviews scheduled for 10/06/09.

Alternate Crossing Guard –5 applications received to date. One hired on 9/24/09.

Labor/Management Relations

Contract Status: **Police** (Metropolitan Alliance of Police - MAP Chapter 96) – Contract (Jan. 1, 2008 - December 31, 2012).

Fire (International Association of Firefighters - Local 2061) – Contract (Jan. 1, 2006 – December 31, 2008). Negotiations continue.

Public Works (International Brotherhood of Teamsters, Local 714) – Contract (Jan. 1, 2007 – Dec. 31, 2009). First meeting held September 30, 2009 and proposals were exchanged.

Police Sergeants (Metropolitan Alliance of Police – MAP-97) Contract (Jan. 1, 2009 – December 31, 2013).

Grievances: Eleven (11) IAFF Local 2061 Grievances

Three (3) MAP Arbitrations –
 Two (2) MAP 96 – Arbitrations held Sept. 10 and Sept. 29, respectively.
 One (1) MAP 96 Chapter Grievance - Arbitration held Sept. 16.

One (1) Unfair Labor Practice (ULP) filed against the Village by IAFF Local 2061 – pending review by ILB

One (1) Unfair Labor Practice (ULP) filed against the Village by IAFF Local 2061 – Parties agree to discuss ULP during negotiations

Personnel/Benefits/Employee Services

- Director of HRM participated in three MAP 96 arbitration hearings in September. Several preparatory meetings for these hearings were required.
- As Vice-President of IPELRA and Conference Chair, Director of HRM attended the monthly IPELRA meeting in preparation for Annual IPELRA Conference.
- Director of HRM participated in a meeting with the Illinois Public Pension Fund Association.
- Director of HRM and HR Coordinator met with the Health and Human Services Director and Nursing Supervisor to discuss and establish policy regarding potential H1N1 illness among employees. Informational sessions regarding H1N1 were scheduled for employees and supervisors.
- HR Coordinator organized two employee informational meetings with ICMA-RC Financial Advisor David Park.
- Director of HRM and Risk Manager met with a representative from Franklin Covey to discuss new training program centered on the speed of trust.
- Director of HRM participated in the Management Team Meetings.
- HR Coordinator attended the monthly User Group meeting.
- Director of HRM participated in negotiation meeting with Teamsters Local 714 union representatives. Several preparatory meetings for were required.
- Director of HRM attended several budget meetings during the month.
- Director of HRM attended two planning sessions of the Tartan Day Committee.
- As Village liaison to the Cultural Awareness Commission, the Director of HRM met with members to plan for the Hispanic Heritage Day.
- Director of HRM participated in negotiation meeting with IAFF Local 2061 union representatives. Several preparatory meetings for these negotiations were required.

Risk Management/Safety/Loss Control

- Continued to facilitate the proper handling of all open workers' compensation claims. Two (2) third party claims administrators are currently being used to administer the Village's workers' compensation claims.
- Attended a meeting involving all staff involved in facilitating special events in the Village. The meeting provided an opportunity for all involved to acquire additional understanding of the duties and concerns of individual departments related to special events.
- Conducted a mandatory random Federal Department of Transportation drug and alcohol test. All results were reported as negative.
- Coordinated the administration of several litigated liability claims being handled by the Village's third party claims administrator.
- The Director of HRM and Risk Manager attended a Franklin Covey presentation related to trust in the work environment.
- Met with the Loss Control Representative from the Village's excess liability insurance carrier. The Village's risk management program is well in compliance with the carriers underwriting requirements.
- Participated in a conference call with the excess insurance carrier, third party claims administrator, and defense counsel, to discuss strategies for bring a high exposure liability claim to conclusion.
- The Risk Manager met with the Assistant Village Manager to discuss insurance and liability issues related to a potential large property acquisition.
- Met with the Director of Human Resources Management, Fire Chief and Deputy Fire Chief to discuss issues related to the return to work of an injured firefighter.
- Facilitated the medical examination by the Village's occupational health physician, and independent medical examiner, for an employee returning to full duty.
- The Risk Manager attended a High Excess Liability Pool (HELP) meeting. The Board discussed to the coverage of a potential large property acquisition by the Village. After much discussion, it was determined that there was no coverage issue related to the potential risk.
- Met with a representative from the Village's occupational health clinic to discuss service and billing related issues. All concerns were resolved at the meeting.

- Provided continual written updates to appropriate management staff related to the status of several open workers' compensation claims.
- Conducted a hazard survey of the new water tower. No serious hazards were identified.
- Met with one of the Village's workers' compensation defense attorneys and the third party claims administrator to discuss the disposition of high exposure workers' compensation claims.
- Met with the Village's insurance broker to discuss the process related to the renewal of the Village's excess insurance program for 2010.



Patrick J. Seger
Director of Human Resources Management

HUMAN RESOURCES MANAGEMENT

MONTHLY STAFFING REPORT

SEPTEMBER 2009

RECRUITMENTS

POSITION TITLE: Maintenance I/HEO (Internal Only)
DEPARTMENT: Public Works
DATE POSTED: 09/18/09
AD DEADLINE: 10/02/09
APPLICATIONS REC'D: 0
STATUS: Applications will be forwarded to Superintendent for review after deadline.

POSITION TITLE: Maintenance II Water/Sewer Systems Operator (Internal Only)
DEPARTMENT: Public Works
DATE POSTED: 09/18/09
AD DEADLINE: 10/02/09
APPLICATIONS REC'D: 3
STATUS: Applications will be forwarded to Superintendent for review after deadline.

POSITION TITLE: Auxiliary Snow Plow Driver (15-20)
DEPARTMENT: Public Works
DATE POSTED: 09/17/09
AD DEADLINE: Until Filled
APPLICATIONS REC'D: 98 applications
STATUS: 12 interviews scheduled for 9/29/09 and 12 interviews scheduled for 10/06/09.

NEW STARTS

POSITION TITLE: Alternate Crossing Guard
DEPARTMENT: Police
DATE POSTED: 08/31/09
AD DEADLINE: Until filled
APPLICATIONS REC'D: 5
STATUS: One hired 9/24/09.

POSITION TITLE: Pre-Doctoral Interns
DEPARTMENT: Health & Human Services
DATE POSTED: N/A
AD DEADLINE: N/A
APPLICATIONS REC'D: N/A
STATUS: Two hired 9/8/09.

**SUMMARY OF EMPLOYMENT ACTIVITY
SEPTEMBER 2009**

	<u>Total Number</u>	<u>Position</u>
New Starts	3	Alternate Crossing Guard Pre-Doctoral Intern (2)
Separations	1	Maintenance I / HEO
Promotions	0	
Upgrades	0	
Downgrades	0	
Transfers	0	
Retirements	0	
Reclassifications	0	
Change in Status	0	

SUMMARY OF UNPAID INTERNS/ADDITIONAL ACTIVITY

Unpaid Internships

2 H&HS Advanced Practicum Students (Unpaid) began 9/08/09.

3 H&HS Practicum Students (Unpaid) began 9/08/09.

Additional Activity

(See HRM Employment Activity Report attached for details)

ANTICIPATED ACTIVITY NEXT MONTH

	<u>Total Number</u>	<u>Position</u>
New Starts	22	Auxiliary Snow Plow Driver (19) Cable TV Production Intern – (3 Unpaid)
Separations	0	
Promotions	2	Maintenance II–Water/Sewer Systems Oper. Maintenance I / HEO
Transfers	0	
Reclassifications	0	
Changes in Status	0	
Retirements	1	Maintenance III / Storekeeper
New Positions	0	
Eliminated Positions	0	

2009 EMPLOYEE COUNT

	<u>Budgeted</u>	<u>Actual</u>
FULL TIME EMPLOYEES	374	356
PART TIME EMPLOYEES	59	53
TEMPORARY EMPLOYEES	2	0
SEASONAL EMPLOYEES	21	0
INTERNS (PAID)	4	3
TOTAL	460	412

Total Vacancies:

Full Time

Budgeted – Posted	2	Maintenance II – Water/Sewer Systems Oper Maintenance I/HEO
Budgeted - Not Posted	12	Police Officer Administrative Services Officer II Administrative Services Officer I (2) Assistant to Village Manager Fire Inspector Technology Support Specialist Staff Assistant Firefighter/Paramedic (2) Maintenance I Customer Service Rep
TOTAL FULL TIME	14	

Part Time

Budgeted – Posted	1	Shop Assistant (<i>position frozen</i>)
Budgeted-Not Posted	9	Water Meter Readers (<i>3 positions eliminated</i>) Staff Assistant – PT Admin. Staff Assistant - PT(2) Data Technician – PT Data Processor – PT Staff Therapist – PT (<i>position frozen</i>)
TOTAL PART TIME	10	

Seasonal

Budgeted – Not Posted	5	Seasonal Finance Seasonal Code Enforcement (<i>3 Positions</i>)
	-2	<i>Public Works – budgeted 14 / actual 16</i>
TOTAL SEASONAL	3	

Interns (Paid)

Budgeted – Not Posted 1

General Government Intern

RECRUITMENT ACTIVITY

	<u>Month</u>	<u>Year To Date</u>
Full Time – Response to Recruitments	3	103
Walk-Ins	7	130
Part Time – Response to Recruitments	16	198
Walk-Ins	4	8
Seasonal Applicants	0	29
TOTAL RECRUITMENTS	30	468

**HUMAN RESOURCES MANAGEMENT
EMPLOYMENT ACTIVITY
SEPTEMBER 2009**

NEW HIRES

<u>Name</u>	<u>Date of Hire</u>	<u>Position</u>	<u>Replacement for</u>
Amy Langston	09/24/09	Alternate Crossing Guard	Heidi Horstmann
Alissa Simon	09/08/09	Pre-Doctoral Intern	
Lauren Nichols	09/08/09	Pre-Doctoral Intern	

SEPARATIONS

<u>Name</u>	<u>Termination Date</u>	<u>Position</u>	<u>Reason</u>
Brian Turcotte	09/05/09	Maintenance I / HEO	Resignation

PROMOTIONS

<u>Name</u>	<u>Effective Date</u>	<u>Current Position</u>	<u>New Position</u>
N/A			

TRANSFERS

<u>Name</u>	<u>Effective Date</u>	<u>Current Position</u>	<u>New Position</u>
-------------	-----------------------	-------------------------	---------------------

RECLASSIFICATIONS

<u>Name</u>	<u>Effective Date</u>	<u>Current Position</u>	<u>New Position</u>
N/A			

CHANGE IN CLASS

<u>Name</u>	<u>Effective Date</u>	<u>Current Position</u>	<u>New Position</u>
N/A			

CANCELLATIONS

<u>Name</u>	<u>Effective Date</u>	<u>Current Position</u>	<u>New Position</u>
<u>N/A</u>			

SEASONAL/UNPAID INTERNSHIPS

- 2 Advanced Practicum student internships began.
- 3 Practicum student internships began.

**ADDITIONAL MONTHLY REPORT INFORMATION
SEPTEMBER 2009**

# Anniversaries	<u>7</u>
# Interviews conducted during month	<u>12</u>

EMPLOYER'S CLAIM SERVICE, INC.
 POLICY YEAR (12/31 - 12/30) CUMULATIVE CLAIM SUMMARY
 From: 12/31/1999 Through: 09/30/2009

Year Code	Description	Claim Cnt	% of Total	Med Only	Comp	Open	Clsd	Legl	Avg Cost/ Claim	Paid	Outstanding	Total Incurred	% Of Total
00 102	Planning	1	1.8%	1	0	0	1	0	0.00	0.00		0.00	0.0%
00 1	Community Development	1	1.8%	1	0	0	1	0	0.00	0.00		0.00	0.0%
00 206	Customer Service	1	1.8%	0	1	0	1	1	3,974.20	3,974.20		3,974.20	1.3%
00 2	Finance	1	1.8%	0	1	0	1	1	3,974.20	3,974.20		3,974.20	1.3%
00 250	PPO Payments	1	1.8%	1	0	1	0	0	146,980.58	146,980.58		146,980.58	47.8%
00 25	PPO Payments	1	1.8%	1	0	1	0	0	146,980.58	146,980.58		146,980.58	47.8%
00 300	Administration	1	1.8%	0	1	0	1	0	193.50	193.50		193.50	0.1%
00 301	Fire Suppression	12	21.4%	6	6	1	11	3	8,166.95	92,574.64	5,428.75	98,003.39	31.9%
00 303	Emergency Medical Services	7	12.5%	5	2	0	7	1	2,302.35	16,116.43		16,116.43	5.2%
00 3	Fire	20	35.7%	11	9	1	19	4	5,715.67	108,884.57	5,428.75	114,313.32	37.2%
00 400	Manager's Office	1	1.8%	0	1	0	1	0	4,452.45	4,452.45		4,452.45	1.4%
00 401	Cable TV	1	1.8%	1	0	0	1	0	260.40	260.40		260.40	0.1%
00 402	Boards & Commissions	1	1.8%	1	0	0	1	0	413.43	413.43		413.43	0.1%
00 4	General Government	3	5.4%	2	1	0	3	0	1,708.76	5,126.28		5,126.28	1.7%
00 600	Administration	1	1.8%	0	1	0	1	0	0.00	0.00		0.00	0.0%
00 6	Human Resources Management	1	1.8%	0	1	0	1	0	0.00	0.00		0.00	0.0%
00 700	Patrol	16	28.6%	13	3	0	16	2	1,761.71	28,187.36		28,187.36	9.2%
00 704	Traffic	1	1.8%	1	0	0	1	0	1,159.40	1,159.40		1,159.40	0.4%
00 7	Police	17	30.4%	14	3	0	17	2	1,726.28	29,346.76		29,346.76	9.5%
00 801	Water & Sewer	4	7.1%	2	2	0	4	0	733.76	2,935.02		2,935.02	1.0%
00 802	Building & Grounds	1	1.8%	0	1	0	1	0	1,411.10	1,411.10		1,411.10	0.5%
00 804	Forestry	5	8.9%	5	0	0	5	0	565.72	2,828.60		2,828.60	0.9%
00 805	Clerical	1	1.8%	1	0	0	1	0	452.50	452.50		452.50	0.1%
00 8	Public Works	11	19.6%	8	3	0	11	0	693.38	7,627.22		7,627.22	2.5%
00 9	Information Systems	1	1.8%	1	0	0	1	0	168.50	168.50		168.50	0.1%
00 01	Village of Hoffman Estates	56	100.0%	38	18	2	54	7	5,491.73	302,108.11	5,428.75	307,536.86	100.0%
Totals for 2000 Claims:		56	100.0%	38	18	2	54	7	5,491.73	302,108.11	5,428.75	307,536.86	100.0%
01 300	Administration	2	3.1%	1	1	0	2	0	538.72	1,077.44		1,077.44	0.1%
01 301	Fire Suppression	8	12.3%	3	5	1	7	2	38,114.77	265,039.41	39,878.75	304,918.16	24.3%

EMPLOYER'S CLAIM SERVICE, INC.
 POLICY YEAR (12/31 - 12/30) CUMULATIVE CLAIM SUMMARY
 From: 12/31/1999 Through: 09/30/2009

Year Code	Description	Claim Cnt	% of Total	Med Only	Comp	Open	Clsd	Legl	Avg Cost/ Claim	Paid	Outstanding	Total Incurred	% Of Total
01 303	Emergency Medical Services	7	10.8%	2	5	2	5	4	44,742.27	211,409.20	101,786.72	313,195.92	25.0%
01 304	ESDA	1	1.5%	1	0	0	1	0	425.39	425.39		425.39	0.0%
01 3	Fire	18	27.7%	7	11	3	15	6	34,423.16	477,951.44	141,665.47	619,616.91	49.4%
01 400	Manager's Office	1	1.5%	1	0	0	1	0	4,374.81	4,374.81		4,374.81	0.3%
01 4	General Government	1	1.5%	1	0	0	1	0	4,374.81	4,374.81		4,374.81	0.3%
01 505	Immunization	1	1.5%	1	0	0	1	0	391.50	391.50		391.50	0.0%
01 5	Health & Human Services	1	1.5%	1	0	0	1	0	391.50	391.50		391.50	0.0%
01 700	Patrol	20	30.8%	11	9	0	20	7	10,615.24	212,304.82		212,304.82	16.9%
01 702	Crime Prevention	1	1.5%	1	0	0	1	0	5,663.17	5,663.17		5,663.17	0.5%
01 704	Traffic	3	4.6%	1	2	0	3	2	2,887.00	8,660.99		8,660.99	0.7%
01 707	Records	4	6.2%	1	3	0	4	3	14,372.31	57,489.25		57,489.25	4.6%
01 7	Police	28	43.1%	14	14	0	28	12	10,147.08	284,118.23		284,118.23	22.7%
01 800	Streets	5	7.7%	3	2	0	5	1	48,719.89	243,599.47		243,599.47	19.4%
01 801	Water & Sewer	4	6.2%	2	2	0	4	1	24,096.40	96,385.58		96,385.58	7.7%
01 802	Building & Grounds	3	4.6%	3	0	0	3	0	422.63	1,267.88		1,267.88	0.1%
01 803	Equipment & Supply	1	1.5%	1	0	0	1	0	210.60	210.60		210.60	0.0%
01 804	Forestry	3	4.6%	2	1	0	3	0	1,150.17	3,450.50		3,450.50	0.3%
01 8	Public Works	16	24.6%	11	5	0	16	2	21,557.13	344,914.03		344,914.03	27.5%
01 9	Information Systems	1	1.5%	1	0	0	1	0	301.50	301.50		301.50	0.0%
01 01	Village of Hoffman Estates	65	100.0%	35	30	3	62	20	19,287.95	1,112,051.51	141,665.47	1,253,716.98	100.0%
Totals for 2001 Claims:		65	100.0%	35	30	3	62	20	19,287.95	1,112,051.51	141,665.47	1,253,716.98	100.0%
02 102	Planning	1	2.6%	0	1	0	1	0	28,933.52	28,933.52		28,933.52	4.1%
02 1	Community Development	1	2.6%	0	1	0	1	0	28,933.52	28,933.52		28,933.52	4.1%
02 301	Fire Suppression	5	13.2%	1	4	0	5	2	11,335.45	56,677.26		56,677.26	8.1%
02 303	Emergency Medical Services	8	21.1%	4	4	0	8	1	7,441.19	59,529.50		59,529.50	8.5%
02 306	Technical Rescue	1	2.6%	0	1	0	1	0	5,830.00	5,830.00		5,830.00	0.8%
02 3	Fire	14	36.8%	5	9	0	14	3	8,716.91	122,036.76		122,036.76	17.4%
02 700	Patrol	11	28.9%	5	6	1	10	6	24,275.08	260,716.95	6,308.89	267,025.84	38.0%
02 704	Traffic	1	2.6%	0	1	1	0	1	271,184.92	271,184.92		271,184.92	38.6%

EMPLOYER'S CLAIM SERVICE, INC.
 POLICY YEAR (12/31 - 12/30) CUMULATIVE CLAIM SUMMARY
 From: 12/31/1999 Through: 09/30/2009

Year Code	Description	Claim Cnt	% of Total	Med Only	Comp	Open	Clsd	Legl	Avg Cost/ Claim	Paid	Outstanding	Total Incurred	% Of Total
02	706 Communication	1	2.6%	1	0	0	1	0	1,777.50	1,777.50		1,777.50	0.3%
02	7 Police	13	34.2%	6	7	2	11	7	41,537.56	533,679.37	6,308.89	539,988.26	76.9%
02	800 Streets	5	13.2%	4	1	0	5	0	1,511.20	7,556.00		7,556.00	1.1%
02	801 Water & Sewer	2	5.3%	0	2	0	2	0	1,227.90	2,455.80		2,455.80	0.3%
02	803 Equipment & Supply	1	2.6%	1	0	0	1	0	281.70	281.70		281.70	0.0%
02	804 Forestry	2	5.3%	2	0	0	2	0	642.60	1,285.20		1,285.20	0.2%
02	8 Public Works	10	26.3%	7	3	0	10	0	1,157.87	11,578.70		11,578.70	1.6%
02	01 Village of Hoffman Estates	38	100.0%	18	20	2	36	10	18,487.82	696,228.35	6,308.89	702,537.24	100.0%
Totals for 2002 Claims:		38	100.0%	18	20	2	36	10	18,487.82	696,228.35	6,308.89	702,537.24	100.0%
03	301 Fire Suppression	5	14.3%	2	3	0	5	2	25,542.01	127,710.07		127,710.07	31.2%
03	303 Emergency Medical Services	12	34.3%	9	3	0	12	2	15,553.15	186,637.80		186,637.80	45.7%
03	305 Underwater Rescue	1	2.9%	1	0	0	1	0	785.49	785.49		785.49	0.2%
03	3 Fire	18	51.4%	12	6	0	18	4	17,507.41	315,133.36		315,133.36	77.1%
03	700 Patrol	7	20.0%	5	2	0	7	1	1,467.76	10,274.35		10,274.35	2.5%
03	701 Investigations	1	2.9%	0	1	0	1	1	79,722.54	79,722.54		79,722.54	19.5%
03	704 Traffic	3	8.6%	1	2	0	3	0	88.33	265.00		265.00	0.1%
03	7 Police	11	31.4%	6	5	0	11	2	8,205.63	90,261.89		90,261.89	22.1%
03	801 Water & Sewer	3	8.6%	3	0	1	2	0	699.33	2,098.00		2,098.00	0.5%
03	802 Building & Grounds	2	5.7%	2	0	0	2	0	477.00	954.00		954.00	0.2%
03	803 Equipment & Supply	1	2.9%	1	0	0	1	0	310.50	310.50		310.50	0.1%
03	8 Public Works	6	17.1%	6	0	1	5	0	560.42	3,362.50		3,362.50	0.8%
03	01 Village of Hoffman Estates	35	100.0%	24	11	1	34	6	11,678.79	408,757.75		408,757.75	100.0%
Totals for 2003 Claims:		35	100.0%	24	11	1	34	6	11,678.79	408,757.75		408,757.75	100.0%
04	201 Water Billing	1	2.1%	1	0	0	1	0	1,295.10	1,295.10		1,295.10	0.1%
04	2 Finance	1	2.1%	1	0	0	1	0	1,295.10	1,295.10		1,295.10	0.1%
04	301 Fire Suppression	10	20.8%	6	4	1	9	2	7,430.42	24,339.98	49,964.25	74,304.23	6.9%
04	303 Emergency Medical Services	11	22.9%	7	4	0	11	0	12,225.62	134,481.79	49,964.25	134,481.79	12.5%
04	3 Fire	21	43.8%	13	8	1	20	2	9,942.19	158,821.77	49,964.25	208,786.02	19.5%
04	504 Health Screening	1	2.1%	1	0	0	1	0	405.00	405.00		405.00	0.0%

EMPLOYER'S CLAIM SERVICE, INC.
 POLICY YEAR (12/31 - 12/30) CUMULATIVE CLAIM SUMMARY
 From: 12/31/1999 Through: 09/30/2009

Year Code	Description	Claim Cnt	% of Med		Comp	Open	Clsd	Legl	Avg Cosv Claim	Paid	Outstanding	Total Incurred	% Of Total
			Total	Only									
04 5	Health & Human Services (Sub-Loc)	1	2.1%	1	0	0	1	0	405.00	405.00	405.00	405.00	0.0%
04 600	Administration (Dept)	1	2.1%	1	0	0	1	0	248.68	248.68	248.68	248.68	0.0%
04 6	Human Resources Management (Sub-Loc)	1	2.1%	1	0	0	1	0	248.68	248.68	248.68	248.68	0.0%
04 700	Patrol (Dept)	16	33.3%	12	4	0	16	4	40,543.58	648,697.32	648,697.32	648,697.32	60.4%
04 703	Tactical (Dept)	2	4.2%	2	0	0	2	0	137.84	275.68	275.68	275.68	0.0%
04 7	Police (Sub-Loc)	18	37.5%	14	4	0	18	4	36,054.06	648,973.00	648,973.00	648,973.00	60.5%
04 800	Streets (Dept)	3	6.3%	1	2	0	3	2	43,878.25	131,634.74	131,634.74	131,634.74	12.3%
04 801	Water & Sewer (Dept)	1	2.1%	1	0	0	1	0	0.00	0.00	0.00	0.00	0.0%
04 803	Equipment & Supply (Dept)	1	2.1%	0	1	0	1	1	81,422.11	81,422.11	81,422.11	81,422.11	7.6%
04 804	Forestry (Dept)	1	2.1%	1	0	0	1	0	481.50	481.50	481.50	481.50	0.0%
04 8	Public Works (Sub-Loc)	6	12.5%	3	3	0	6	3	35,589.73	213,538.35	213,538.35	213,538.35	19.9%
04 01	Village of Hoffman Estates (Loc)	48	100.0%	33	15	1	47	9	22,359.29	1,023,281.90	49,964.25	1,073,246.15	100.0%
Totals for 2004 Claims:		48	100.0%	33	15	1	47	9	22,359.29	1,023,281.90	49,964.25	1,073,246.15	100.0%
05 301	Fire Suppression (Dept)	6	11.3%	4	2	0	6	0	1,012.80	6,076.77	6,076.77	6,076.77	1.9%
05 303	Emergency Medical Services (Dept)	20	37.7%	12	8	2	18	3	13,593.25	232,150.90	39,714.03	271,864.93	84.5%
05 3	Fire (Sub-Loc)	26	49.1%	16	10	2	24	3	10,690.07	238,227.67	39,714.03	277,941.70	86.4%
05 504	Health Screening (Dept)	1	1.9%	1	0	0	1	0	184.50	184.50	184.50	184.50	0.1%
05 5	Health & Human Services (Sub-Loc)	1	1.9%	1	0	0	1	0	184.50	184.50	184.50	184.50	0.1%
05 700	Patrol (Dept)	7	13.2%	5	2	0	7	1	3,015.10	21,105.71	21,105.71	21,105.71	6.6%
05 701	Investigations (Dept)	1	1.9%	1	0	0	1	0	297.00	297.00	297.00	297.00	0.1%
05 704	Traffic (Dept)	1	1.9%	1	0	0	1	0	1,186.85	1,186.85	1,186.85	1,186.85	0.4%
05 707	Records (Dept)	1	1.9%	0	1	0	1	1	10,253.45	10,253.45	10,253.45	10,253.45	3.2%
05 7	Police (Sub-Loc)	10	18.9%	7	3	0	10	2	3,284.30	32,843.01	32,843.01	32,843.01	10.2%
05 800	Streets (Dept)	4	7.5%	4	0	0	4	0	627.99	2,511.94	2,511.94	2,511.94	0.8%
05 801	Water & Sewer (Dept)	5	9.4%	5	0	0	5	0	1,066.50	5,332.50	5,332.50	5,332.50	1.7%
05 802	Building & Grounds (Dept)	1	1.9%	1	0	0	1	0	437.00	437.00	437.00	437.00	0.1%
05 803	Equipment & Supply (Dept)	2	3.8%	2	0	0	2	0	697.05	1,394.10	1,394.10	1,394.10	0.4%
05 804	Forestry (Dept)	4	7.5%	3	1	0	4	0	259.88	1,039.50	1,039.50	1,039.50	0.3%
05 8	Public Works (Sub-Loc)	16	30.2%	15	1	0	16	0	669.69	10,715.04	10,715.04	10,715.04	3.3%

EMPLOYER'S CLAIM SERVICE, INC.
 POLICY YEAR (12/31 - 12/30) CUMULATIVE CLAIM SUMMARY
 From: 12/31/1999 Through: 09/30/2009

Year Code	Description	Claim Cnt	% of Total	Med Only	Comp	Open	Clsd	Legl	Avg Cost/ Claim	Paid	Outstanding	Total Incurred	% Of Total
05 01	Village of Hoffman Estates	53	100.0%	39	14	2	51	5	6,069.51	281,970.22	39,714.03	321,684.25	100.0%
	Totals for 2005 Claims:	53	100.0%	39	14	2	51	5	6,069.51	281,970.22	39,714.03	321,684.25	100.0%
06 201	Water Billing	1	1.8%	0	1	0	1	0	1,527.37	1,527.37		1,527.37	0.1%
06 2	Finance	1	1.8%	0	1	0	1	0	1,527.37	1,527.37		1,527.37	0.1%
06 301	Fire Suppression	9	16.1%	5	4	0	9	2	38,029.36	342,264.26		342,264.26	32.1%
06 303	Emergency Medical Services	14	25.0%	7	7	3	11	4	37,777.36	404,700.67	124,182.33	528,883.00	49.7%
06 3	Fire	23	41.1%	12	11	3	20	6	37,875.97	746,964.93	124,182.33	871,147.26	81.8%
06 700	Patrol	17	30.4%	11	6	1	16	3	4,087.87	65,654.42	3,839.35	69,493.77	6.5%
06 701	Investigations	1	1.8%	1	0	0	1	0	0.00	0.00		0.00	0.0%
06 703	Tactical	4	7.1%	3	1	0	4	0	2,311.32	9,245.26		9,245.26	0.9%
06 704	Traffic	2	3.6%	2	0	0	2	0	3,850.97	7,701.94		7,701.94	0.7%
06 707	Records	1	1.8%	0	1	0	1	1	24,709.39	24,709.39		24,709.39	2.3%
06 7	Police	25	44.6%	17	8	1	24	4	4,446.01	107,311.01	3,839.35	111,150.36	10.4%
06 800	Streets	1	1.8%	1	0	0	1	0	4,201.51	4,201.51		4,201.51	0.4%
06 801	Water & Sewer	2	3.6%	1	1	0	2	0	112.50	225.00		225.00	0.0%
06 802	Building & Grounds	1	1.8%	0	1	0	1	0	70,689.99	70,689.99		70,689.99	6.6%
06 804	Forestry	3	5.4%	3	0	0	3	0	2,038.90	6,116.71		6,116.71	0.6%
06 8	Public Works	7	12.5%	5	2	0	7	0	11,604.74	81,233.21		81,233.21	7.6%
06 01	Village of Hoffman Estates	56	100.0%	34	22	4	52	10	19,018.90	937,036.52	128,021.68	1,065,058.20	100.0%
	Totals for 2006 Claims:	56	100.0%	34	22	4	52	10	19,018.90	937,036.52	128,021.68	1,065,058.20	100.0%
07 301	Fire Suppression	9	18.8%	7	2	2	7	2	41,592.68	220,048.31	154,285.79	374,334.10	59.1%
07 303	Emergency Medical Services	7	14.6%	6	1	1	6	1	4,290.48	11,781.51	18,251.85	30,033.36	4.7%
07 3	Fire	16	33.3%	13	3	3	13	3	25,272.97	231,829.82	172,537.64	404,367.46	63.9%
07 600	Administration	1	2.1%	0	1	0	1	0	0.00	0.00		0.00	0.0%
07 6	Human Resources Management	1	2.1%	0	1	0	1	0	0.00	0.00		0.00	0.0%
07 700	Patrol	10	20.8%	6	4	0	10	2	5,390.95	53,909.49		53,909.49	8.5%
07 703	Tactical	2	4.2%	2	0	0	2	0	356.16	712.31		712.31	0.1%
07 704	Traffic	4	8.3%	2	2	0	4	1	4,376.80	17,507.19		17,507.19	2.8%
07 7	Police	16	33.3%	10	6	0	16	3	4,508.06	72,128.99		72,128.99	11.4%

EMPLOYER'S CLAIM SERVICE, INC.
 POLICY YEAR (12/31 - 12/30) CUMULATIVE CLAIM SUMMARY
 From: 12/31/1999 Through: 09/30/2009

Year Code	Description	Claim Cnt	% of Total	Med Only	Comp	Open	Clsd	Legl	Avg Cost/ Claim	Paid	Outstanding	Total Incurred	% Of Total
07	800 Streets	3	6.3%	2	1	0	3	1	8,294.56	24,883.69		24,883.69	3.9%
07	801 Water & Sewer	4	8.3%	4	0	0	4	0	1,093.37	4,373.47		4,373.47	0.7%
07	802 Building & Grounds	1	2.1%	1	0	0	1	0	743.84	743.84		743.84	0.1%
07	803 Equipment & Supply	3	6.3%	3	0	0	3	0	1,148.10	3,444.30		3,444.30	0.5%
07	804 Forestry	4	8.3%	3	1	1	3	1	30,829.00	80,896.36	42,419.62	123,315.98	19.5%
07	8 Public Works	15	31.3%	13	2	1	14	2	10,450.75	114,341.66	42,419.62	156,761.28	24.8%
07	01 Village of Hoffman Estates	48	100.0%	36	12	4	44	8	13,192.87	418,300.47	214,957.26	633,257.73	100.0%
Totals for 2007 Claims:		48	100.0%	36	12	4	44	8	13,192.87	418,300.47	214,957.26	633,257.73	100.0%
08	200 Accounting	1	1.6%	1	0	0	1	0	0.00	0.00		0.00	0.0%
08	206 Customer Service	1	1.6%	0	1	0	1	0	0.00	0.00		0.00	0.0%
08	2 Finance	2	3.2%	1	1	0	2	0	0.00	0.00		0.00	0.0%
08	300 Administration	1	1.6%	1	0	0	1	0	3,466.28	3,466.28		3,466.28	0.6%
08	301 Fire Suppression	14	22.6%	11	3	1	13	1	1,373.51	14,730.13	4,499.03	19,229.16	3.4%
08	303 Emergency/Medical Services	21	33.9%	16	5	4	17	3	12,328.02	118,088.69	140,799.69	258,888.38	46.2%
08	3 Fire	36	58.1%	28	8	5	31	4	7,821.77	136,285.10	145,298.72	281,583.82	50.3%
08	400 Manager's Office	1	1.6%	0	1	0	1	0	0.00	0.00		0.00	0.0%
08	4 General Government	1	1.6%	0	1	0	1	0	0.00	0.00		0.00	0.0%
08	700 Patrol	7	11.3%	4	3	3	4	3	9,437.62	39,543.65	26,519.69	66,063.34	11.8%
08	701 Investigations	1	1.6%	0	1	1	0	1	91,783.79	71,287.37	20,496.42	91,783.79	16.4%
08	703 Tactical	2	3.2%	2	0	0	2	0	953.81	1,907.61		1,907.61	0.3%
08	704 Traffic	1	1.6%	0	1	0	1	0	8,049.19	8,049.19		8,049.19	1.4%
08	705 Canine	1	1.6%	1	0	0	1	0	5,940.13	5,940.13		5,940.13	1.1%
08	7 Police	12	19.4%	7	5	4	8	4	14,478.67	126,727.95	47,016.11	173,744.06	31.0%
08	800 Streets	4	6.5%	4	0	0	4	0	649.43	2,597.70		2,597.70	0.5%
08	801 Water & Sewer	5	8.1%	4	1	0	5	0	410.40	2,052.00		2,052.00	0.4%
08	804 Forestry	2	3.2%	1	1	1	1	1	50,082.41	75,862.12	24,302.70	100,164.82	17.9%
08	8 Public Works	11	17.7%	9	2	1	10	1	9,528.59	80,511.82	24,302.70	104,814.52	18.7%
08	01 Village of Hoffman Estates	62	100.0%	45	17	10	52	9	9,034.55	343,524.87	216,617.52	560,142.39	100.0%
Totals for 2008 Claims:		62	100.0%	45	17	10	52	9	9,034.55	343,524.87	216,617.52	560,142.39	100.0%

EMPLOYER'S CLAIM SERVICE, INC.
 POLICY YEAR (12/31 - 12/30) CUMULATIVE CLAIM SUMMARY
 From: 12/31/1999 Through: 09/30/2009

Year Code	Description	Dept	Claim Cnt	Med			Comp	Open	Clsd	Legl	Avg Cost/ Claim	Paid	Outstanding	Total Incurred	% Of Total
				Only	Open	Clsd									
09 300	Administration	(Dept)	2	5.9%	1	1	2	0	0	0	1,934.79	855.00	3,014.57	3,869.57	1.1%
09 301	Fire Suppression	(Dept)	7	20.6%	6	1	4	3	0	0	7,381.28	28,800.21	22,868.75	51,668.96	15.3%
09 303	Emergency Medical Services	(Dept)	15	44.1%	11	4	7	8	1	1	14,039.85	83,708.66	126,889.14	210,597.80	62.4%
09 3	Fire	(Sub-Loc)	24	70.6%	18	6	13	11	1	1	11,089.01	113,363.87	152,772.46	266,136.33	78.9%
09 600	Administration	(Dept)	1	2.9%	0	1	1	0	0	0	10,550.00	0.00	10,550.00	10,550.00	3.1%
09 6	Human Resources Management	(Sub-Loc)	1	2.9%	0	1	1	0	0	0	10,550.00	0.00	10,550.00	10,550.00	3.1%
09 700	Patrol	(Dept)	6	17.6%	1	5	6	0	2	2	9,786.78	26,253.31	32,467.37	58,720.68	17.4%
09 7	Police	(Sub-Loc)	6	17.6%	1	5	6	0	2	2	9,786.78	26,253.31	32,467.37	58,720.68	17.4%
09 801	Water & Sewer	(Dept)	1	2.9%	1	0	1	0	0	0	726.30	726.30	726.30	726.30	0.2%
09 804	Forestry	(Dept)	2	5.9%	2	0	2	0	0	0	551.70	1,103.40	1,103.40	1,103.40	0.3%
09 8	Public Works	(Sub-Loc)	3	8.8%	3	0	3	0	0	0	609.90	1,829.70	1,829.70	1,829.70	0.5%
09 01	Village of Hoffman Estates	(Loc)	34	100.0%	22	12	23	11	3	3	9,918.73	141,446.88	195,789.83	337,236.71	100.0%
Totals for 2009 Claims:			34	100.0%	22	12	23	11	3	3	9,918.73	141,446.88	195,789.83	337,236.71	100.0%
250	Village of Hoffman Estates		495		324	171	52	443	87	87	13,460.96	5,664,706.58	998,467.68	6,663,174.26	

Open Medical: 13
 Open Comp: 11
 Open Legat: 28