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SECTION ONE

Immediate Action

Employment Eligibility Verification I-9 form

OMB No. 1615-0047; Expires 06/30/09

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last		First	Middle Initial	Maiden Name
Address (Street Name and Number)			Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am one of the following:

A citizen of the United States

A national of the United States (see instructions)

A lawful permanent resident (Alien #) _____

An alien authorized to work (Alien # or Admission #) _____

_____ Date (month/day/year)

Employee's Signature _____ Date (month/day/year) _____

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____	OR	_____	_____	_____
Issuing authority: _____		_____	_____	_____
Document #: _____		_____	_____	_____
Expiration Date (if any): _____		_____	_____	_____
Document #: _____		_____	_____	_____
Expiration Date (if any): _____	_____	_____	_____	_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)

Employee Withholding Exemption K-4 form

Revenue Form K-4
42A804 (11-09)

KENTUCKY DEPARTMENT OF REVENUE
EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Payroll No. _____

Print Full Name _____

Social Security No. _____

Print Home Address _____

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

I certify that I am not subject to Kentucky withholding under the Military Spouses Residency Relief Act. See instructions on the back of Form K-4 before checking this box.

EMPLOYER:

Keep this certificate with your records.

1. If SINGLE, and you claim an exemption, enter "1," if you do not, enter "0" _____
2. If MARRIED, one exemption each for you and spouse if not claimed on another certificate.
 - (a) If you claim both of these exemptions, enter "2" _____
 - (b) If you claim one of these exemptions, enter "1" _____
 - (c) If you claim neither of these exemptions, enter "0" _____
3. Exemptions for age and blindness (applicable only to you and your spouse but not to dependents):
 - (a) If you or your spouse will be 65 years of age or older at the end of the year you claim this exemption, enter "2"; if both will be 65 or older, and you claim both of these exemptions, enter "4" _____
 - (b) If you or your spouse are blind, and you claim this exemption, enter "4" if both are blind, and you claim both of these exemptions, enter "4" _____
4. If you claim exemptions for one or more dependents, enter the number of exemptions _____
5. National Guard exemption (see instruction 1) _____
6. Exemptions for Excess Itemized Deductions (Form K-4A) _____
7. Add the number of exemptions which you have claimed above and enter the total _____
8. Additional withholding per pay period under agreement with employer. See instructions _____ \$

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date _____

Signed _____

Employee Withholding Allowance W-4 form

Form W-4 (2010)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, see Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____

B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job (your spouse's wages (or the total of both) are \$1,500 or less. **B** _____

C Enter "1" for your **spouse**. But, if you choose to enter "0" if you are married and have either a working spouse or more than one job. (Enter "0" may help you avoid having too little tax withheld.) **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) **E** _____

F Enter "1" if you have at least \$1,900 for **child or dependent care expenses** for which you plan to claim a credit **F** _____

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three or more eligible children.
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children. **G** _____

H Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ▶ **H** _____

For accuracy, complete all worksheets that apply.
 • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2010
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				
1 Type or print your first name and middle initial. Last name		2 Your social security number		
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7				
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2010)

Kentucky Employee Retirement Systems 2001 form

Kentucky Retirement Systems
 Perimeter Park West
 1260 Louisville Rd
 Frankfort KY 40601-6124
 Phone: (502) 696-8800
 Fax: (502) 696-8822
www.kvret.com

FORM 2001

Member's Soc. Sec. No.: - -

Revised 02/02

MEMBERSHIP INFORMATION KENTUCKY RETIREMENT SYSTEMS

NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

DATE OF BIRTH: _____ SEX: MALE FEMALE MARTIAL STATUS: _____

FULL NAME OF EMPLOYING AGENCY: _____

DATE OF EMPLOYMENT WITH AGENCY: _____

OTHER NAME UNDER WHICH YOU MAY HAVE BEEN PREVIOUSLY EMPLOYED: _____

PREVIOUS COUNTY, CITY OR STATE EMPLOYMENT:

DEPARTMENT OR AGENCY	POSITION	FROM			TO			ADMINISTRATIVE USE				
		Mo.	DAY	Yr.	Mo.	DAY	Yr.	Mo.	DAY	Yr.	VERIF.	

STATEMENT OF ACTIVE DUTY MILITARY SERVICE:

--	--	--	--	--	--	--	--	--	--	--	--	--

I understand that no benefits may be paid to me or my beneficiary until this completed form is filed at the retirement office.

SIGNATURE: _____ DATE: _____

Beneficiary Designation KERS 2035 form

Kentucky Retirement Systems
Perimeter Park West
1260 Louisville Rd
Frankfort KY 40601-8124
Phone: (502) 696-8800
Fax: (502) 696-8822
www.kvret.com

Member's
Soc. Sec. No.:

				-							
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FORM 2035

Revised 06/03

FORM 2035 BENEFICIARY DESIGNATION

THIS FORM IS NOT VALID UNLESS IT IS COMPLETED CORRECTLY AND RECEIVED IN THE FRANKFORT RETIREMENT OFFICE PRIOR TO DEATH. YOU MUST SIGN THIS FORM AND A WITNESS (OR YOUR SPOUSE) MUST SIGN THIS FORM OR IT WILL NOT BE ACCEPTABLE. PLEASE COMPLETE THIS SECTION AND THE BACK OF THIS FORM. PLEASE PRINT.

Your Name: _____ SSN: _____
Birth date: ____/____/____ Work Phone #: (____) _____ Home Phone #: (____) _____
Your Address: _____
Street
City _____ State _____ Zip + 4 Code _____

INSTRUCTIONS FOR COMPLETING YOUR FORM 2035.

- You may name one or more individuals, your estate, or a trust or trustee as principal or contingent beneficiary of your retirement account. The principal beneficiary will receive benefits in the event of your death. The contingent beneficiary will receive benefits in the event of your death ONLY if all of the named principal beneficiaries are deceased.
- Naming One or More Individuals As Beneficiary:** If you name *more than one individual* as principal or contingent beneficiary you may indicate the percentage each beneficiary is to receive. Percentages for the principal beneficiary section must equal but not exceed 100%. Percentages for the contingent beneficiary section must also equal but not exceed 100%. If you do not indicate percentages, disbursement of payment will be divided equally among living principal beneficiaries, or if all principal beneficiaries have died, among all living contingent beneficiaries, as provided in KRS 61.542.
If you name a *single individual* as beneficiary, that individual may be eligible for a lifetime benefit upon your death, depending on your total service credit. If you name multiple individuals, your estate or a trust, no lifetime benefit is available.
- Naming An Estate As Beneficiary:** You may name your estate as either principal or contingent beneficiary by writing "My Estate" as the name of the beneficiary. Keep in mind that if you name your estate as a principal beneficiary, you cannot name a contingent beneficiary.
- Naming a Trust or Trustee As Beneficiary:** You may name a trust or trustee as a principal or contingent beneficiary. If the trust is an existing trust (already funded), you must provide the *name of the trust* and the *federal tax identification number*. If the trust is a testamentary trust (created by will to be funded upon your death), you must provide the *name of the trustee* and your *social security number*.
- Other Considerations:** You cannot name yourself as principal or contingent beneficiary. You also cannot name the same person as both principal and contingent beneficiary. A charitable organization or a religious charity cannot be named as beneficiary unless it is a trust.
- Required Signatures:** You must sign and date the form in the Signature section. Your spouse or another individual must also witness your signature and sign the form in the Signature section.
- Changing Your Beneficiary:** Prior to retirement you may change your beneficiary designation at any time by completing a new Form 2035.

Kentucky Retirement

Kentucky Retirement Systems is responsible for the investment of funds and administration of benefits for over 267,000 state and local government employees in the Commonwealth of Kentucky. These employees include state employees, state police officers, city and county employees, as well as nonteaching staff of local school boards and regional universities.

Facts about KRS

- The Kentucky Retirement Systems administers the Kentucky Employees Retirement System (KERS), County Employees Retirement System (CERS) and State Police Retirement System (SPRS).
- KERS, CERS and SPRS are "**qualified**" **public defined benefit plans** under Section 401(a) of the Internal Revenue Code. Defined Benefit plans pay benefits based on a formula, while Defined Contribution plans (such as a 401(k) plan) pay benefits based on contributions and earnings on those contributions.
- **A nine-member Board of Trustees administers the systems:** two trustees elected by KERS members; two trustees elected by CERS members; one trustee elected by SPRS members; three trustees appointed by the Governor; and the Secretary of the state Personnel Cabinet. One of the trustees appointed by the Governor must be knowledgeable about the impact of pensions on local governments. Elected trustees may serve no more than three terms consecutively.
- **The Board appoints the Executive Director to oversee administration.**
- **The Kentucky Retirement Systems operates on a fiscal year** (plan year) beginning July 1, and ending June 30.

Kentucky Retirement Systems Plan Funding

- Employees in nonhazardous positions contribute **5%** of their salary. Hazardous duty employees contribute **8%** of their salary. The employee contribution rate is set by statute.
- **Employers contribute at the rate determined by the Board of Trustees to be necessary for the actuarial soundness of the retirement systems** as required by KRS 61.565. The employer rate is reviewed annually following the valuation by a consulting actuary.
- All funds are invested in accordance with Kentucky law and Board policies. The Board is governed by the "**Prudent Person**" rule and must invest the funds solely in the interests of the members and beneficiaries of the retirement systems.

- **An annual audit is conducted to ensure proper accounting procedures.** An annual actuarial valuation is performed to assure that the contribution rates are sufficient to fund the benefits. Studies are conducted every five years to determine if actuarial assumptions reasonably reflect the actual experience of the retirement systems.

For more information on Kentucky Retirement Systems visit www.kyret.com.

Sick Leave Requirements by Hours and Days Worked

7 ½ hr. day	8 hr. day	Months of Service Credit	Number of Days
82.5 – 157.5	88 – 168	1	11 – 21
240.0 – 315.0	256 – 336	2	32 – 42
397.5 – 472.5	424 – 504	3	53 – 63
555.0 – 630.0	592 – 672	4	74 – 84
712.5 – 787.5	760 – 840	5	95 – 105
870.0 – 945.0	928 – 1008	6	116 – 126
1027.5 – 1102.5	1096 – 1176	7	137 – 147
1185.0 – 1260.0	1264 – 1344	8	158 – 168
1342.5 – 1417.5	1432 – 1512	9	179 – 189
1500.0 – 1575.0	1600 – 1680	10	200 – 210
1657.5 – 1732.5	1768 – 1848	11	221 – 231
1815.0 – 1890.0	1936 – 2016	12	242 – 252
1972.5 – 2047.5	2104 – 2184	13	263 – 273
2130.0 – 2205.0	2272 – 2352	14	284 – 294
2287.5 – 2362.5	2440 – 2520	15	305 – 315
2445.0 – 2520.0	2608 – 2688	16	326 – 336
2602.5 – 2677.5	2776 – 2856	17	347 – 357
2760.0 – 2835.0	2944 – 3024	18	368 – 378
2917.5 – 2992.5	3112 – 3192	19	389 – 399
3075.0 – 3150.0	3280 – 3360	20	410 – 420

Group Life Insurance Plan

The Commonwealth of Kentucky is pleased to offer you Group Term Life Insurance and Accidental Death and Dismemberment (AD&D) Insurance, issued by The Prudential Insurance Company of America.

Each eligible employee has a \$20,000 state sponsored life insurance policy including an Accidental Death and Dismemberment plan FREE. The Commonwealth pays \$1.86 per employee per month.

Prudential Insurance Company is the current life insurance carrier. This policy is a term life insurance policy with no cash value.

Seat Belt Benefit included with the Basic benefit for 10% of basic coverage amount (\$2,000).

Air Bag Benefit included with the Basic benefit for 5% of basic coverage amount (\$1,000).

Your insurance takes effect on the first day of the second month following the month you were employed.

An employee has the option to take out additional coverage up to two times their annual salary or provide coverage for a spouse and/or dependent child.

If you have a policy that is based on your annual salary, the volume of coverage will not automatically be changed. Employees must request a change in writing within 30 days from their salary increment.

Your dependent child can only be covered while under the age of 18, unless the child is a full-time student and dependent on you for support. The employee will be responsible to let the Group Life Insurance office know when the dependent child is no longer eligible for coverage.

Outside of a qualifying event, an employee can pick up coverage for their dependent child(ren) without providing evidence of insurability.

The spouse coverage is to be provided on a spouse while you are legally married. An employee cannot keep coverage for an ex-spouse after a divorce.

No beneficiary can be listed for the spouse and/or dependent coverage. The employee is automatically assigned as the beneficiary for this coverage. An employee can decrease coverage at any time providing the request is made in writing.

To increase coverage without an open enrollment or qualifying event, the employee must complete a medical history statement and have it approved by the insurance carrier.

The Life Insurance Branch does not offer an open enrollment period every year. The open enrollment period is only offered when a contract is signed with a new insurance carrier.

Employees will receive a new summary of coverage showing their individual life insurance coverage when changes are made to their account. These summaries will be mailed to the employee's home address.

Your life insurance policy terminates with your employment. You have an option to keep your coverage after terminating employment. Please call the Group Life Insurance Branch for your rate quote to convert your coverage as soon as you terminate employment.

Accelerated Benefit Option will be offered with this Prudential contract. Any employee with a life expectancy of 12 months or less will be able to collect up to 75% of the amount of their life insurance in force (limited to \$50,000).

For additional information, please contact your insurance coordinator or the Group Life Insurance Branch at 502-564-4774 or 800-267-8352.

Website address: <http://personnel.ky.gov/stemp/gli/>

Eligibility

As a member of one of these groups listed below, you are eligible to be insured under the Employee Group Life Insurance program of the Commonwealth of Kentucky.

A "state employee" is defined as an employee of the Commonwealth of Kentucky who is regularly employed working 100 hours per month by the State and is a contributing member of any of the retirement systems administered by the State.

An "employee of a local board of education" shall be defined as follows:

"Regular, full-time, non-certified employee" means an employee having the expectation that he is to be employed for the full school term (or the remainder of the school term) as defined in KRS 158.070, and whose assignments require a minimum of eighty (80) hours per school month as defined in KRS 158.060.

"Regular, full-time, certified employee" means an employee with the expectation that he is to perform duties for the full school term (or the remainder of the school term) as defined in KRS 158.070 but in no instance shall such employment require less than seventy (70) percent of the school day or school month as defined in KRS 158.060.

A "local health department employee" means an employee of a county, district or independent health department who is designated in a regular full-time or part-time 100 hour status.

An "elected state official" means a member of the General Assembly of the Commonwealth of Kentucky, Judge of the Court of Justice, Circuit Clerks, Commonwealth Attorneys, and Property Valuation Administrators.

A "quasi-agency" means an agency whose employers pays into a state-sponsored retirement system and has elected to participate in the state sponsored life insurance program.

Basic Insurance Amount

All eligible employees will be covered for the Basic amount of \$20,000 with Accidental Death and Dismemberment benefits included.

State Pays Costs Of Basic Insurance

The Commonwealth of Kentucky pays for your Basic Group Life Insurance. There is no cost to you.

Optional Life Insurance

In addition to the Basic Insurance, the Commonwealth of Kentucky Group Life Insurance Program offers you the option of purchasing additional insurance. You can choose the amount of coverage that is right for you.

Plan 1	\$5,000
Plan 2	\$10,000
Plan 3	One times annual salary*
Plan 4	Two times annual salary*

*Under Plans 3 and 4, insurance amounts will be the annual salary at the time of enrollment and will be rounded to the nearest multiple of \$1,000. Evidence of insurability will be required for insurance amounts over \$150,000.

Term Life Insurance Benefit

In the event of your death, your beneficiary will be paid the amount of the Basic Insurance and any additional amount purchased under the Optional Life Insurance plan. If the loss of life is caused by an accident, the Accidental Death Benefit is payable to your beneficiary in an amount equal to your Basic Life Insurance and Optional Life Insurance, if selected. If you select the Dependent Life Insurance for your family and the covered dependent dies, benefits will be paid to you.

As an enhanced benefit when you are terminally ill, with a life expectancy of 12 months or less, you can get a partial payment of your group life insurance benefit. The Terminal Illness Proceeds are equal to 75% of the amount in force on your life on the date Prudential receives the proof that you are a Terminally Ill Employee, but not more than \$50,000. You can use this payment as you see fit. The payment to your beneficiary will be reduced by the amount you receive with the Accelerated Benefit Option.

Beneficiary Designation

You have the right to choose a Beneficiary. If there is a Beneficiary for the insurance, it is payable to that Beneficiary at your death. If there is no Beneficiary designated, payment will be paid to the first surviving class of the following classes: (a) surviving spouse, (b) surviving children, (c) surviving parents, (d) surviving brothers and sisters, (e) estate. You may designate a new beneficiary at any time by completing a Beneficiary Designation form.

Leave Without Pay

Your insurance may be continued up to a maximum of one year during an approved leave of absence without pay. After one year has expired, your coverage will terminate unless you return to work as a full-time eligible employee. While on leave, you are required to make timely payments of the required contributions for Basic, Optional and Dependent Group Life Insurance. If no payments are received while on leave, the coverage will be terminated.

Family Leave

The Commonwealth of Kentucky will continue paying your Basic Life Insurance. You are responsible for timely payments of your insurance premiums for Optional Life Insurance and Dependent Life Insurance. If no payments are received for your Optional and/or Dependent coverage while on leave, the coverage will be terminated.

Conversion

If you terminate employment (including through retirement), you are guaranteed the opportunity to convert all or part of your Basic, Optional and Dependent Group Life Insurance to an individual policy within 31 days following the date your insurance coverage ends. Evidence of insurability will not be required.

If you are enrolled in Dependent Group Life Insurance, a covered dependent can convert to an individual policy should your insurance end due to death or employment termination. A spouse in a divorce situation and a dependent child who reaches the limiting age may also convert.

Information regarding the policies available for conversion and their associated costs can be obtained by calling the Group Life Insurance Administration at 502-564-4774 or 1-800-267-8352.

Written application, and payment of the first contribution, must be made within 31 days of the insurance termination date. If you or an insured dependent dies during the 31 day period, your insurance will be paid whether or not you applied for an individual policy.

Termination Of Coverage

Your Basic Insurance, Optional Insurance and Dependent Group Life coverage will end on the first day of the second month following the month employment ends.

Other Important Information

These materials may be available in alternate formats under the provisions of the American with Disabilities Act (ADA). Please ask your Insurance Coordinator.

Important: This information is designed to answer some common questions about the Group Life and AD&D insurance coverage being offered. It is not intended to provide a detailed description of the coverage. If you become insured, a more detailed description of the insurance coverage will be available in a group insurance certificate provided to you. The controlling provisions of coverage are in the group insurance policy. This information and the group insurance certificate do not modify the group insurance policy of the insurance coverage in any way.

Health Insurance Information

Your health insurance coverage may be one of the most important benefits you will receive as a new state employee. The Commonwealth of Kentucky provides you with the single Commonwealth Enhanced plan at no cost to you. In addition, the KEHP offers other options to cover your eligible dependents.

Beginning January 1, 2006, the KEHP transitioned to a self-insured arrangement statewide. This means that the Commonwealth, rather than the health insurance carriers, assumes the risk of our claims. To accomplish this, the Commonwealth pays an administrative fee to a Third Party Administrator (TPA) to process health insurance claims and to access its provider network. The Commonwealth also contracts with a Pharmacy Benefits Manager (PBM) to handle its pharmacy benefit.

KEHP Partners

Humana is the KEHP's Third Party Administrator. Express Scripts, Inc., is the KEHP's Pharmacy Benefits Manager (PBM). Both companies have established relationships with several business partners to assist with the administration of the KEHP and to provide specialized services to our employees. These partners have been approved by the Commonwealth of Kentucky and comply with all privacy regulations.

Active Health Management partners with Humana to offer Disease Management, Case Management and Utilization Management programs to the KEHP members.

Ceridian COBRA Continuation Services partners with Humana to administer COBRA continuation services for KEHP members.

CorpHealth, Inc. partners with Humana to provide mental health and substance abuse services.

CuraScript Pharmacy partners with Express Scripts to be the sole provider of certain oral and injectable specialty medications. CuraScript mails medications to the member's home, in addition to all needed supplies, at no additional cost.

Gordian Health Solutions partners with Humana to offer a Personal Health Analysis (PHA) which is available on the Web site at www.myhumana.com.

Eligibility

Full-time employees

Full-time employees of state agencies, boards of education, health departments, and quasi-governmental agencies who contribute to one of the state-sponsored retirement systems are eligible to participate in the KEHP.

Retirees

Retirees, **under age sixty-five (65)**, who draw a monthly retirement check from any of the following retirement systems are eligible to participate according to plan guidelines:

- Judicial Retirement Plan;
- Legislators Retirement Plan;
- Kentucky Community and Technical College System (KCTCS);
- Kentucky Retirement Systems (KRS), which include:
 - County Employees Retirement System (CERS);

- Kentucky Employees Retirement System (KERS);
- State Police Retirement System (SPRS).
- Kentucky Teachers' Retirement System (KTRS).

Dependents

Dependents who meet the dependent eligibility requirements are eligible to participate under the KEHP. A dependent is a member's spouse under an existing legal marriage and a member's dependent child up to the end of the year in which they turn 23. Specific dependent eligibility requirements are provided in your health insurance handbook.

Levels of Coverage

The KEHP provides you the opportunity to enroll in any of the following levels of coverage:

Single – covers the employee only.

Parent Plus – covers the employee and one or more eligible children.

Couple – covers the employee and the employee's spouse only.

Family – covers the employee, spouse and one or more eligible children.

Cross-Reference Payment Option

Cross-reference is a payment option available to two (2) legally married participating members in the KEHP. They may enroll themselves and their eligible dependent children in a family plan and elect the cross-reference payment option. This means that the cross-reference employee contribution will be deducted from each member's paycheck.

To be eligible to select the cross-reference payment option with a family plan, each of the following requirements must be met:

- the members must be legally married (husband and wife);
- the members must be eligible employees or retirees* of a group participating in the KEHP;
- the members must elect the same coverage; and
- the health insurance application must be completed, signed, and dated by the deadline by **both** members and filed with their employers' insurance coordinators.

Please note that a family cross-reference payment option terminates when one of the participating employees terminates employment. The remaining employee can elect a new plan if requested within deadline.

Initial Enrollment

Coverage for new employees will begin on the first day of the second calendar month following the employee's hire date. For example, if employment begins anytime in August, you will be eligible for coverage October 1.

You must complete, sign, and date a new application to apply for coverage or to waive your coverage within the first thirty (30) days of employment.

Qualifying Events

The KEHP is provided through a Section 125 cafeteria plan. This allows employees to pay for their health insurance premiums on a pre-tax basis. Section 125 plans are federally regulated. Federal guidelines state that if employees' health insurance is offered through a Section 125 plan, they cannot make a change in their health insurance options outside of the Open Enrollment period unless they experience an appropriate qualifying event. Qualifying events are also governed by federal guidelines. Some qualifying events include marriage, divorce, birth, adoption, loss of other health insurance coverage, etc.

You have thirty (30) days after a qualifying event occurs (except for birth, adoption, or placement for adoption, which is sixty (60) days) to complete, sign, and date an add or drop form to request a change.

Open Enrollment

Most changes are permitted during the KEHP's annual Open Enrollment period without a qualifying event. All changes made during the Open Enrollment period are effective on the first day of the following Plan Year.

Special Programs

Disease Management Programs

The KEHP, through Humana and Active Health, offer disease management programs for chronic conditions. Chronic conditions are on the rise and are becoming more prevalent as the population ages and longevity increases. Disease management systems are designed to reduce health care cost, prevent unnecessary health complications, and improve health outcomes for the chronically ill.

Disease management strategies are designed to correct deficiencies in the current care system, improve care quality and health outcomes, and reduce costs by:

- Identifying high-cost and high-risk patients;
- Educating those patients and empowering them to become better engaged in their own care management;
- Improving provider awareness and adherence to evidence-based care strategies; and
- Establishing more coordinated care interventions and follow-up systems to prevent unnecessary health complications.

Available Disease Management Programs include asthma, cancer, cardiovascular, stroke, kidney disease, congestive heart failure, emphysema, coronary artery disease, hypertension, low back pain, migraine, etc. For a complete listing of the conditions for which a disease management program is offered, contact Humana at 877-597-7474.

Wellness Initiatives

The Kentucky Employees Wellness Program is working to create a healthier workplace for Commonwealth employees throughout the state. The program includes projects such as a Virgin Health Miles, smoking cessation program, physical activity promotion, proper

nutrition, stress management, etc. We encourage you to embrace wellness as a way of life and to Live Well, Work Well: Mind, Body and Spirit. Wellness Works Kentucky! For more information about the Kentucky Employees Wellness Program, visit www.wellnessworks.ky.gov

Personal Health Assessment (PHA)

The KEHP, in partnership with Humana and Gordian Health Solutions, provides every covered member with the opportunity to complete a PHA. A PHA allows you to evaluate your current health status. It is a comprehensive and strictly confidential report card for your personal health habits and lifestyle. For instance, it asks information about physical activity level, family history, seat belt usage and stress level.

Humana uses this report, along with your medical claims history, to determine if you would benefit from a Disease Management Program. The PHA also offers you a one-time assessment from a health coach that can help you understand your report. Based on your responses to the questions, the PHA evaluates your risk for medical conditions. It also provides you with information to discuss with your physician, as well as Web site links to other resources for further assistance.

It only takes about 15 minutes to complete this assessment; however, the benefits can last a lifetime. Gauge your health status and learn how to achieve wellness: mind, body and spirit!

Once you have registered as a member and your coverage is in effect, you may complete your PHA by following the easy steps outlined in the following Web site: www.wellnessworks.ky.gov

Additional Information

For complete information regarding the KEHP, please refer to the health insurance handbook provided to you by your Insurance Coordinator. You may also find the handbook on the Web at <http://personnel.ky.gov/stemp/dei/default.htm>. The link also provides information regarding forms, rates, Summary Plan Descriptions (SPDs), and available programs.

Contact Information

Personnel Cabinet
Department for Employee Insurance (DEI)
Member Services Branch
200 Fair Oaks Lane, Suite 502
Frankfort, KY 40601
Phone: **(502) 564-6534**
Toll-free: (888) 581-8834
Fax: (502) 564-5278

COBRA Continuation Coverage

The Consolidated Omnibus Budget Reconciliation Act of 1986, or COBRA, provides that virtually all employers who sponsor group health plans must permit covered individuals, who lose coverage under that plan as a result of certain events, to elect to continue their coverage under the plan for up to a prescribed period of time on a self-pay basis.

Individuals who are entitled to COBRA continuation coverage are known as Qualified Beneficiaries.

In general, qualified beneficiaries include employees, their spouses, and dependent children who are covered under the plan the day before the Qualifying Event occurs.

The following are triggering events that an employee may experience:

- Termination of employment (for reasons other than the employee's gross misconduct) ; and
- Reduction in the employee's hours of employment.

The following are triggering events that an employee's spouse or dependent children may experience:

- Termination of employment (for reasons other than the employee's gross misconduct) ;
- Reduction in the employee's hours of employment;
- Death of the employee;
- Divorce or legal separation from the employee;
- The employee's entitlement to Medicare;
- The employer's commencement of a bankruptcy proceeding under Title 11 of the United States Code; and
- The child ceasing to be a covered dependent child under the terms of the Plan.

Flexible Spending Account (FSA) Programs

There are two FSA Programs available to you. These programs allow you to set aside money, on a pre-tax basis, through payroll deduction, for either a:

Health Care FSA: which is a program designed to allow you to use FSA dollars to pay toward out-of-pocket prescription costs associated with your health insurance plan, eligible medical expenses, such as doctor's office visits, x-rays, lab tests, and some services not covered by your health insurance. You decide how much to contribute to your Health Care FSA, up to a specified limit.

Dependent Care FSA: which is a program designed to pay childcare services, such as daycare or adult care services. You decide how much to contribute to your Dependent Care FSA, up to a specified limit.

More specific information on these pre-tax programs can be in the KEHP handbook. This is also available online at <http://personnel.ky.gov/stemp/dei/default.htm> or you may contact the Department for Employee Insurance, Member Services Branch with any questions about the Flexible Spending Account programs at 502-564-0351.

Flexible Spending Account Claim Form



Flexible Spending Account Claim Form

Part I: Employee Information (Please Print)

Employee Name (Last/First/MI)	Date of Birth	Social Security Number
Employee e-mail Address-Completion of e-mail address will auto enroll you to receive account e-mail correspondence.		Daytime Telephone Number

Part II: Reimbursement Request

Types of Service <small>Combine all same Type of Service Expenses</small>	Dates of Service		Explanation of Benefits (E.O.B.) Included (Y/N)	Total Requested Amount
	Beginning Date	Ending Date		
Medical				
Vision				
Prescription				
Dental				
Durable Medical Equipment				
Other				
Total Requested Amount				

Part III: Dependent Care Affidavit and Reimbursement Request

#	Dependent's Full Name	Date of Birth	Dates of Service		Total Requested Amount	Adult	DayCamp	Daycare
			Beginning Date	Ending Date				
1								
2								
Total Requested Amount:								
Provider Tax ID:			Provider Name:					

I provided Adult/Child Care Services to the above individuals in accordance with the amounts and dates that are requested:

Provider Signature: _____ Date: _____

TO EXPEDITE CLAIM PAYMENT, PLEASE FILL OUT COMPLETE CLAIM FORM

Part IV: Employee Certification for Reimbursement

I hereby certify that:

- The above information is correct;
- I have not received reimbursement previously from my FSA or any other plan, and these expenses are not eligible for reimbursement under any other plan; and I understand that:
 - Dependent care expenses reimbursed through this account cannot be used as a dependent care credit on my personal tax return;
 - Reimbursement is not a guarantee that this payment is tax free; and
 - Health care expenses reimbursed through this account cannot be used as a deduction on my personal income tax return.

I hereby authorize release of payment through my Flexible Spending Account. I hereby authorize Humana Inc. or its representatives to obtain necessary information from all physicians, hospitals, medical service providers, pharmacists, employers, and all other agencies or organizations (this includes other insurers) to consider the claim for reimbursement under my Flexible Spending Account.

Employee Signature: _____ Date: _____

How The Pay System Works

As an employee of the state, you will receive your paycheck on the 15th and the 30th of each month, when those dates fall on a regular workday. Whenever a payday falls on a weekend or holiday, checks are issued on the last workday preceding the 15th and the 30th.

If you are a new employee, you will not receive a check the first payday following your first day of work. State government must pay its employees one pay period in arrears, so you will get your paycheck for hours worked during the previous pay period, not the current one. In other words, your end-of-the-month paycheck is for the period covering the first 15 days of the month.

A beginning employee must work a month before receiving pay for the first pay period. After that, new employees receive their pay checks when all other employees do. If you leave state employment, you will receive your last check two weeks after you leave.

Your paycheck stub provides you with information about your hours worked, earned leave balances, and deductions. Since your paycheck stub is really an itemized receipt, you should save it as a permanent record of your earnings, deductions, leave balances, taxes and hours worked. If you dispute any of the information on your pay stub, you should contact your agency payroll officer, immediately.

Many state employees are choosing to have their paychecks direct deposited automatically in their checking or savings account. This convenience may save you time, postage, gasoline--and the anxiety of waiting in line. Ask your payroll officer about this time saving option.

Direct Deposit Form

Commonwealth of Kentucky
Revised April 2, 2002

UPPS 15-W

DIRECT DEPOSIT FORM

Use this form to either begin (NEW—ONE ACCOUNT), (NEW—TWO ACCOUNTS), or stop (STOP/CHANGE). Please print all answers. Return the form to your payroll officer.

If you are applying to begin direct deposit, check with your bank or credit union to make sure it is a member of the Automated Clearing House (ACH). Banks, credit unions, and savings and loans can be members of ACH. You do not need to complete item H below if you can supply your payroll officer with a voided copy of one of your personalized checks so that the routing and account numbers can be verified.

If you want to stop direct deposit, complete only Items A-C, F and I.

EMPLOYEE
A. NAME: _____ **B. SSN:** _____
C. DEPT. OF: _____ **PHONE:** _____
DIVISION: _____ **PPS CODE:** _____

Check only one of the boxes below as to which action you want taken on this application.

- D.** **NEW-- ONE ACCOUNT** Check this box if you want to begin direct deposit. Complete Item G. Direct deposit will start within six weeks from the time the paperwork is processed.
- E.** **NEW-- TWO ACCOUNTS** Check this box if you want to begin your direct deposit and use two accounts and/or different banks. Complete Item G. Direct deposit will start within six weeks from the time the paperwork is processed.
- F.** **STOP/ CHANGE** Check this box if you wish to stop using direct deposit, or if you wish to change your existing direct deposit to one of the preceding. To stop, just sign under Item I. Direct deposit will be stopped within 15 days from the time your payroll officer submits the necessary paperwork. You do not need to complete any other items. To change, fill out another Direct Deposit Form and submit to your payroll officer. Direct deposit will start again within six weeks from the time the paperwork is processed.

G. ACCOUNT NUMBER INFORMATION. Choose which of the following three **OPTIONS** you want in direct depositing your net paycheck, and fill in other necessary information:

CHECK ONLY ONE OPTION

-

SAVINGS	CHECKING
Deposit 100% of net to savings.	Deposit none to checking.
Deposit none to savings.	Deposit 100% to checking.
Deposit exactly \$_____ each pay period to savings.	Deposit the remainder to checking.

H. NAME & ADDRESS OF FINANCIAL INSTITUTION:

SAVINGS INSTITUTION INFORMATION ONLY

CHECKING INSTITUTION INFORMATION ONLY

ACCOUNT NUMBER:

ROUTING NUMBER:

We, the above designated institution, have verified that the **ACCOUNT NUMBER INFORMATION** shown above is correct.

SIGNATURE OF AUTHORIZED OFFICIAL

DATE

DATE

I. EMPLOYEE SIGNATURE. I authorize and request the above indicated action be taken with regard to my account at the bank, credit union, or savings and loan, stated above. This authorization revokes all prior notifications as to my net pay. (If this form is establishing accounts, I understand that the bank, credit union, or savings and loan company reserves the right to cancel this agreement by notice to me.)

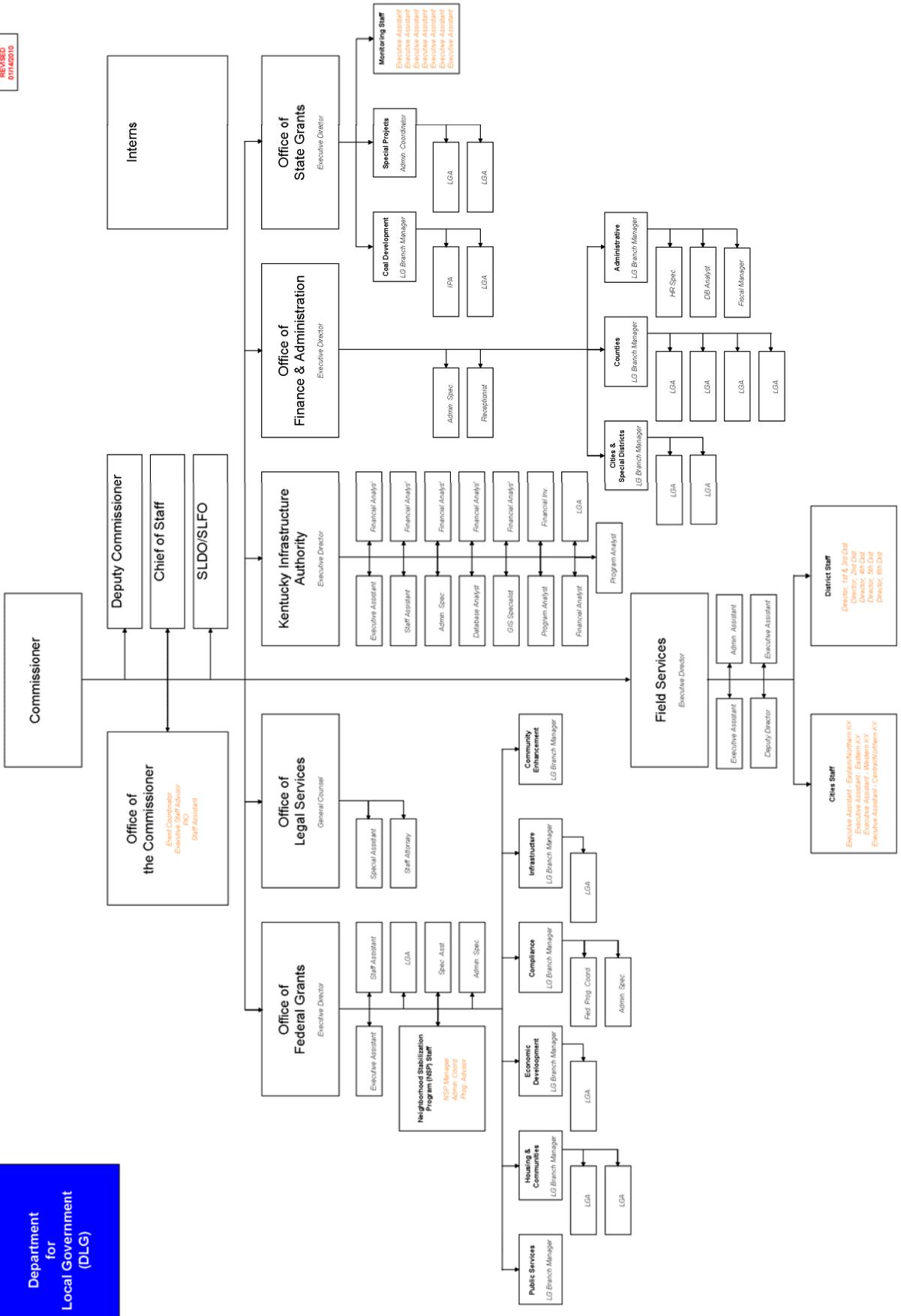
Signature: _____ **Date:** _____

Timesheet

Check Distribution No. 14038										EMPLOYEE TIME REPORTING - MARS REPORTING					FORM NO P-41 REVISED 9/00	
Co. No.	Organization No.	Name (Last, First Middle Initial)			Social Security No.	OT Status	Pay Type	Shift Code	Work Week	ORG	FBU	FUND	Activity	Function		
39 785	000-010-000-00	Doe, John T			012-34-5678	2	H	4	37.50	1234	AFD0	1300	1234	1234		
STANDARD HOURS		PAY PERIOD ENDING DATE			ANNUAL	SICK	COMP.									
75.00		1/15/2006			0.00	0.00	0.00	Beginning Balance								
					0.00	0.00	0.00	Hours Used								
					N/A	N/A	0.00	Hours Earned								
					0.00	0.00	0.00	Ending Balance								
								Annual Months of Service		0		Eligible for Block 50				
								Sick Months of Service		0						
Jan 2006	DAILY REGULAR HOURS	OVERTIME				LEAVE HOURS										
		COMP. EARNED	W/PAY	Hours	Worked	ANNUAL	SICK	COMP.	HOLIDAY	W/O PAY	OTHER	OTHER	2nd Shift	3rd Shift	MEMOS FOR DAILY ENTRIES	AUTH
		1.0	1.5	1.5												
Sun/01	W/E															
Mon/02									7.50							
Tue/03	7.50															
Wed/04	7.50															
Thu/05	7.50															
Fri/06	7.50															
Sat/07	W/E															
Sun/08	W/E															
Mon/09	7.50															
Tue/10	7.50															
Wed/11	7.50															
Thu/12	7.50															
Fri/13	7.50															
Sat/14	W/E															
Sun/15	W/E															
TOTALS	67.50								7.50							75.00
CODES	700	910	930	1.5		920	918	913	903	902		925	926			Total Hrs
															Hours to be Paid==>	75.00
Number of one-way trips state vehicle was used to commute from home to the work site or from the work site to home.																
Amount to be taxed. Each one-way trip has taxable fringe benefit of \$150. Tax will be withheld on that amount																
I certify that all information reported above is correct and that attendance, absences, overtime, leave and use of state vehicles is in accordance with existing laws and regulations and Cabinet policies																
Updated 3/15/06 9:31 AM																
<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="width: 45%; border-bottom: 1px solid black; height: 40px;"></div> <div style="width: 45%; border-bottom: 1px solid black; height: 40px;"></div> </div>																
<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="width: 45%;">EMPLOYEE SIGNATURE</div> <div style="width: 45%;">SUPERVISOR SIGNATURE</div> </div>																

SECTION TWO

DLG Overview



Welcome to DLG

The Department for Local Government, or DLG, provides financial help in the way of grant and loan assistance, as well as advising local governments in matters of budget, personnel and other issues relevant to those entities.

Our Vision:

We will partner with Kentucky's local communities to enrich their citizens' quality of life.

Our Mission:

We will empower our partners with effective advocacy, information, and funding resources.

DLG also partners with the state's 15 Area Development Districts in serving the local governments of Kentucky.

DLG is comprised of:

- I. Office of the Commissioner
 - a. Financial Management and Administration: provides technical assistance and oversight in the areas of procurement and financial management to counties, cities and special districts.
 - b. Office of Federal Grants: administers federal grants: (detailed in accompanying brochure)
 - i. Community Development Block Grant (CDBG)
 - ii. Community Emergency Relief Funds (CERF)
 - iii. Community Projects
 - iv. Economic Development
 - v. Housing
 - vi. Public Facilities
 - vii. Public Services
 - viii. Appalachian Regional Commission (ARC)
 - ix. Delta Regional Authority (DRA)
 - x. Land and Water Conservation Fund (LWCF)
 - xi. Local Matching Funds for Flood Control
 - xii. Recreational Trails Program
 - c. Office of State Grants: administers state grants (detailed below):
 - i. Area Development Funds (ADF)
 - ii. Kentucky Cemetery Preservation Fund
 - iii. Local Government Economic Assistance Fund (LGEAF) and Local Government Economic Development Fund (LGEDF)
 - v. Community Development Fund and General Government Line-Items
 - vi. Renaissance on Main
 - d. Kentucky Infrastructure Authority: provides mechanism for funding construction of local public works projects (basic water, sewer, solid waste facilities and broadband service):
 - i. Clean Water State Revolving Fund
 - ii. Infrastructure Revolving Loan Fund
 - iii. Governmental Agencies Program

- iv. Drinking Water State Revolving Loan Fund
- v. WRIS – GIS & info on water resources
- vi. Broadband Initiative
- vii. Administer line-item appropriations in budget for water and sewer.

ALSO:

- *Kentucky State Clearinghouse*: state point of contact for providing state and local input to the appropriate federal agency regarding funding.
- *County Officials Training Program*: Per HB 810, the program offers county judge-executives, fiscal court members, clerks, sheriffs and jailers an annual financial incentive to participate in continuing training relevant to their official duties.
- *Governor's Local Issues Conference*: held annually at Galt House in Louisville for statewide local officials. Offers workshops for training credits, speakers to motivate and educate local officials, and networking opportunities.

Office of State Grants

Virginia Graves
Executive Director

Area Development Funds (ADF): In coordination with local Area Development Districts, ADF funds may be used for infrastructure needs including building construction; property and major equipment purchases; and water, gas sewer, electrical and solid waste management. Contact Jamie Mangeot ext. 215.

Cemetery Preservation Fund: Funds may be used to encourage and support maintenance and preservation projects for gravesites and cemeteries. **Note:** This program is currently not accepting applications. Check the DLG website for updates

Local Government Economic Assistance Fund (LGEAF): Programs of revenue sharing for cities and counties: one for coal severance receipts and one for non-coal minerals receipts.

Local Government Economic Development Fund (LGEDF): Single county and multi-county program provides grants of coal severance and processing tax revenues to coal-producing counties. Contact Amy Barnes ext. 219.

General Government Line-Item Projects: Projects whose funding is authorized specifically through budget language. Contact Harry Carver ext. 285

Renaissance on Main: Reserved for cities with Main Street programs certified by the Kentucky Heritage Council. **Note:** This program is currently not accepting applications. Check the DLG website for updates. Contact Harry Carver ext. 285

Energy Efficiency and Conservation Block Grants: Details expected mid-summer 2009. Check website for updates. Contact Harry Carver ext. 285

DLG Grants Calendar

Appalachian Regional Commission: Pre-applications now being accepted for FY 2010

Delta Regional Authority: Pre-applications are due to respective ADDs by March 30, 2009

Recreational Trails: Dec 1, 2009–March 31, 2010

Land and Water Conservation Fund: Dec 1, 2009–March 31, 2010

Flood Control: Applications accepted all year

Community Development Block Grant Program: Public Facilities Pre-submissions:

May 1, 2009–January 4, 2010

Applications Upon Pre-submission approval:

Full Application Due February 8, 2010

Economic Development: May 1, 2009–March 31, 2010

Community Emergency Relief Fund Pre-submissions:

May 1, 2009–January 4, 2010

Applications Upon Pre-submission approval:

Full Application Due February 8, 2010

Community Projects Pre-submissions:

May 1, 2009–January 4, 2010

Applications Upon Pre-submission approval:

Full Application Due February 8, 2010

Housing Pre-submissions:

May 1, 2009–January 4, 2010

Applications Upon Pre-submission approval:

Full Application Due February 8, 2010

Renaissance on Main: Currently not accepting applications. Check website for updates

Area Development Funds: Applications accepted all year

Cemetery Fund: Currently not accepting applications. Check websites for updates

Single County/Multi County Coal Severance: Applications accepted all year, subject to availability of funds



Governor's Office Department for Local Government

Tony Wilder
Commissioner

Funding Guide

Department for Local
Government

1024 Capital Center

Drive, Suite 340

Frankfort, KY 40601

Phone: 800-346-5606

Fax: 502-573-2939

Website: www.dlg.ky.gov



Office of Federal Grants

Lynn Littrell
Executive Director

Community Development Block Grant (CDBG) Program:

The CDBG program is available to city and county governments for a variety of projects. Entitlement communities are ineligible. The CDBG program areas and descriptions are listed below.

Community Emergency Relief Funds (CERF): Funds may be used as a means to recover when severe weather or other crisis adversely impacts the health, safety and welfare of a community. To be eligible, communities must have experienced a disaster in the past 18 months as documented by a declaration from the Governor. Contact Michael Hale ext. 262.

Community Projects: Funds may be used to address human service needs such as health departments, senior centers, crisis centers and facilities that provide services to low and moderate income persons. Funds may also be used to revitalize downtown areas within a designated Renaissance on Main district. Contact Cathy Figlestahler ext. 240

Economic Development: Funds may be used to create or retain jobs, and provide for the training and human services that allow for professional advancement of low-income persons. Contact Edwin Scott ext. 249.

Housing: Funds may be used to provide decent, safe and sanitary housing; expand affordable housing; and revitalize neighborhoods. Contact Cathy Figlestahler ext. 240

Public Facilities: Funds may be used for infrastructure needs that primarily develop Kentucky's water and wastewater systems. Contact Marilyn Eaton-Thomas ext. 233.

Neighborhood Stabilization Program: One time allocation of funds from the U.S. Department of Housing and Urban Development (HUD) to provide targeted assistance to acquire and redevelop foreclosed properties to prevent abandonment and neighborhood blight. Contact Anne Charney ext. 235

Federal Grants (Cont'd)

Appalachian Regional Commission (ARC): ARC funds may be used to assist the economic development of Appalachia through a variety of projects in the areas of public infrastructure (water, sewer, housing and telecommunications), human resource development (education, workforce development, affordable and accessible healthcare), and business development. 51 KY Counties qualify for ARC funding. Contact Peggy Satterly ext. 250.

Delta Regional Authority (DRA): DRA funds may be used to for economic development in the 21 DRA-eligible Counties. Contact Peggy Satterly ext. 250 or the local Area Development District.

Land and Water Conservation Fund (LWCF): LWCF funds may be used to acquire land for recreational development, construct new outdoor recreational facilities or the renovation of existing facilities. Contact Jodie McDonald ext. 222.

Local Matching Funds for Flood Control: Funds may be used to help meet the cost-share match requirements associated with the Corps of Engineers, the Federal Emergency Management Agency and the Natural Resources Conservation Service flood control programs. Contact Michael Hale ext. 262.

Recreational Trails Program (RTP): Funds may be used to acquire easements for recreational trails and to develop and renovate trails for both motorized and non-motorized use. Contact Jodie McDonald ext. 222.

**DLG offices can be reached by calling
1-800-346-5606 or online at
www.dlg.ky.gov**

Kentucky Infrastructure Authority John Covington Executive Director

Kentucky Infrastructure Authority (KIA) serves as a mechanism for funding construction of local public works projects related to water, sewer, solid waste facilities and other basic infrastructure necessary for economic growth. KIA is administratively attached to DLG.

Federally-Assisted Wastewater Revolving Loan Fund (Fund A): Funds may be used for wastewater facilities necessary to achieve or maintain compliance with the Clean Water Act. Contact Sandy Williams ext. 224.

Infrastructure Revolving Loan Fund (Fund B): Funds may be used to provide low interest loans for infrastructure projects that facilitate economic development. Contact Kasi White ext. 238.

Governmental Agencies Program (Fund C): Funds may be used for infrastructure projects. Contact Kasi White ext. 238.

Federally-Assisted Drinking Water Revolving Loan Fund (Fund D): Funds may be used for drinking water facilities to achieve or maintain compliance with the Safe Drinking Water Act. Contact Sandy Williams ext. 224.

**Kentucky Infrastructure Authority offices
can be reached by calling 502-573-0260 or
online at www.kia.ky.gov.**

Duties and Responsibilities:

Office of Financial Management and Administration

FM&A provides technical assistance and oversight in the areas of procurement and financial management to counties, cities and special districts.

Another responsibility is the annual certification of property tax rates for counties and the annual cost of living adjustment for all constitutional officers.

Coordinates its activities as they relate to the management of the standard chart of accounts, with the State Local Finance Officer and the State Local Debt Officer. The State Local Finance Officer establishes statewide financial management guidelines as defined by statute.

Counties

Nearly all facets of the Counties Branch operations are designed to assist the State Local Finance Officer and county officials in the performance of their statutory duties. Many of those services performed by the Counties Branch staff are:

- Supervise the uniform budget system.
- Inspect, supervise, and revise the uniform system of accounts as needed.
- Review all budgets to form and classification to budget law and make recommendations and changes to local officials and State Local Finance Officer.
- Review quarterly financial statements for accuracy and compliance with budget law.
- Certify to counties, the compensating and four percent ad valorem rate on real property.
- Calculation of county and countywide special district tax rates.
- Conduct field visits to review compliance with the uniform system of accounts and prescribe corrective action if needed.
- Prepare training materials and conduct training for county officers and officials.
- Provide technical assistance and information on all matters relating to county government to units of local government on matters including, but not limited to, fiscal management, purchases, contracts and local officials duties and responsibilities in the collection, expenditure, and management of public moneys subject to their control and jurisdiction.

Cities Districts

The Cities and Special Districts Branch assists officials across Kentucky in meeting the various regulatory requirements for budget and financial reporting. The Branch also provides technical assistance for a variety of issues from special purpose government creation, to basic guidance in budget and accounting practices.

With over 400 Cities and 1300 Special Districts, the services offered by the Cities and Special Districts Branch encompass five main categories:

1. Financial Reporting and Record Keeping
2. Preparation, distribution, and collection of numerous budget and financial reporting documents required by state statute.
3. Data collection and aggregation of key financial trends, including annually providing data to the U.S. Census Bureau.
4. Advising the State Local Finance Officer of reporting compliance and ensuring timely filing of reports to DLG.
5. Providing an official repository of local government financial and contact data as required by statute.

Special Districts

Distribute, collect, and maintain the official records of special purpose governments in Kentucky, including creation documents, contact information, and annual financial data (uniform financial reports and annual budgets).

Provide advice and technical assistance on the creation or dissolution of special purpose governments.

Periodic training is provided quarterly through annual association meetings, conferences and workshops.

Various sample forms and guides are provided on topics ranging from Capital Planning to suggested budget calendars on the downloads page.

KIA

Basic infrastructure is a necessity for economic growth. Many of our Kentucky communities do not have the basic water, sewer, solid waste facilities and other infrastructure that they need for their citizens. This is due in large part to the high costs of these services. The Kentucky Infrastructure Authority (KIA) was created in 1988 to provide the mechanism for funding construction of local public works projects. KIA is continually growing and expanding its services. Through the various programs currently offered, KIA has become the answer for local financing needs.

DLG Time and Attendance Guidelines

revised 8-16-05

Call-In guideline: Everyone is expected to be to work on time, but there are times when you may be running late. If you are going to arrive 30 minutes after your start time please notify your direct supervisor. Use voicemail if necessary. If you are unable to get through to their voicemail, let the receptionist know. If you are unable to call, please call as soon as possible. A habit of tardiness is unacceptable, and may result in disciplinary action.

Flex Time Guideline (working hours other than 8:00a.m. to 4:30p.m.): Flextime is allowed, with permission from your manager. Permission may be withdrawn at any time.

Pre Approved Sick Leave Guideline: If possible, please get approval from your immediate supervisor for sick leave. If sick leave becomes excessive, a doctor's slip may be required. An appointment for an existing condition or routine examination does not necessarily mean the entire day is considered a sick day (unless you are too ill to work). When in doubt, discuss with your supervisor.

Emergency Sick Leave Guideline: For sick leave where prior approval cannot be obtained, please notify your immediate supervisor as soon as possible. At the beginning of the day, notification should be made by 8:30 a.m. Use voicemail if necessary. If you are unable to get through to their voicemail, let the receptionist know. Not notifying your direct supervisor may result in disciplinary action.

Annual and Compensatory Leave Guideline: If you are going to use annual or comp time, please get prior approval with your immediate supervisor. E-mail approval will suffice. Same day approvals are discouraged.

Leave Approval Notification: Leave slips are no longer required. Email approval will be sufficient for any leave request. It is recommended that an employee email the supervisors to request leave, the supervisor reply back to the employee if the request is approved. The employees should keep the email approvals for 6 months.

Timesheet Guideline: All timesheets must be turned in to the payroll office by noon the second business day of the new pay period (unless requested differently by the payroll office). A timesheet does not need signatures to be processed. If a signature can not be obtained by the deadline please submit a copy of the timesheet to the payroll office by the deadline. When the signatures are obtained, the original timesheet will be submitted to replace the copy.

Adverse Weather: Administrative Regulation (101 KAR 2:102, Section 10) addresses Adverse Weather. Simply stated, employees typically must use leave time to account for absences from work due to adverse weather. However, there is a provision that allows employees to defer the leave and make that leave up over a four-month period. Discuss this with your immediate supervisor.

Overtime Approval: Prior approval to work overtime should be obtained from your direct supervisor.

Personnel Policies and/or Regulations and/or the Appointing Authority may modify or supersede any of these guidelines.

DLG Vehicle Guidelines

Requesting a Vehicle: If you need a vehicle you can either:

1. Reserve the car on the calendar in outlook.
2. Send an email to melinda.parrish@ky.gov requesting the date(s) and vehicle that will be needed.

Returning a Vehicle: When returning a vehicle please ensure the vehicle is clean and the gas gauge is above a half tank (full tank is preferred).

Returning Keys: The keys to the vehicle will need to be returned no later than 8:15 a.m. the next working morning the vehicle is borrowed.

Transportation Policies and/or Regulations and/or the Appointing Authority may modify or supersede any of these guidelines. A failure to comply with any of the above guidelines could result in disciplinary action.

SECTION THREE

Policies & Procedures

Time and Attendance

Annual Leave

- Each full-time employee receives annual leave at the end of each month based on the following schedule:

Months of Service	Annual Leave Days
0-59 months	1 leave day per month; 12 per year
60-119 months	1 1/4 leave days per month; 15 per year
120-179 months	1 1/2 leave days per month; 18 per year
180-239 months	1 3/4 days per month; 21 per year
240 months & over	2 leave days per month; 24 per year

- A full-time employee shall have worked, or been on paid leave, other than educational leave with pay, for 100 or more hours per month to accrue annual leave. Accrued leave shall be credited on the first day of the month following the month in which the annual leave is earned.
- If you want to take annual leave, you must request leave in advance from your immediate supervisor. You may take your leave in 15-minute increments.
- Employees who make a timely request for annual leave shall be granted annual leave, during the calendar year, up to at least the amount of time earned that year, if the operating requirements of the agency permit. Your supervisor may disapprove your request for annual leave if it interferes with meeting the agency's operating requirements. For example, if three people out of five in the unit want to take annual leave and the work won't get done, the supervisor may say "no." This is why it is important to ask for leave as far ahead of time as possible. If you think your supervisor is being unfair, you may ask him/her if you may discuss it together with the next line supervisor.
- You may use annual leave when you are sick if you have no sick leave left.
- You can save your annual leave according to the following:

Months of Service	Maximum Amount
0-59 months	Thirty (30) workdays
60-119 months	Thirty-seven (37) workdays
120-179 months	Forty-five (45) workdays
180-239 months	Fifty-two (52) workdays
240 months & over	Sixty (60) work days

If you have a balance of at least 100 hours of compensatory leave, you may be required to use compensatory leave before your request to use annual leave is granted, unless your annual leave balance exceeds the maximum number of hours that may be carried forward.

Upon retirement, all excess annual leave above the maximum amount will be converted to sick leave and used for sick leave retirement credit at the Retirement Systems.

If you resign from state employment, you will be paid for all accumulated annual leave up to the maximum permitted based on your months of service. At the end of the calendar year, you are allowed to carry forward the maximum number of annual leave hours for the number of years which you have worked for state government. If you have more than the maximum allowed at the end of the year, your excess amount will convert to sick leave.

If you are laid off you will be paid for all unused accumulated annual leave time up to the legal maximum you are permitted to carry over from year to year.

If you are dismissed for cause or fail to give a two weeks notice of resignation without proper notice, you may forfeit all of your unused annual leave time. Your agency will decide whether you are to receive payment for your accrued annual leave.

Sick Leave

- Full-time employees shall accumulate sick leave with pay at the rate of one day each month. A full-time employee shall have worked, or been on paid leave, other than educational leave with pay, for 100 hours or more per month to accrue sick leave.
- You can use sick leave when you:
 - Are unable to work due to medical, dental or optical examination or treatment
 - Are Disabled by illness or injury, you may be required to provide a doctor's statement certifying your inability to perform your duties for the days or hours of sick leave requested.
 - Are required to care for or transport a member of your immediate family in need of medical attention for a reasonable period of time.
 - Have lost by death a spouse, parent, grandparent, child, brother or sister, or the spouse of any of them. Sick leave may be granted to include other relatives of close association. Leave under this subparagraph shall be limited to three (3) days; or
 - Require leave for the birth, placement or adoption of a child.
- After 10 years of service, you are given a bonus of 10 additional sick leave days. After 20 years of service, you shall have an additional ten (10) days credited to the sick leave balance.
- You are strongly encouraged to save your sick leave for emergency illness. There is no limit to the number of hours you can save. Upon your retirement from state government, you may use your accumulated sick leave to purchase additional months of service in the retirement system. If you resign your position, your sick leave remains on the books to be restored to you if you ever return to work in state government.

- You must file a written application for sick leave with or without pay within a reasonable time.
- Except for an emergency illness, you must request advance approval for sick leave for medical, dental or optical examinations, and for sick leave without pay.
- If you are too ill to work, you must notify your immediate supervisor or other designated person. Failure, without good cause, to do so in a reasonable period of time shall be cause for denial of sick leave for the period of absence.
- You may be required, for good cause and on notice, to supply supporting evidence in order to receive sick leave.
- You may take your leave in 15-minute increments.

Why Save Your Sick Leave?

If you ever get sick or injured and you have to be absent from work for a long time, hopefully you will have enough sick leave and other leave to cover your absence. If you don't have enough leave time, chances are you will go "Off the Payroll", and be in a leave-of-absence-without-pay status. Below are some of the consequences of going "Off the Payroll" for a lengthy period of illness:

1. You won't be paid your salary.
2. You won't be paid for any Holidays that fall during your period of leave without pay.
3. You won't earn vacation and sick leave during this period.
4. You may have to work extra months to become a "Career Employee" or to qualify for retirement. Remember that you have to work 100 or more hours per month to gain service credit for that month.
- *5. You must pay for your dependents' and your health insurance premiums, which would normally be deducted from your paychecks.
- *6. You must pay for your Group Life Insurance premiums, which would normally be deducted from your paychecks.
- *7. You will have to make your own payment arrangements for any normally payroll-deducted loans, insurance, etc.

*See FAMILY LEAVE section for exceptions.

Sick Leave With Pay

Each state employee who works 100 or more hours per month accumulates sick leave with pay at the rate of one day per month. There is no limit to the number of sick days you may accumulate.

Sick Leave Without Pay

If you are sick or injured, you may take sick leave without pay for up to one year. To do

so, you must complete the appropriate leave request form in your agency and furnish a medical certificate signed by a doctor certifying your specific condition.

If you take sick leave without pay, you may request to leave 10 days of your earned sick leave with pay in your sick leave balance for later use after you return to work. Whether or not you choose to use all of your sick leave with pay before taking leave without pay is up to you. When you are ready to return to work from sick leave without pay and have notified your agency of your ability to perform your job duties, your agency must return you to a position for which you are qualified and which resembles your former position as closely as circumstances permit. If you do not notify your agency of your readiness to work, your agency will notify you ten days before your sick leave without pay runs out. An employee who is unable to return to work at the end of one (1) year of sick leave without pay, after being requested to return to work at least ten (10) days prior to the expiration of such sick leave, will be considered resigned by the appointing authority only if the appointing authority has been unable to place the employee in a vacant, budgeted position, with the same agency, for which the employee qualifies. The employee shall be given priority consideration for such vacant position, if he is capable of performing its essential functions with or without reasonable accommodation.

Sick Leave Longevity Award

Employees whose career work for the state reaches 120 months receive a bonus of 10 additional sick leave days in consideration for their service. After completion of 240 months, employees will receive 10 additional days of sick leave.

Sick Leave Sharing

In the event of a prolonged or catastrophic illness or injury, or an extended absence due to illness of a family member, eligible employees who accrue sick leave and who have exhausted their leave balances may have sick leave donated to them by other eligible state employees. Information on this program and the forms needed to receive or donate leave may be obtained from your Personnel Administrator.

Sick Leave Abuse

Your earned sick leave with pay is intended as a benefit for you to use at those times when you have a bona fide need for it. As your employer, the state has defined the terms for using sick leave very broadly, recognizing that there are many circumstances other than your own unexpected illness when you might justifiably claim sick leave. Sick leave cannot, however, be used for unnecessary occasions when it would be convenient for you to be absent. For those times, you must apply for annual or compensatory leave. The employee who abuses sick leave causes either a work slow-down or places an unfair strain upon fellow workers who must do the work in his or her absences. In consideration for your fellow workers, your agency, and the people state government serves, spend your sick leave time wisely. Remember that a large amount of accumulated sick leave with pay is your cheapest form of disability insurance.

Sick Leave Donation Form

Name of Donor: _____

Department: _____

Social Security Number: _____

Amount of Donation to be credited to Recipient: _____
(Employee must have 75 hours remaining after donation. Minimum amount employee may donate is 7.5 hours.)

Name of Recipient: _____

Department: _____

Social Security Number: _____

I hereby certify that this donation is given without expectation or promise for any purpose other than that authorized by KRS 18A.197.

Signature of Donor Date

This is to certify that the employee named above has a sufficient sick leave balance to donate the hours indicated under the provisions of KRS 18A.197.

Signature of Appointing Authority Date

The Donor's Payroll Officer must forward one copy of this form to the Recipient's Payroll Officer and one copy to the Personnel Cabinet, Processing & Records Branch, Room 531, 5th Floor, 200 Fair Oaks Lane, Frankfort, Kentucky 40601.

TO BE COMPLETED BY RECIPIENT'S PAYROLL OFFICER
Recipient's current sick leave balance: _____ +
_____ donation = _____ **Recipient's New Sick Leave Balance**

Compensatory Time and Leave

From time to time the office may have extra work which will require that some employees work extra hours. If you are directed to, or request and are authorized to, work in excess of the prescribed hours of duty, you will receive compensatory (comp) time for overtime hours worked up to 40 in one week. Above that, you may either be paid time and a half overtime, receive time and one half comp time, or straight time comp time, depending on your job classification and your comp time election process.

Comp time is to be taken following the guidelines listed for annual leave. Remember that you cannot accumulate comp time unless your supervisor has directed the work. The maximum hours of comp time you may accumulate is 240. When you reach 240 hours of comp time, you will receive pay for 50 hours and your balance will be reduced by 50 hours. Employees in policy-making positions will not receive pay for 50 hours and will lose any hours accumulated above 240 hours each pay period. If you quit your job, you will be paid for your accumulated comp time, up to a maximum of 240 hours. If you are absent from duty without prior approval, you must report the reason for the absence to your supervisor immediately. If you fail to report or obtain authorization for your absence, it will be considered "absence without leave", be treated as leave without pay for employees covered by the provisions of the Fair Labor Standards Act, and constitute grounds for disciplinary action.

When you use your compensatory leave time during the same week you earn it, it does not count as "hours worked" for figuring overtime compensation. You must request the use of your compensatory leave in advance, just as you would for annual leave. The maximum amount of compensatory time that can be accumulated is 240 hours. Once 240 hours is reached, employees in non-policy making positions will be paid for a block of 50 hours and the balance reduced accordingly. Employees who have accumulated over 150 hours may request a block 50 payment; however, the agency is not required to pay until 240 hours is reached. If you transfer to another agency, you take your compensatory time with you to your new job--just as you do with accumulated sick leave and annual leave.

Failure To Report To Work or Obtain Authorization For Leave

If you are absent without leave or notice to your supervisor for a period of ten (10) working days, you will be considered to have resigned your employment.

Questions

This has been taken from 101 KAR 2:102 Classified Leave Administrative Regulations (As Amended, August 10, 1999)

As these Administrative Regulations are under constant review, there is the possibility that these policies could be changed. Updates to the KAR may be found on the Personnel Cabinet's web-page: <http://personnel.ky.gov/info/empregs/kar102.htm>

You may ask to see a copy of the Kentucky Revised Statutes or the Kentucky Administrative Regulations regarding time and attendance.

Good attendance is an important criterion in being evaluated and for being reviewed for advancement. It is important that you understand these requirements.

Blood Donation Leave

The Kentucky Safety Program and the Personnel Cabinet are pleased to sponsor the American Red Cross and Kentucky Blood Center blood drive for State employees. Because of the many uses of each blood component, each blood donor may save several lives with his or her donation.

The blood donation policy is as follows:

- Because blood donation leave is granted for the purpose of allowing an employee to recuperate from donating, only regularly scheduled work hours may be used for leave and compensatory time will not be granted after hours.
- Agencies are responsible for notifying their employees of the blood donation policy.
- All employees statewide are permitted to donate blood at any licensed blood center certified by the Food and Drug Administration.
- Blood leave may only be granted for donations given during the employee's regular working hours, not including the employee's lunch hour.
- All employees are required to obtain prior supervisory approval for blood leave.
- All employees are required to submit verification to their supervisor of blood donation or deferral.
- Employees who donate shall receive four (4) hours leave time with pay for the purpose of donating and recovering from the donation. Leave time must be taken at the time of donation unless circumstances, as specified by the supervisor, require the donor to return to work. In this case, the unused portion of leave time will be credited as compensatory time.
- Employees deferred from donating shall not be charged for the time used in attempting to donate, but will not receive the four (4) hours leave time as those who donate.

If you have questions about the blood donation policy, call the Personnel Cabinet at (502) 564-6846. For questions about donating blood, contact the Personnel Administrator for your Cabinet.

Court Leave

All employees of Kentucky state government receive paid leave time whenever they

must serve as jurors or comply with a court or administrative subpoena. Court leave is not granted though if you or a member of your family are a party involved in a court action as a private matter. If you or a member of your family are parties to the case, you must use annual or compensatory leave and request to do so in advance.

The time you must spend during working hours traveling to court is also included in paid court leave. But if you are dismissed from jury duty or from serving as a witness, you must return directly to your job.

Be sure to show a copy of any court summons to your supervisor before taking court leave. Otherwise, your absences will not be properly authorized.

Special Leave of Absence

Special leave of absence may be granted, with or without pay, for up to 24 months, with the approval of your appointing authority and the Secretary of Personnel.

If granted, leave shall be granted either with pay (if the employee contractually agrees to a service commitment) or without pay.

Special leave of absence may be used to attend college, university, or business school, or to receive training in work-related subjects when it is of tangible benefit to the state.

You will not accumulate annual leave or sick leave while on special leave with pay. If your leave is without pay, you must make arrangements through the payroll officer to continue your health and life insurance. You must pay the total premiums.

Family and Medical Leave (FMLA)

The Family Medical Leave Act is intended to balance the demands of the workplace with the needs of families, to promote the stability and economic security of families, and to promote national interests in preserving family integrity. It was intended that the Act accomplish these purposes in a manner that accommodates the legitimate interests of the employers, as well as minimize the potential for employment discrimination on the basis of sex, while promoting equal employment opportunity for men and women.

As a result of the federal FMLA, Kentucky State Government has enhanced some of your benefits as State employees. In areas where your benefits were already more generous than the federal law requires those benefits have been maintained at the higher level. The information contained in this section is a brief summary of the federal FMLA. The information presented in "yellow text" either clarifies State Government's policy or describes the enhanced benefits you receive as a State employee.

YOUR RIGHTS under the Family and Medical Leave Act of 1993:

EMPLOYEE ELIGIBILITY:

To be eligible for FMLA benefits, an employee must

1. have worked for Kentucky State Government for a total of at least 12 months; and
2. have worked or been on paid leave for at least 1,250 hours in the 12 months immediately preceding the first day of FML.

LEAVE ENTITLEMENT

A covered employer must grant an eligible employee up to a total of 12 workweeks of leave during any 12-month period for one or more of the following reasons:

- for the birth or placement of a child for adoption or foster care. While the federal regulations state that a combined total of twelve (12) weeks shall be granted to an eligible husband and wife who work for the same employer, Kentucky State Government grants up to 12 weeks to each parent.
- to care for an immediate family member (spouse, child, or parent or someone of similarly close blood or legal relationship who has resided with the employee for not less than thirty (30) days prior to first day of FML) with a serious health condition; or to take medical leave when the employee is unable to work because of a serious health condition.

Employers may require employees to use accrued paid leave for FMLA leave. Kentucky State Government does not require that an employee's leave for a qualifying condition be designated as FML until that employee has utilized all of his accrued sick and annual leave (with the exception that an employee may request, in writing, to retain up to 10 sick days). If an employee uses paid leave for a qualifying condition, the up to 12 weeks of FML is not taken from that employee's FML availability until the leave is designated as FML. During this time, however, the employee is afforded the rights and protections of the FMLA. It is important to note that an employee may request qualifying leave to be designated FML at any time (even if the employee is still using paid leave). The employer is responsible for designating if an employee's use of paid leave counts as FMLA leave, based on information from the employee.

ADVANCE NOTICE AND MEDICAL CERTIFICATION:

The employee may be required to provide advance leave notice and medical certification or other supporting documentation. Request for leave may be denied if requirements are not met.

- The employee ordinarily must provide advance notice when the leave is "foreseeable."
- An employer may require medical certification to support a request for leave because of a serious health condition, and may require second or third opinions (at the employer's expense) and a fitness for duty report to return to work.

Under certain circumstances, employees may take FMLA leave intermittently--which means taking leave in blocks of time, or by reducing their normal weekly or daily work schedule.

- If FMLA leave is for the birth or placement for adoption or foster care, use of intermittent leave is subject to the employer's approval.
- FMLA leave may be taken intermittently whenever medically necessary for a seriously ill family member, or because the employee is seriously ill and unable to work.

JOB BENEFITS AND PROTECTION:

- A covered employer is required to maintain group health insurance coverage for an employee on FMLA leave whenever such insurance was provided before the leave was taken and on the same terms as if the employee had continued to work. As a State employee you will also have the State's share of your group life insurance provided while you are on FMLA. If applicable, arrangements will need to be made for employees to pay their share of health insurance premiums while on leave.
- Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.
- The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

UNLAWFUL ACTS BY EMPLOYERS:

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA;
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

ENFORCEMENT:

- The U.S. Department of Labor is authorized to investigate and resolve complaints of violations.
- An eligible employee may file an appeal with the Personnel Board.

With the exception of the enhancements listed, Kentucky State Government will follow all federal regulations and guidelines.

Military Leave

An active member of the United States Army Reserve, the United States Naval Reserve, the United States Air Force Reserve, the United States Marine Corps Reserve, the United States Coast Guard Reserve, the United States Public Health Service Reserve, or the Kentucky National Guard, required to serve under order or training duty shall be without loss of the regular compensation for a period not to exceed the number of working days specified in KRS 61.394, per federal fiscal year

(October-September), provided your military orders require your absence from your state job. Any additional military leave time must be charged to your accumulated annual or compensatory leave balance or be charged as leave without pay.

Your appointing authority may require you to present a copy of the military orders requiring your absence from work before granting military leave.

Any employee of the state who enters active military duty must be granted leave of absence without pay for the period of that duty up to six years. Although your agency and the Secretary of Personnel must grant such leave, you must request it in order to avoid being dismissed for abandonment of your job without obtaining official leave.

When you return from active duty, your employer must restore you to a job of like seniority, status, and pay under KRS Chapter 61. An employee restored from military leave is treated as though he or she was in continuous service.

Voting Leave

Voting leave must be requested in advance and the employee must be eligible to vote and must exercise that right in order to qualify. Agencies develop work schedules in advance that permit their employees to share the work load on Election Day while still taking leave time to go to the polls. Presidential Election Day is a state holiday. Regulatory References: 101 KAR 2:102 and 101 KAR 3:015. You are allowed up to four hours to vote or to apply for an absentee ballot. In order to be eligible for voting leave, you must (1) be registered to vote, (2) be scheduled to work on Election Day during the hours of 6:00 a.m. to 6:00 p.m. local time, and (3) notify your immediate supervisor prior to receiving voting leave. Employees who are authorized to work in lieu of taking voting leave shall be granted compensatory leave on an hour-for-hour basis for the hours worked on Election Day.

Issuance of Paychecks to State Employees

(1) A paycheck shall be issued to a state employee on the 15th and 30th day of each month.

(2) If the regularly scheduled pay date falls on a weekend, a paycheck shall be issued on the preceding Friday.

(3) If the regularly scheduled pay date falls on a state holiday as defined in KRS 18A.190, a paycheck shall be issued on the workday preceding the holiday.

Travel Voucher and Regulations

The Travel Voucher is completed by the Traveler and submitted to their Agency to be paid. The Agency will then enter the information on a Vendor Payment Voucher (P1) to pay the travel. Agency's who do not have access to MARS should complete a Vendor Payment Voucher (P1) and submit the P1 along with the Travel Voucher (MARS – 34) to the Division of Statewide Accounting Services to reimburse the traveler for travel

expenses incurred while on state business. This document may also be used as supporting documentation for reimbursement of travel to non-state employees when paid via the Vendor Payment Voucher (P1). All expenses **over \$10.00** for lodging and other expenses listed on the MARS 34B must be supported by a receipt from the provider.

MARS-35 is the continuation sheet used for the same purposes as MARS-34.

Employee Travel Reimbursement Regulation 200 KAR 2:006 can be found at this web site: <http://finance.ky.gov/NR/rdonlyres/D07DE127-5FFE-4F80-9FE4-FE4775AE737B/0/TravelRegsNov2004.doc>

Use of Information Technology Resources

Electronic resources (i.e., personal computers, E-mail, Internet, etc.) are provided for the transaction of government business and no personal use is permitted. All information processed electronically through the state's computer resources is the property of the state, and is subject to inspection, recording, monitoring or removal by management at any time.

Responsibility for Compliance

Each agency is responsible for assuring that employees within their organizational authority have been made aware of the provisions of the Internet and Electronic Mail Acceptable Use Policy (CIO-060), that compliance by the employee is expected, and that intentional, inappropriate use of Internet and E-mail resources may result in disciplinary action pursuant to KRS 18A up to and including dismissal. Employees are also responsible for adhering to the provisions set forth in the UserID and Password Policy (CIO-072).

Policy:

The acceptable use of Internet and E-mail represents the proper management of a state business resource. The ability to connect with a specific Internet site does not in itself imply that an employee is permitted to visit that site. Supervisors should work with employees to determine the appropriateness of using the Internet and E-mail for professional activities and career development during working hours, while ensuring that employees do not violate the general provisions which prohibit using the Internet and E-mail for personal gain.

This policy applies when the Commonwealth's Internet and E-mail resources are being used by employees, regardless of the time of day, location or method of access. Monitoring tools are in place to monitor employees' use of electronic mail and the Internet. Employees shall have no expectation of privacy associated with E-mail transmissions and the information they publish/store on the Internet using the Commonwealth's resources.

Excessive personal use of the Commonwealth's E-mail or Internet resource shall lead to loss of the privilege to use them.

Employee Responsibility:

- State employees have an obligation to use their access to the Internet and E-mail in a responsible and informed way, conforming to network etiquette, customs, courtesies, and any or all applicable laws or regulation.
- As with other forms of publications, copyright restrictions/regulations shall be observed.
- Employees shall be aware that their conduct or information they publish could reflect on the reputation of the Commonwealth. Therefore, professionalism in all communications is of the utmost importance.

Unacceptable Uses:

Since the Internet constitutes an uncensored worldwide network of networks, and E-mail provides for peer-to-peer communications between participants, they also have great potential for misuse.

Use of Commonwealth of Kentucky Internet and E-mail resources is a privilege that may be revoked at any time for inappropriate conduct. Any abuse of acceptable use policies may result in revocation of access, notification of agency management, and disciplinary action up to and including dismissal. Examples of inappropriate conduct include, but are not limited to:

- Using the Internet and E-mail for personal gain or personal business activities in a commercial connotation such as buying or selling of commodities or services with a profit motive.
- Engaging in illegal activities or using the Internet for any illegal purposes, including initiating or receiving communications that violate any laws and regulations, including KRS 434.840-434.860 (Unlawful Access to a Computer) and KRS 512.020 (Criminal Damage to Property Law). This includes malicious use, spreading of viruses, and hacking. Hacking means gaining or attempting to gain the unauthorized access to any computers, computer networks, databases, data or electronically stored information.
- Transmitting statements, language, images or other materials that are reasonably likely to be perceived as offensive or disparaging of others based on race, national origin, sex, sexual orientation, age, disability, religious or political beliefs.
- Using abusive or objectionable language in either public or private messages.
- Knowingly visiting pornographic or illegal sites, disseminating, soliciting or storing sexually oriented messages or images.
- Misrepresenting, obscuring, suppressing, or replacing a user's identity on the Internet or E-mail. This includes the use of false or misleading subject headers and presentation of information in the distribution of E-mail.
- Sending or forwarding chain letters.
- Developing or maintaining a personal web page on or from a Commonwealth device.
- Distributing or forwarding unsolicited commercial E-mail.
- Soliciting money for religious or political causes, or advocating religious or political opinions.

- Using official dissemination tools to distribute personal information to include any information that constitutes an unwarranted invasion of personal privacy as defined in the Kentucky Open Records Act, KRS 61.870.
- Copying, disseminating or printing copyrighted materials (including articles, images, games, or other software) in violation of copyright laws.
- Other non-business related activities that will cause congestion, disruption of networks or systems including, but not limited to, Internet games, online gaming, unnecessary Listserve subscriptions and E-mail attachments, and chat rooms, such as Internet Relay Chat (IRC), I SeeK You (ICQ), AOL Instant Messenger and similar computer conferencing chat rooms on the Internet.

Use of State Materials and Equipment

When state materials, equipment and resources are put to personal use, they must be replaced sooner, causing a drain on agency funds. State law, K.R.S. 11A.005 and 11A.040, prohibits a public servant from using public office to obtain a private benefit and from furthering his own economic interests through state employment. Therefore, when state employees use copy machines, telephones, stationery, computers, e-mail, bandwidth and other state resources as if they were their own personal property, they deprive the public of the use for which such resources were intended and violate the law. Since employees, too, are taxpayers, they also should be concerned about high government costs that could be avoided by careful use of state materials and equipment purchased with tax dollars. Although failure to realize individual responsibility for economical use of state property may seem a minor flaw in an otherwise excellent employee, the direct dollar loss for property and material abuse is large. The conscientious employee will carefully use state materials and equipment purchased with tax dollars and take care to avoid the personal use of state resources.

Telephone Usage

Remember that state telephones are for state business and not personal convenience. Do not tie up state telephone lines with personal calls. If you call long distance from work, find out in advance from your agency what its policies are regarding payment for personal calls.

When using the telephone, remember to identify who you are and what office has been reached when you answer. Be courteous, speak clearly, and pay attention to the caller. If you must transfer the caller to another line, explain what you are about to do. If you are taking a message for someone, repeat all the essential details to be sure they are correct and complete. Never leave the caller with the feeling he or she has gotten the "brush-off." To the caller, you represent the agency, and your telephone skills reflect directly upon the professionalism of your office.

Firearm Restrictions

The United States Department of the Treasury, Bureau of Alcohol, Tobacco and Firearms has advised that effective September 30, 1996, the Gun Control Act of 1968 was amended to prohibit any person who has been convicted of a misdemeanor involving domestic violence from possessing, purchasing, using or transporting a

firearm or ammunition. Because of the serious penalties attached to this law, (imprisonment for up to ten years and a fine of up to \$250,000.00) it is important that employees are aware of their obligations.

The prohibition does not apply to a citizen whose conviction for a domestic violence misdemeanor has been expunged in a court proceeding or who has been pardoned by the Governor or had civil rights restored. The law does apply to all citizens, even peace officers who carry a firearm as part of their duties. Under the terms of this law, "domestic violence" includes the use or attempted use of physical force or a deadly weapon by a current or former spouse, guardian or parent of a victim or a person who is or who has lived with such a victim. The law applies without regard to where and when the conviction occurred.

If you believe you may be subject to this law and have questions about it, you may contact your local office of the US Department of the Treasury, Bureau of Alcohol, Tobacco and Firearms.

Drug-Free Workplace

In 1988, the United States Congress enacted the Anti-Drug Abuse Act (P.L. 100-690) which requires recipients of federal funds to certify that they have met requirements designed to promote a drug-free workplace. In compliance with this Act, and at the direction of the Governor, all State employees are notified that:

The unlawful manufacture, distribution, dispensation, possession or use of any controlled substance is strictly prohibited in the workplace and any employee found to be in violation will be subject to disciplinary action by the Appointing Authority for misconduct which may include sanctions up to and including dismissal from state service, in accordance with State law.

- The Personnel Cabinet will continue to improve drug-free awareness programs through Employee Assistance and in cooperation with State agencies to eradicate the dangers that drugs in the workplace create for our employees. State-supported health insurance provides coverage for employees referred to or seeking treatment for drug and alcohol related problems.
- Employees are notified that compliance with drug-free workplace requirements is a condition of continued employment with State Government. Each employee is obligated to report any conviction he or she receives as a result of a violation of any criminal drug statute violation occurring in the workplace within five (5) days of such conviction. Failure to report a conviction may result in disciplinary action. Such a report is to be made to the employee's Appointing Authority and is required by federal law and the agency is obligated to report such conviction to the federal grantor within ten (10) days after it receives notice.

- Employees found to be in violation of drug-free workplace requirements may face disciplinary action up to and including dismissal or may be required to satisfactorily participate in a drug abuse assistance or treatment program.

Employees who have questions concerning this directive are encouraged to contact their supervisor or the Personnel Cabinet's Employee Assistance Program at (502) 564-5788.

Inclement Weather Policy

The normal working hours for employees in State Government Offices are 8:00 a.m. to 4:30 p.m., prevailing local time, Mondays through Fridays. Employees who work in 24-hour facilities such as parks, hospitals, prisons or residential facilities and employees who work in law enforcement, disaster and emergency services and on highway crews are the standard exception to the normal working hours policy. Appointing Authorities are authorized to approve flexible schedules when necessary to promote efficiency or provide reasonable accommodation.

In accordance with 101 KAR 2:102, it is the policy of State Government that state offices will remain open and that the working hours of state employees will not be altered due to adverse weather conditions. When weather conditions prevent an employee from reporting to work at the normal time, or when an employee decides not to report for work or to leave work early due to weather conditions, the following apply:

1. If operational needs allow, supervisors are required to make every reasonable effort to arrange schedules to allow employees to make up time not worked. Employees are not allowed to make up the work if it would result in the employee working over 40 hours in a workweek. The employee has four (4) months from the occurrence of the absence to make up the time lost. If it is not made up within 4 months, annual or compensatory leave shall be used to cover the absence. If, at that time, the employee has no annual or compensatory leave available, then the employee shall have his/her time charged to leave without pay. If the employee transfers or is no longer employed by state government before the leave is made up, the leave shall be charged to annual or compensatory time or deducted from the employee's final paycheck; or
2. Employees may use accumulated annual or compensatory leave time for the late arrival, early departure or missed work day; or
3. If annual and compensatory leave have been exhausted, the employee may take leave without pay for the late arrival, early departure or missed workday.

Any employee who is on leave that was arranged prior to the inclement weather shall use the leave as originally requested.

In the extraordinary circumstance that the Governor, in consultation with the State Police, determines that state government offices should be closed in a particular county or in designated counties due to a weather-related emergency, employees, other than those who work in 24 hour facilities or who are emergency employees, shall be

excused from work without loss of pay or leave time. Employees who are required to work on an emergency basis or in 24 hour facilities in counties where state offices have otherwise been closed shall be granted compensatory time, on an hour for hour basis from the time they report for work until the time they are excused from work. Employees who work hours in excess of forty in a work week and who are not exempt under the Fair Labor Standards Act will continue to receive overtime pay at the rate of time and a half for those hours. Notice of the closing of state offices in the particular county or counties will be given to the local media for broadcast to the general public.

SECTION FOUR

Employee Rights

KRS 18A.140 Discrimination and Political Activities

Political Activities

As your employer, state government encourages you to register and vote. Believing that it is each citizen's responsibility to be informed about the issues that affect your life within society, your state government will allow you four hours of paid leave to vote during work hours.

To protect you from political pressures in your job, certain restrictions have been placed upon your political activities. **KRS 18A.140 (PDF - 6.08 KB)** lists the political activities you may or may not do as a state merit system employee:

Discrimination and Political Activities Prohibited

1. No person shall be appointed or promoted to, or demoted or dismissed from, any position in the classified service, or in any way favored or discriminated against with respect to employment in the classified service because of his/her political or religious opinions or affiliations, or ethnic origin, sex, or disability. No person age forty (40) or over shall be discriminated against because of age. Favoritism or discriminatory treatment in Merit System employment, on the basis of race, color, religion, national origin, sex, age, disability, or veteran status is a violation of law.
2. The use or promise of political influence based upon an official position, whether actual or anticipated, of favorable or retaliatory treatment of a merit system employee or position is a violation of law.
3. Merit system employees may not be solicited to make contributions of money or services to political parties or candidates.
4. Merit system employees may not be actively involved in partisan political campaigns or candidates for elective political office but may run for non-partisan office if no salary other than a per diem payment is involved.

The following guidelines are taken from Opinions of the Attorney General who interprets the political activities law.

Permitted Activities:

1. Registration and Voting: Classified employees may register and vote in any election.
2. Expression of Opinions: All persons subject to the personnel rules have a right to privately express their opinions on all political subjects and candidates, but they may not take an active part in political management or political campaigns.
3. Contributions: It is lawful for classified employees to make voluntary cash contributions to political parties, candidates, or organizations. However, it is unlawful for classified employees to make contributions of goods, services, or labor.

4. **Membership in Political Clubs:** Classified employees may join a political club and attend its meetings but may not hold office or serve on committees of the club.
5. **Attendance at political rallies, conventions, etc.** is permitted and classified employees may participate in the selection of committeemen and committeewomen. Classified employees may vote at the lowest level of the selection process for delegates to the party conventions.
6. **Political Pictures and Signs:** It is lawful for classified employees to display political pictures or signs on their property.
7. **Badges, Buttons and Stickers:** It is lawful for classified employees to wear political badges or buttons and voluntarily display political stickers on their private automobiles, however, no political badges, buttons or other designations may be worn while on official duty or while the employee is conducting official business for the Commonwealth.
8. **Precinct election officers:** Classified employees may serve as precinct election officers at the polls.
9. **Constitutional amendments, referenda, etc.:** Classified employees may work actively for or against constitutional amendments, referenda or municipal ordinances in which they are interested, provided that state time and resources are not used for this purpose.
10. **Transporting Voters:** Classified employees on their own time may transport friends or relatives to the polls as a civic gesture, but may not transport voters to the polls as part of an organized service to a political party, faction, or candidate.

Prohibited Activities:

The following political activities are prohibited whether the employee is on or off duty:

1. **Political Party Involvement:** Classified employees are prohibited from serving on or for any political committee, party or other similar organization, or serving as a delegate or alternate to a caucus or party convention, but may vote in the selection of delegates to a party convention or in the selection of precinct committeemen or committeewomen.
2. **Political Contributions:** A classified employee is prohibited from soliciting or handling political contributions.
3. **Political Party Tickets:** A classified employee is prohibited from soliciting the sale of or selling political party, faction, or candidate items or tickets, but a classified employee may voluntarily purchase such items or tickets.
4. **Political club involvement:** A classified employee is prohibited from serving as an officer of a political club, as a member or officer of any of its committees, of

addressing such a club on any partisan political matters, or of being active in organizing it.

5. Political meetings and rallies: A classified employee is prohibited from serving in connection with preparation for, organizing or conducting a political meeting or rally or addressing such a meeting on any partisan political matter therein except to vote.
6. Partisan activity at election polls: A classified employee is prohibited from engaging in partisan activity at the polls (at primary or regular elections) in the position of checker, challenger, or watcher, or in soliciting votes and assisting voters to mark ballots.
7. Candidacy for office: A classified employee is prohibited from becoming a candidate for nomination or election to any office, federal, state, county, or municipal, which is to be filled in an election in which party candidates are involved or for which compensation is paid (other than a per diem for school district office); or from soliciting others to become candidates for nomination or election to such offices.
8. Campaign literature distribution: A classified employee is prohibited from distributing campaign literature or material.
9. Nominating petitions: A classified employee is prohibited from initiating or circulating partisan political nominating petitions.
10. Solicitation of political support: A classified employee is prohibited from canvassing a district or soliciting political support for a party, faction, or candidate, either in person or in writing.

If you have any questions please call the Personnel Cabinet's Executive Director of the Office of Legal Services at (502) 564-7430.

Ethics

Executive Branch employees are responsible for complying with the Executive Branch Code of Ethics under Kentucky Revised Statutes (KRS) Chapter 11A. The Executive Branch Code of Ethics contains provisions to ensure ethical conduct and prevent conflicts of interest in the Executive Branch of state government.

To maintain public confidence in democratic government, certain restrictions are placed upon your conduct. As an Executive Branch employee, you are prohibited from the following:

- Using your influence in a matter that involves a conflict between personal and public interest;
- Using your official position to obtain financial gain or secure privileges;

- Engaging in any conduct when appearing before a state agency that would lead the public to believe you are furthering your private interest;
- Receiving any interest or profit from the use or loan of state funds;
- Disclosing or using confidential information acquired in the course of your official duties for your personal benefit;
- Acting as a representative for the state in the transaction of business for yourself or a family member;
- Contracting or doing business with the state through any business in which you own at least a 5% interest;
- Accepting compensation, other than your state salary, for performance of your official duty; and
- Using state time, equipment, personnel, or materials for personal benefit.

The Executive Branch Code of Ethics also places restrictions on future employment if you leave state government. You are prohibited from acting as a lobbyist within one year of termination of your employment, with respect to any matter that directly involved your job during the last 36 months of your state employment. You are also prohibited for one year from representing a person before a state agency in a matter in which you were directly involved as a state employee during the last 36 months of your state employment.

If you are an officer as defined in KRS 11A or an elected official, you are prohibited for six months following termination of employment from accepting employment or compensation from any person or business who contracts or does business with the state, in a matter in which you were directly involved during the last 36 months of your state tenure. You are allowed to return to the same business or profession in which you were involved prior to state employment. However, for six (6) months, you must not work on any matter in which you were directly involved during the last 36 months of your state employment.

Certain Executive Branch employees are required annually to publicly disclose financial information. If you are required to disclose this information, you will be sent a Statement of Financial Disclosure form to complete.

The Executive Branch Code of Ethics details procedures for reporting a complaint of an alleged violation of KRS 11A. An investigation is initiated by the Executive Branch Ethics Commission to determine if a violation of the law has occurred. Penalties for violations of the Executive Branch Code of Ethics include loss of state employment, withholding of salary, civil penalties of not more than \$5000, or the criminal penalties for a Class D felony charge depending on the law violated.

For more details of the ethics laws that govern Executive Branch employees, see KRS Chapter 11A. If you have questions, you may consult your supervisor or request an advisory opinion from the Executive Branch Ethics Commission.

Equal Employment Opportunity

The Office of Human Resource Planning & Diversity Initiatives reports to the Secretary of Personnel who is responsible to the Governor and the people for directing, implementing, and enforcing the State's Affirmative Action Program. Employees are encouraged to express their concerns regarding existing or potential barriers or prohibitions to equal employment opportunity due to race, color, religion, national origin, sex, age, disability, and veteran's status.

EEO assistance is available by contacting your agency ADA/EEO/Title VI Counselor/Coordinator or the State EEO Coordinator at (502) 573-0321 or the State ADA Coordinator at (502) 564-3850.

Affirmative Action Plan for State Government

1. To ensure equal employment opportunity for all Kentuckians regardless of race, color, religion, national origin, disability, sex, age, and veteran's status, the affirmative action plan dated July 1, 1984, confirmed as part of Executive Order 84-549 continued in force by Executive Order 92-1059, and expanded by the Governor in Executive Order 2006-402, the official affirmative action plan for Kentucky State Government. Copies of the plan, as well as the plans developed by individual agencies pursuant to the state plan, is maintained on file and made available for inspection in the office of the Secretary of Personnel.
2. Every program cabinet, department, and agency of state government must comply with the provisions of the affirmative action plan.
3. Equal employment opportunity is an integral part of each cabinet, department, and agency program, and any program evaluation includes an assessment of equal opportunity performance.
4. The State EEO Coordinator is responsible for the implementation of the plan and reports to the Secretary of Personnel. In fulfilling these responsibilities, the State EEO Coordinator:
 - a. Requires all cabinets, departments, and agencies of state government to develop programs consistent with the plan;
 - b. Provides any technical assistance considered appropriate to accomplish the purposes of the plan;
 - c. Provides, through the Personnel Cabinet, an annual analysis to ensure that persons protected by anti-discrimination laws are not adversely affected by examination and selection procedures;

- d. Review examinations for discriminatory officer;
 - e. Provides for procedures to monitor appointments and salary adjustments to ensure that standards are uniformly applied to prevent salary disparity;
 - f. Reports to the Governor through the Secretary of Personnel semiannually on actions taken under the plan;
 - g. Reviews the plan on an annual basis and recommends necessary changes in consultation with the appropriate agencies.
5. The Secretary of Personnel may also:
- a. Implement programs to ensure that reasonable accommodations exist for persons with disabilities to allow them better access to all employment opportunities in state government; and
 - b. Appoint an affirmative action advisory committee to assist in implementation of the affirmative action plan. ([See KRS 18A.138](#)) (**PDF - 6.31 KB**)

Sexual Harassment Policy

State law prohibits unwelcome sexual advances, requests for sexual acts or favors, with or without accompanying promises, threats, or reciprocal favors or actions; or other verbal or physical conduct of a sexual nature that has the purpose of or creates a hostile or offensive working environment. Examples of prohibited conduct include, but are not limited to, lewd or sexually suggestive comments, off-color language or jokes of a sexual nature; slurs and other verbal, graphic or physical conduct relating to an individual's sex; or any display of sexually explicit pictures, greeting cards, articles, books, magazines, emails, photos or cartoons.

Complaints of sexual harassment will be promptly and carefully investigated, and all employees may be assured that they will be free from any and all reprisal or retaliation from filing such complaints. Any employee who has a complaint of sexual harassment at work by anyone, including supervisors, co-workers, visitors, clients, or customers, should immediately bring the problem to the attention of agency officials or the Personnel Cabinet. Employees may bring the complaint to the attention of their supervisor, or if the complaint involves supervisory personnel in the employee's line of command, to another supervisor, the personnel manager or the Executive Director of the Office of Human Resource Planning & Diversity Initiatives at (502) 573-0318.

Americans with Disabilities Act (ADA) Policy Statement

Kentucky state government is committed to the full implementation of the Americans with Disabilities Act (ADA). It is the policy of the Commonwealth to maximize the full inclusion and integration of people with disabilities in all aspects of employment and all programs, services and activities.

All employees must comply with the following policies regarding the ADA:

- **Discrimination Prohibited:** Employees with disabilities who are otherwise qualified may not be discriminated against in any areas of employment including, but not limited to, job application and compensation procedures, fringe benefits available by virtue of employment and activities sponsored by the state.
- **Limiting, Segregating, and Classifying:** Employees with disabilities shall not be limited, segregated, or classified in a way that adversely affects their employment opportunities or status.
- **Contractual or Other Arrangements:** The Commonwealth will not participate in contractual or other arrangements or relationships that would subject qualified employees with disabilities to the discrimination prohibited by the ADA.
- **Reasonable Accommodations:** The Commonwealth will make reasonable accommodation to the known physical or mental limitations of an otherwise qualified employee with a disability, unless it can be shown that the accommodation would impose an undue burden. After a qualified employee requests reasonable accommodation, all agencies will make every reasonable effort to find out what is needed and provide the appropriate accommodations. This is to be an interactive process with the agency consulting with the employee with a disability.
- **Administration of Tests:** The Personnel Cabinet will select and administer tests concerning employment in the most effective manner to ensure that, when a test is administered to a job applicant or employee who has a disability that impairs sensory, manual or speaking skills, the test results accurately reflect the skills, aptitude, or whatever other factor of the applicant or employee that the test purports to measure, rather than reflecting the impaired sensory, manual, or speaking skills of such employee or applicant (except where such skills are the factors that the test purports to measure).
- **Retaliation and Coercion:** The Commonwealth will not coerce, intimidate, threaten, harass, or interfere with any individual exercising or enjoying his or her rights under the ADA or because that individual aided or encouraged any other individual in the exercise of rights granted or protected by the ADA. Employees may file a complaint as set forth in Employee Grievances and Complaints. Please direct any questions or concerns to your agency ADA Coordinator.

Employee Grievances and Complaints

Occasionally employees are faced with situations that cannot be resolved through informal complaint processes. In such cases the employee may wish to file a formal grievance with his or her agency. The following administrative regulation (101 KAR 1:375) provides for those cases when an appeal to the Personnel Board might be unnecessary or premature. The employee grievance procedure allows many serious matters to be resolved in-house through a formal structure designed to save employees and their agencies both time and unnecessary effort.

A grievance is a complaint filed by an employee which concerns some aspect of his or her conditions of employment over which the cabinet or agency has control and which has occurred or of which the employee has become aware, through the exercise of due diligence, within thirty (30) days prior to filing.

Employees in the classified service who believe that they have been subjected to unfair or unjust treatment concerning their conditions of employment may file a grievance.

Any grievance concerning an action which is appealable directly to the Personnel Board under KRS 18A.095 may also be filed with the cabinet or agency. The filing of a grievance with the cabinet or agency does not prohibit the employee from also filing an appeal with the Personnel Board, or extend the statutory appeal period.

An employee utilizing this procedure is entitled to file a grievance without interference, coercion, discrimination, or reprisal.

An appointing authority must inform its employees of the provisions of this administrative regulation, or any modifications in the levels of review that have been approved by the Personnel Board for the employee's cabinet or agency under this administrative regulation.

The Secretary provides to the employees, through the appointing authorities, a Grievance Form to be used for filing a grievance. Grievance forms may also be inspected, copied or obtained at the Personnel Board, 28 Fountain Place, Frankfort, Kentucky 40601, 8:00 a.m. to 4:30 p.m., Monday through Friday.

Procedures:

A grievance is to be filed with an employee's immediate supervisor within thirty (30) days following occurrence or the employee becoming aware, through the exercise of due diligence, of the action that is the subject of the grievance. If the action or conduct of the first line supervisor is the basis of an employee's grievance, the grievance may be filed with the second line supervisor.

An employee must state in writing the basis of the grievance or complaint together with the corrective action desired. If an employee wishes to submit additional information or documentation, it should be attached to the grievance.

If a grievance is filed that alleges discrimination on the basis of race, color, religion, national origin, sex, age, disability, or veteran's status, the recipient of this grievance must immediately notify the cabinet or agency EEO Coordinator to apply the affirmative action plan.

Interviews to evaluate or investigate the grievance outside of normal work hours with the grievant or other employees entitle them to compensatory time.

Interviews to evaluate or investigate the grievance held with the grievant or other employees do not require the use of leave time.

Grievant may have a representative present at each step of the grievance procedure.

Grievance Levels:

The person with whom the grievance is filed shall, upon investigation, issue findings and a decision in writing to the employee within five (5) workdays after receipt of the grievance. If the responding supervisor is unable to resolve the complaint to the satisfaction of the employee, the employee may request review of the grievance within two (2) workdays of receipt of the decision to the next appropriate level.

If the line supervisors are unable to resolve the grievance to the satisfaction of the employee, the employee may request review of the grievance within two (2) workdays of receipt of the decision of the final line supervisor by the appointing authority who, upon investigation, shall issue findings and a final determination in writing to the employee within ten (10) workdays.

Unless the time limits have been extended by agreement of the parties, failure of supervisory or management personnel to respond within prescribed time limits shall automatically advance the grievance to the next review level.

Any intermediate grievance level may be waived by written agreement of the parties.

Appeals to the Personnel Board

Employees who have been dismissed, suspended, demoted, or otherwise penalized by formal action must receive written notice of such actions and be informed of their appeal rights. KRS 18A.095 explains the procedures for hearing the appeals. The full text of 101 KAR 1:365 is available from your personnel officer and the Personnel Cabinet's web page. You may obtain an employee appeal form by contacting your agency personnel administrator or the Personnel Board. Time limitations for filing appeals with the Personnel Board vary from 30 days to one year depending upon the nature of the alleged penalization and must be determined by reference to the applicable section of KRS 18A.

SECTION FIVE

Employee Benefits

Employee Benefits Schedule

BENEFITS	Full-Time	Part-Time (Less Than 100 Hours Per Mo)	Interim	Per Diem	COMMENTS
Health Insurance	X				State pays fixed amount, employee pays additional options. Coverage effective first of second month.
Life Insurance	X				State provides: \$20,000. Optional available for purchase. Effective first of second month.
Retirement (KERS)	X				(For non-hazardous duty) state provides at the rate determined by the Board of Trustees--currently 5.89%. (KRS 61.565). Employee provides 5.00%
Annual Leave	X				Amount increases by years of service; 7.5/8.0 hours per month, first 5 years. Employee must meet work hour requirements to be eligible for leave accrual.
Sick Leave	X		X		After 10 yrs.-10 bonus days. After 20 yrs - additional 10 bonus days. No limit on accumulation-7.5/8.0 hours per month. Employee must meet work hour requirements to be eligible for leave accrual.
Court Leave	X	X	X		Granted with pay if not an employee-initiated action.
Military Leave	X	X	X		Ten days per year.
Compensatory Leave	X	X	X		240 hours maximum/100% paid at termination.
Holidays	X	X	X		11.5 days a year (12.5 for Presidential Election). If holiday is on Sunday, then Monday off; if on Saturday, then Friday off.
Credit Union	X				Can begin borrowing immediately upon employment and/or CCU membership.
Educational Tuition	X				With probation completed, then agency decision.
Social Security	X	X	X	X	Contribution (7.65% of salary) by employee and employer.
Workers' Compensation	X	X	X	X	Report immediately any injuries to supervisor.
Voting Leave	X	X	X		Reasonable time to vote; 4 hours maximum.

State Paid Holidays

Kentucky state government observes holidays amounting to 11.5 days (12.5 days in years there is a presidential election) of paid leave annually for state employees. The following list shows the holidays when you may expect to receive a paid holiday.

New Year's Day*	January 1
Martin Luther King Day	Third Monday in January
Memorial Day	Last Monday in May
Independence Day	July 4
Labor Day	First Monday in September
Presidential Election Day	First Tuesday in November of presidential election years
Veterans Day	November 11
Thanksgiving Day*	Fourth Thursday in November
Christmas Day*	December 25
Good Friday	One-half day

*An extra day is given for Thanksgiving, Christmas, and New Year's

When one of the above holidays fall on Saturday, it is observed on Friday. Holidays occurring on Sunday are observed on Monday.

Salary Schedule

37.5 Hour Schedule				40 Hour Schedule			
Grade	Rates	Entry Level Wage	Midpoint Wage	Grade	Rates	Entry Level Wage	Midpoint Wage
5	HR	\$7.234	\$9.583	5	HR	\$7.234	\$9.583
	MO	\$1,175.54	\$1,557.24		MO	\$1,253.90	\$1,661.06
	AN	\$14,106.48	\$18,686.88		AN	\$15,046.80	\$19,932.72
6	HR	\$7.958	\$10.542	6	HR	\$7.958	\$10.542
	MO	\$1,293.18	\$1,713.08		MO	\$1,379.40	\$1,827.28
	AN	\$15,518.16	\$20,556.96		AN	\$16,552.80	\$21,927.36
7	HR	\$8.752	\$11.594	7	HR	\$8.752	\$11.594
	MO	\$1,422.20	\$1,884.04		MO	\$1,517.02	\$2,009.64
	AN	\$17,066.40	\$22,608.48		AN	\$18,204.24	\$24,115.68
8	HR	\$9.627	\$12.754	8	HR	\$9.627	\$12.754
	MO	\$1,564.40	\$2,072.54		MO	\$1,668.68	\$2,210.70
	AN	\$18,772.80	\$24,870.48		AN	\$20,024.15	\$26,528.40
9	HR	\$10.590	\$14.029	9	HR	\$10.590	\$14.029
	MO	\$1,720.88	\$2,279.72		MO	\$1,835.60	\$2,431.70
	AN	\$20,650.56	\$27,356.64		AN	\$22,027.20	\$29,180.40
10	HR	\$11.648	\$15.432	10	HR	\$11.648	\$15.432
	MO	\$1,892.80	\$2,507.70		MO	\$2,019.00	\$2,674.88
	AN	\$22,713.60	\$30,092.40		AN	\$24,228.00	\$32,098.56
11	HR	\$12.814	\$16.974	11	HR	\$12.814	\$16.974
	MO	\$2,082.28	\$2,758.28		MO	\$2,221.10	\$2,942.16
	AN	\$24,987.36	\$33,099.36		AN	\$26,653.20	\$35,305.92

12	HR	\$14.094	\$18.671	12	HR	\$14.094	\$18.671
	MO	\$2,290.28	\$3,034.04		MO	\$2,442.96	\$3,236.32
	AN	\$27,483.36	\$36,408.48		AN	\$29,315.52	\$38,835.84
13	HR	\$15.504	\$20.640	13	HR	\$15.504	\$20.640
	MO	\$2,519.40	\$3,354.00		MO	\$2,687.36	\$3,577.60
	AN	\$30,232.80	\$40,248.00		AN	\$32,248.32	\$42,931.20
14	HR	\$17.054	\$22.593	14	HR	\$17.054	\$22.593
	MO	\$2,771.28	\$3,671.38		MO	\$2,956.04	\$3,916.12
	AN	\$33,255.36	\$44,056.56		AN	\$35,472.48	\$46,993.44
15	HR	\$18.759	\$24.853	15	HR	\$18.759	\$24.853
	MO	\$3,048.34	\$4,038.62		MO	\$3,251.56	\$4,307.86
	AN	\$36,580.08	\$48,463.44		AN	\$39,018.72	\$51,694.32
16	HR	\$20.635	\$27.337	16	HR	\$20.635	\$27.337
	MO	\$3,353.20	\$4,442.28		MO	\$3,576.74	\$4,738.42
	AN	\$40,238.40	\$53,307.36		AN	\$42,920.88	\$56,861.04
17	HR	\$22.697	\$30.070	17	HR	\$22.697	\$30.070
	MO	\$3,688.28	\$4,886.38		MO	\$3,934.16	\$5,212.14
	AN	\$44,259.36	\$58,636.56		AN	\$47,209.92	\$62,545.68
18	HR	\$24.969	\$33.077	18	HR	\$24.969	\$33.077
	MO	\$4,057.48	\$5,375.02		MO	\$4,327.96	\$5,733.36
	AN	\$48,689.76	\$64,500.24		AN	\$51,935.52	\$68,800.32
19	HR	\$27.463	\$36.383	19	HR	\$27.463	\$36.383
	MO	\$4,462.74	\$5,912.24		MO	\$4,760.26	\$6,306.40
	AN	\$53,552.88	\$70,946.88		AN	\$57,123.12	\$75,676.80
20	HR	\$30.211	\$40.024	20	HR	\$30.211	\$40.024
	MO	\$4,909.30	\$6,503.90		MO	\$5,236.58	\$6,937.50
	AN	\$58,911.60	\$78,046.80		AN	\$62,838.96	\$83,250.00
21	HR	\$33.231	\$44.026	21	HR	\$33.231	\$44.026
	MO	\$5,400.04	\$7,154.24		MO	\$5,760.04	\$7,631.18
	AN	\$64,800.48	\$85,850.88		AN	\$69,120.48	\$91,574.16
22*	HR	\$36.553	\$48.427	22*	HR	\$36.553	\$48.427
	MO	\$5,939.88	\$7,869.40		MO	\$6,335.86	\$8,394.02
	AN	\$71,278.56	\$94,432.80		AN	\$76,030.32	\$100,728.24

Denotes Grades Unique to the Unclassified service.

Credit Unions

As a state employee, you may want to join the COMMONWEALTH CREDIT UNION or the KENTUCKY EMPLOYEES CREDIT UNION. Each offers a wide range of financial services, including secured and unsecured loans, savings plans, and payroll deductions.

Social Security

Social Security is part of almost everyone's life - more so than most of us realize. It is one of the best benefits offered by the Commonwealth to public employees.

Social Security protects more than 1,825,000 workers across the state and pays benefits to more than 700,000 Kentuckians through its retirement, disability and survivors programs. Social Security is also the base upon which most Kentucky public employee retirement systems is built.

The question most often asked about Social Security is "Will it be there for me?" Consider that Social Security has been in existence for more than 60 years. It is a flexible program that has been able to change with the needs of the beneficiaries it serves and the workers who provide the financing. Social Security is currently financed well enough to pay all estimated benefits for the next 40 years without any changes - at all! You can count on Social Security being there when you need it.

Your personal wage history and an estimate of your future Social Security benefits may be obtained by filing a Form 7004 with the Social Security Administration. The Form 7004 is available from your local Social Security office, the state Division of Social Security (1-502/564-3952) or by calling the Social Security Administration toll-free at 1-800/772-1213.

Unemployment Insurance

If you are terminated without cause or laid off, you may be eligible to file for unemployment insurance benefits. If you have received notice of lay-off, you should immediately contact your local unemployment office or the Division of Unemployment Insurance at (502) 564-2900.

Worker's Compensation Program

All state employees are covered under Kentucky Workers' Compensation law which pays employees part of their salaries and necessary medical benefits for approved work-related injuries. As of October 1, 2005, the program has elected to utilize a managed care program to provide covered medical benefits.

If you are injured on the job, you must report the injury as soon as possible to your supervisor. Supervisors are responsible for completing the Employer's First Report of Injury and for reporting to the injury to the Workers' Compensation Branch within three working days.

An employee who sustains a compensable injury or disease is entitled to medical treatment at the expense of the employer. An employee should not use their health insurance when they are seeking treatment under workers' compensation. Benefits are paid during the period in which the worker is temporarily totally disabled from an injury or disease and is unable to return to some type of work after the initial waiting period.

When a worker is recovering from an injury or disease and is unable to return to work, the employee may elect to use their sick, annual, and/or compensatory leave to receive full pay while off work. Once an employee has met the criteria for receiving Temporary

Total Disability Benefits (TTD Check) this check shall then be used to purchase back sick leave at 66 2/3 percent per 101 KAR 2:140, Section 4(2). Under no circumstances should an employee receive more than 100 percent of his/her normal salary. In order to buy back sick leave, the employer must have the employee sign the Sick Leave Form (WCF-2). This form must be signed by the employee, indicating how they wish to use their workers' compensation benefits, prior to employee using leave time for a work related injury.

Most injuries can be prevented if employees are safety conscious at all times. If you need additional information about workers' compensation, please contact the Workers' Compensation Branch at 502-564-6847. Supervisors can contact the Return-to-Work Branch, 502-564-0348, regarding a temporary transitional/modified duty plan to assist the injured employee in returning to work.

Kentucky Safety Program

101 KAR 2:150 establishes the State Safety Program within the Personnel Cabinet. The Office of Employee Relations manages the Safety Program along with the Workers' Compensation and Return-to-Work programs.

The mission of the State Safety Program is to promote a safe and healthy workplace for state employees and others in the state workers' compensation fund by providing training, education, information, coordination and assistance in the areas of workplace health and safety, loss prevention, and risk management.

The State Safety Program provides assistance to state agencies in establishing and maintaining a safe and healthy workplace. We can help set up safety committees, train safety representatives, provide information on health and safety issues and help ensure workplaces are in compliance with OSHA standards and regulations.

We monitor injury and accident reports and work with agencies to develop strategies to reduce accidents and illnesses and lower workers' compensation costs.

We are not part of OSHA and NOT an enforcement agency! We can help increase awareness of OSHA requirements and help agencies stay in compliance with those requirements.

Kentucky Return to Work Program

Studies show that injured employees recover more quickly when they return to work as soon as medically possible after being injured on the job. The Return to Work Program assists all state agencies in developing modified duty programs which provide the employer the opportunity to keep an employee at work while recuperating from an injury by providing temporary modified duty.

Managed Health Care Plan Employee Notification

Concentra has been selected by CCMSI, our Third Party Administrator for workers' claims to provide Managed Care Services for employees of the Commonwealth of Kentucky. Effective October 1, 2005, we have instituted a Certified Managed Health Care Plan (MHCP).

When an employer joins a Managed Health Care System, 803 KAR 25:110 states: *"All employees shall obtain medical services compensable under KRS Chapter 342 from a Certified Managed Care Plan of the employer except for those injuries or diseases for which continuing treatment was initiated prior to the date the managed care plan for the employer was approved. However, when an employee under continuing care changes the designation of a treating physician, the employee's provider choice shall be limited to providers under the certified managed care plan and medical services thereafter shall be obtained pursuant to the managed care plan."*

This means that when you have a work related injury, which requires medical attention, you **MUST** obtain treatment from a physician within the MHCP network of providers. For your convenience, a list of providers has been posted at your work site. In an emergency, you may seek treatment from any emergency facility.

If you have questions regarding how to obtain a referral to a network health care provider, please contact Concentra Integrated Services, Inc. at CCMSI 1-866-361-6899.

You have a right to file a grievance if you are dissatisfied with the service provided to you within the Managed Care Plan. This grievance can be initiated by contacting Concentra's Grievance Coordinator, at 800-243-2336 x4274. The Grievance Coordinator will have the ability to assign the grievance to the appropriate level for follow-up and resolution. If the grievance cannot be satisfied by a phone call, you may file a written grievance on the Grievance Notification Form available from your employer or from Concentra.

The Grievance Committee will process the grievance within 30 days of receipt. *If you are unsatisfied with the Committee's findings or decision, you may request a review by an Administrative Law Judge (ALJ) as appointed by the Kentucky Office of Workers' Claims. The telephone number for the Office of Workers' Claims is (502) 564-5550.*

Please sign and date this form in the space below indicating that the Concentra Managed Health Care Plan Information and Instructions are available to you and that you understand the materials. Return the signed and dated form to your supervisor.

Print or type your name

Employee Signature

Date

Concentra Managed Health Care Plan

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Concentra Kentucky MHCP Educational Materials
Revised 01/04 npr
3/11/04 Louisville UMW/TCM Number npr

Other Insurance

There are many insurance companies that are authorized for payroll deductions. Insurance companies that are authorized must pay a fee each month in order to have premiums deducted from an employee paycheck. By having a "service agreement" arrangement, the state does not endorse these companies or their products.

If you are interested in your insurance being payroll deducted, contact the insurance company and ask them if they are authorized for payroll deductions within state government. If they are, make arrangements with them for payroll deductions.

Insurance agents are not allowed to visit work areas to "sell" their product. Solicitation is not permissible during office hours. If you are interested you must contact them and make arrangements for them to visit your home or you may talk with them on your lunch period or break.

Deferred Compensation

The Kentucky Public Employees' Deferred Compensation Authority provides supplemental retirement coverage to thousands of public employees in Kentucky. Why? Consider these benefits:

- You need a long-term savings plan to meet your retirement goals. Chances are, Social Security benefits, plus your state or system retirement plan, will not provide enough income to maintain your current standard of living. The Deferred Compensation Authority lets you supplement your retirement income with your own voluntary savings and investment plan.
- It is convenient. You can save the easy way . . . through payroll deduction.
- Tax deferral means your investments have the opportunity to grow faster. You pay no federal or state taxes on the portion of your income you contribute to the plan, or on your investment earnings, until the money is paid out to you.
- You may also pay lower taxes when you receive your distributions. First, you may be in a lower tax bracket after you retire. Second, under Kentucky House Bill No. 1, a significant portion of your Deferred Compensation distributions at retirement may be excludable from Kentucky State income tax.
- You may select from a large number of high quality, well known investment options. Through the Deferred Compensation Authority, you can invest in some of the best-known mutual funds available on a no-load basis. Fund management fees, however, still apply. Please request a Fund prospectus(es) for more complete information.

- It is easy to make changes: Over the Web at www.kentuckydcp.com, or with SAVER, our telephone voice response system. Both allow you to check on your account balance, move money between funds, and more - any time of the day or night (except for brief backup periods). Call SAVER toll-free, 1-800-793-4401. Or, contact the Authority office in Frankfort which is here to serve you Monday thru Friday from 8:00 a.m. to 5:00 p.m., ET.
- Your Social Security and retirement benefits are not affected by your contributions under the Authority's Deferred Compensation Plan.

Kentucky Employee Retirement System

Your retirement plan as an employee of Kentucky state government is designed to give you long-term security in the years after your state service is completed. It also contains valuable benefits for your named beneficiary.

Most state employees belong to the Kentucky Employees Retirement System. Some employees of the Department of Education and the former Workforce Development Cabinet now part of the Education Cabinet are enrolled in the Kentucky Teachers' Retirement System. After you have identified which one pertains to you, you may request a free booklet detailing your retirement program for your retirement system. If you serve under both systems during your career, you may combine credits when you retire. For the Kentucky Employees Retirement System (KERS), telephone (502) 564-4646. Members of the Kentucky Teachers' Retirement System (KTRS) may call (502) 573-3266.

Educational Assistance

Employee Educational Assistance is a benefit to both the employee and to the Commonwealth of Kentucky. The program provides financial assistance to employees to continue their formal education, which results in an improved workforce and helps the employee achieve his or her individual career goals. Educational assistance generally is provided for formal education programs that are taken on the personal time of the employee. All cabinets and agencies are encouraged to participate in this program.

Specific policy information is provided in the Related EAP Information at <http://personnel.ky.gov/oeod/eap/>. If you have additional questions, please call (502) 564-7455 ext. 256.

Commonwealth of Kentucky
Employee Educational Assistance Program
(Effective June 1, 2002)

I. Authority

The authority for the Educational Assistance program for employees of the Commonwealth of Kentucky is KRS 164.357, which created the Governmental Services Center and provided for its duties and responsibilities. Executive Order

2004-728 abolished the Governmental Services Center and established the Office of Government Training (OGT). OGT is responsible for issuing, administering, and interpreting this policy.

II. Policies

A. Sources of Funds

Funds for payment of educational assistance must come from the agency's budget. Agency participation and degree of availability to employees depends on the availability of funds as determined by the agency.

B. Payment of Funds and Educational Sources

Educational assistance provides for the payment of funds directly to the educational institution by the agency after the employee has received prior approval for the course from the agency's Appointing Authority or designee.

Educational providers can be public or private degree granting postsecondary education institutions, educational television, accredited correspondence and online schools, secondary schools, and Kentucky Virtual University.

Educational testing for credit such as GED, CLEP, and DANTES are also covered by this policy. The dollar amount per credit hour approved for educational assistance at a private college or university or an out of state college or university shall be limited to the current tuition cost at the four (4) year state university located nearest the employee's county of employment.

C. Eligibility Requirements

Permanent, full-time employees who are in active work status and who have satisfactorily completed the initial probationary period, or employees in the unclassified service who have completed six months of continuous service, are eligible to receive educational assistance. These requirements may be waived by the agency for specific cases when the nature of the work justifies the educational assistance. An employee who has an outstanding reimbursement obligation for any of the reasons explained in Section I is not eligible to receive further educational assistance until the obligation is satisfied.

D. Courses Must Be Related to the Employee's Work

The courses must have a clear and direct relationship to the work of the agency and to the improvement of the employee's job effectiveness in his or her present position or a position in the agency to which he or she can reasonably aspire. The appropriateness of courses is to be determined by their presence on the Approved List of Courses and Degree Programs for the agency for which the employee works; or by the fact that the course is a degree requirement for a degree program which is on the approved list of courses and degree programs for the agency for which the employee works. Exception According to Personnel

Cabinet Under KRS 18 A and 101 KAR, an agency's appointing authority may grant tuition assistance or reimbursement to employees for courses that MAY NOT qualify an individual to meet the minimum requirements for a job outlined on the official Class Specification. Agencies and employees should check with the Department of Personnel to determine if the course, degree, etc. qualify to meet the current minimum requirements outlined on the class specification. This does not guarantee that the minimum requirements will not change at a future date based on changing job needs.

E. Approved Lists of Courses and/or Degree Programs

1. Based on the recognized educational needs of the workforce in the agency, the agency shall establish lists of courses and/or degree programs for which the agency may grant educational assistance. Different approved lists may be established for work units, job classifications, or a combination of the two.
2. The approved list(s) shall be distributed so that all employees have access to the list.
3. The agency shall periodically review the list and make revisions as necessary and appropriate.
4. Requests for exceptions to the approved lists shall be made in writing and subject to the approval of the agency Appointing Authority or designee.

F. Kentucky State University Requirement

Employees who live in or whose work station is in Franklin or an adjoining county will receive educational assistance only for courses at Kentucky State University (KSU) unless the course or degree program required is not available or offered there. This policy is based on *Kentucky's Higher Education Desegregation Plan* in response to the *U.S. Office of Civil Rights Letter of January 15, 1981, Final Revision*, January 1982. This policy shall apply uniformly unless the Executive Director of the Office of Government Training waives the requirement for a particular course subject to Section K of these policies.

G. Approved Expenditures

1. Educational assistance may be granted to pay for tuition and other related expenses including:
 - a. Registration fees.
 - b. Laboratory fees.
 - c. Basic and normal costs charged by the institution required for course registration.
 - d. Computer usage fees.

e. Required texts and other required course supplies.

f. Examination fees.

g. Records and transcript fees if required by the institution.

2. The agency shall indicate in writing which, if any, additional fees shall be covered, and they shall be covered uniformly.

H. Maximum Courses Allowed

Agency-paid tuition and related expenditures shall be applied uniformly throughout the agency and shall not exceed the following:

Undergraduate studies – three (3) courses for each regular session and one (1) course for each summer or inter-session.

Post-graduate studies - two (2) courses for each regular session and one (1) course for each summer session or inter-session.

I. Obligation of the Employee

1. The employee shall continue to work on a full-time basis. Agencies are encouraged to accept the use of paid leave and flexible work schedules to accommodate the employee's participation in this program provided it does not adversely impact services or employee job performance.

2. The employee shall sign the educational assistance form, which includes an agreement recognizing the employee's obligations. The agency is authorized to recover educational assistance monies expended if:

a. The employee's authorization form contains any material falsification.

b. The employee fails to provide the agency, within thirty (30) calendar days after completion of the course, evidence of a satisfactory grade. Satisfactory grade is defined as a "C" for undergraduate work and a "B" for graduate studies. A grade of "I" (incomplete) is not considered a satisfactory grade. A grade of "Pass" is considered a satisfactory grade.

c. The course(s) is (are) dropped, regardless of cause, without prior approval of the appointing authority or his/her designee.

d. The employee receives duplicate payment for the same course from any other source (e.g., scholarship, veteran's educational payments, Educational Achievement Award). Courses taken through the Educational Assistance Program cannot be applied toward an Educational Achievement Award.

e. The employee resigns/retires or is dismissed for cause prior to completion of a six (6) month service obligation to state government after completion of the

course or during the course itself. An employee who is laid-off shall not be obligated to the six (6) month service obligation clause and shall not have to repay educational assistance funds.

J. Records and Forms

The agency shall maintain all records and forms associated with this program in the agency personnel file of the employee and shall forward such records to the receiving agency upon employee transfer. Agencies may utilize Educational Assistance Authorization Form P33, or a similar form adapted to the needs of the agency, and shall publicize an application process for employees to follow.

K. Exceptions in the Public Interest

Exceptions to these policies may be granted when justified as being in the public interest by the appointing authority and approved by the Executive Director of the Office of Government Training. Requests for exceptions must be submitted in writing by the appointing authority or designee stating the nature of the exception being requested, the reasons for it, and an explanation as to why the exception would be in the public interest. Requests for exception must be received by OGT at least 10 workdays prior to the start of the course for which the exception is requested.

L. Equal Opportunity

Decisions regarding educational assistance shall be made without regard to race, color, religion, national origin, gender, disability or age.

M. Periodic Audits

The Office of Government Training at Kentucky State University reserves the right to audit educational assistance records within the agencies to ensure compliance with the policies stated herein.

Educational Achievement Award

An employee may receive an Educational Achievement Award for coursework done without receiving educational assistance:

- Earning a high school diploma, high school equivalency certificate, or a passing score on the GED test;
- Completing 260 hours of job-related instruction or 17 semester hours (undergraduate- or graduate-level) of job-related coursework; or
- Successfully completing the Certified Public Manager Program offered by the Office for Employee & Organizational Development (originally the Governmental Services Center).

The regulation below provides the details.

101 KAR 3:045. Compensation plan and pay incentives.

Section 5. **Educational Achievement Award.** (1) On the 16th of a month, an appointing authority may grant a five (5) percent increase to an employee's base salary based on educational achievement as specified in this section.

(2) An agency may elect not to participate in the educational achievement program if sufficient funds are not available.

(3) An employee shall not receive more than one (1) educational achievement award in a fiscal year.

(4) An employee shall not receive an educational achievement award and an adjustment for continuing excellence (ACE) based on the same training.

(5) By submitting a personnel action to grant an educational achievement award, the appointing authority shall certify that all of the qualifying conditions established by this section for the appropriate type of educational achievement award have been met:

(a) High school diploma, high school equivalency certificate, or a passing score on the GED test.

1. The employee has obtained the high school diploma, equivalency certificate, or passing score on the GED test:
 - a. Outside of work hours;
 - b. While in state service;
 - c. After establishing an increment date; and on or after January 1, 1984.
2. The employee has not previously attained a high school diploma, equivalency certificate, or passing score on the GED test; and
3. The employee has not completed college coursework on the undergraduate or graduate level prior to obtaining the high school diploma, equivalency certificate or a passing score on the GED test.

(b) Postsecondary education or training.

1. The employee has completed 260 hours of job related instruction (or the equivalent as determined by the Secretary of Personnel);
2. The employee began the course work after becoming a state employee and completed the course work after establishing an increment date;
3. The employee has completed the course work within five (5) years of the date on which it was begun;

4. The course work has not previously been applied toward an educational achievement award;
5. The agency has not paid for the course work or costs associated with it, in whole or in part; and
6. The employee was not on educational or extended sick leave when the courses were taken.

(c) Kentucky Certified Public Manager Program.

1. The employee has successfully completed the Kentucky Certified Public Manager Program offered by the Governmental Services Center at Kentucky State University; and
2. The employee has not previously received an educational achievement award for completing the Kentucky Certified Public Manager Program.

Employee and Development Training Services

Training is a critical part of employee development, providing managers and staff members with the knowledge and skills they need for high performance. The Office for Employee and Organizational Development (OEOD) offers a full range of training solutions - from our catalog of core courses to the development of original, fully customized programs - to ensure your training is effective and provides value to both the individual participants and the organization.

Kentucky Employee Suggestion System

The Kentucky Employee Suggestion System is an incentive program designed to encourage employees to participate in good management by sharing their ideas on improving the productivity and the services offered by our state. Awards may range from a minimum of \$100 to ten percent (10%) of the first year's documented or estimated savings, up to a maximum of \$2,500. One hundred dollars (\$100) may be given for ideas that are adopted and have intangible savings.

An employee with status in the classified service may be recognized and rewarded for submitting a suggestion that results in the improvement of state service or in the realization of financial savings by the state. Under KRS 18A.110, KRS 18A.202 and 101 KAR 2:120, employees in the unclassified (non-merit) service are not eligible.

Cash awards are given when a suggestion has been implemented, approved by the ESS Council and results in cost reductions, cost avoidance, or for ideas that

would improve the operations of a process or program, improve public relations, safety or effectiveness of operations.

Employees now have the ability to submit suggestions electronically. By using the new on-line system, employees can track their suggestion from submission to completion.

Kentucky Employee Assistance Program (KEAP)

The Kentucky Employee Assistance Program (KEAP) is dedicated to helping employees find solutions to the personal problems that may hinder their effectiveness at work.

Problems concerning marital, family, or emotional distress, alcoholism and drug abuse, financial or even medical issues can seriously diminish an individual's job performance. As a progressive employer, the Commonwealth of Kentucky recognizes that there are positive, workable solutions to many of these problems that trouble employees.

State employees and their dependents are eligible for KEAP services. There is no cost for its information or referral services. All of your contact with KEAP is confidential as required by state and federal law. Employee involvement with KEAP is permitted on state time with the supervisor's prior approval. Supervisors may refer employees to KEAP when job performance deteriorates, however participation is voluntary.

If you or your dependents could benefit from this assessment and referral service, call the KEAP office for more information. In Frankfort call 502-564-5788, or use the toll-free 1-800-445-KEAP number from anywhere in the state. Kentucky State Police also have an Employee Assistance Program. They can be reached at 502-573-1719.

KEAP Services

- **Assessment:** Each person seeking assistance will receive a confidential assessment with a trained EAP professional. The purpose of the assessment is to clearly identify the problem. The assessment may be conducted face-to-face or by telephone.
- **Referral:** Once a thorough assessment is conducted the EAP professional may make a referral to the most appropriate professional or resource and provide assistance in making contact with those resources.
- **Follow-up:** After making the referral, the EAP professional maintains intermittent contact with the employee to ensure that the process has gone smoothly and the needed services are being provided.
- **Crisis Intervention:** When critical incidents or workplace trauma occur, the EAP can provide crisis response. Crisis debriefings provide individuals with information about possible reactions that may follow a critical incident. A

structured environment allows individuals to discuss their thoughts and reactions to the incident.

- **Grief Response:** When death affects a workgroup, KEAP is available to provide grief response groups.
- **Management Consultation:** Supervisors may consult with EAP professionals for guidance regarding employees and difficult workplace situations.
- **Education:**
 - KEAP staff members are available for staff development training opportunities. One training session is designed to increase employee awareness of the Kentucky Employee Assistance Program.
 - KEAP is available to provide a variety of educational opportunities on various life/work topics such as stress management, mental health topics, budgeting information and substance abuse concerns.
 - Supervisory training is also available to educate management on how to make appropriate referrals to KEAP.

Kentucky Employee Mediation Program

The Kentucky Employee Mediation Program (KEMP) is part of Employee Relations in the Personnel Cabinet. The program was established as an alternative way to resolve disputes between co-workers and between employees and supervisors. It does not replace other avenues of dispute resolution such as the grievance process or the Personnel Board appeal process, but provides the option of resolving conflict through a less formal process. The goal is to help employees and supervisors resolve problems in the workplace before they escalate.

Mediation is a form of dispute resolution where a neutral, trained mediator meets with those in conflict, and helps them reach an agreement that is acceptable to both of them. The mediator does not make decisions or advocate certain solutions.

Some cases which have been mediated by KEMP include personality conflicts, communication problems, ADA issues, FMLA issues, involuntary transfers, harassment, discrimination, and suspensions. The participants reach an agreement most of the time, and say that the mediation process was a positive experience.

KEMP is a voluntary, confidential service, and is available to all Executive Branch employees at no cost. Employees are not required to use leave time to attend mediation sessions when they have obtained prior approval of his/her supervisor. Mediations can usually be scheduled in a week or two and take three hours to complete.

To schedule a mediation, or get more information, visit the website at <http://personnel.ky.gov/kemp.htm> or contact Linda Patrick or Tina Goodmann at 502/564-3433.

Kentucky Employee Handbook

As a state employee, you are subject to certain laws and regulations as well as your agency's policies. You are also entitled to certain benefits. When you have questions about your responsibilities or benefits, consult the table of contents of this book. If you do not find all of the information you need here, contact your agency's personnel administrator. You should regularly check the Personnel Cabinet's web site at <http://personnel.ky.gov/> for news and announcements that directly affect your employment. You should also check the bulletin boards in your agency for information that will keep you up to date.

SECTION SIX

Employee Performance

Employee Performance Evaluation

The job performance of state employees is important to the Commonwealth. Supervisors are required to evaluate the performance of all eligible merit system employees once a year. In order to assure all Kentucky citizens that the quality of services provided by their state government measures up, state law requires that evaluations shall be considered in determining eligibility for discretionary salary advancements, promotions, and disciplinary actions. (See KRS 18A.110 and 101 KAR 2:180).

Work performance evaluation benefits you in several ways. First, it improves communication between you and your supervisor. Supervisors must meet with eligible employees prior to the start of each evaluation period to discuss performance requirements. Performance requirements include a written performance plan consisting of job duties, performance expectations, and assigned points in each performance category. At the start of the performance year the employee, first line supervisor and next line supervisor sign the plan. The completed performance plan provides you the information needed to understand what your job requires. It provides, too, the mechanism for reviewing your progress as an employee. If your performance is satisfactory, you are told what you are doing right and how you might do even better. If your performance is not up to standard, you receive the constructive counseling or training that will enable you to improve.

For details on who is eligible for evaluation, how performance evaluation affects you, and how it is carried out, see the Employee Evaluation Handbook, available to you through your supervisor or your agency's personnel administrator. Also, you may visit the Personnel Cabinet's website to read KRS 18A.110 and 101 KAR 2:180 or look at the Employee Evaluation Handbook.

Kentucky Personnel Cabinet Employee Orientation Manual

I have read this orientation manual and attended cabinet employee orientation. I agree to comply with the contents of this manual.

NAME: _____

DIVISION: _____

WORK LOCATION: _____

DATE: _____

Personnel Cabinet Employee Confidentiality/Security Internet And Electronic Mail Acceptable Use Agreement

I understand I will be allowed access to confidential information in order to perform my specific job duties. I further understand and agree I am not to disclose confidential information without the prior consent of the appropriate authority(s) in the Personnel Cabinet. Confidential information consists of any and all information, data, etc. whether in an electronic, paper or other format, which is created, obtained or maintained by the Cabinet to which you have access by virtue of your position within the Cabinet.

I understand all UserID and Passwords to access computer data are issued on an individual basis. I further understand I am solely responsible for all information obtained, through system access, using my unique identification. At no time will I allow any person use of my UserID and Password to logon to a network of the Cabinet, the Mainframe, or any other system. I understand my compliance is required and that intentional misuse or inappropriate use shall result in disciplinary action up to and including dismissal pursuant to KRS 18A and 101 KAR 1:345.

I understand accessing or releasing confidential information, or causing confidential information to be accessed or released on myself, applicants, or any other individuals, outside the scope of my assigned job duties would constitute a violation of this agreement and may be subject to disciplinary action up to and including dismissal. I understand all data, information, documents, etc. belong to the Cabinet and I agree not to take any information in any form from the Cabinet both during and upon termination of my employment.

I further understand that installing or adding any equipment and/or software without permission from the Systems Management Branch is prohibited and shall result in disciplinary action up to and including dismissal.

I understand under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the Cabinet and its employees shall use and disclose an individual's health care information only for legitimate purposes as described by the Electronic Code of Federal Regulations (e-CFR) Title 45: Public Welfare Part 164 – Security and Privacy. HIPAA and the privacy rule disseminated in accordance to the statute establishes in federal law the basic principle that an individual's health information belongs to the individual and with certain exceptions, cannot be used, released, or disclosed without the explicit consent of the individual or their legal guardian. Even casual or informal conversation about an individual's protected health information not related to a legitimate legal purpose at any time whether at work or not, may subject you to federal penalties and Cabinet sanctions.

I acknowledge that I have read and understand the terms of this agreement and agree to abide by same. Furthermore, I have read and understand the attached policies and agree to abide by their terms.

With my signature on this document I acknowledge it is my responsibility to comply with agreement set forth in detail above. I further agree to assure the confidentiality of all information, which has been entrusted to me during and after my employment with the Cabinet.

The below referenced policies attached to this agreement are hereby incorporated by reference to this agreement:

Policy Number CIO-060 - Office of the Chief Information Officer Enterprise Policy

Policy Number CIO-072 – UserID and Password Policy

KRS 434.840 - Unlawful Access to a Computer – Definitions

Cabinet Use of Technology Resources - <http://personnel.ky.gov/info/emphb/techres.htm>

e-CFR Title 45: Public Welfare, Part 164 – Security and Privacy

Printed Employee Name

Printed Supervisor Name

Date

Employee Signature

Supervisor Signature

Date

Personnel Cabinet

Request For Approval Of Outside Employment

I request approval of off-duty employment with

(Name of Outside Employer)

(Address of Outside Employer)

As a public servant, I am not involved in the Personnel Cabinet decisions concerning the above named employer. If the request is approved, I agree that if, in the future, I realize that I will be involved in such decisions, I will immediately notify the Personnel Cabinet Ethics Officer and take steps to avoid any conflict of interest.

Signature Title Date

Subscribed, sworn, and acknowledged before me by _____

this the _____ day of _____ 20_____.

My Commission expires: _____

STATEMENT BY APPOINTING AUTHORITY

As appointing authority for the Personnel Cabinet, I certify that this employee is not involved in this Cabinet's decisions concerning the company with his/her outside employment. This off-duty employment will not create a real or perceived conflict of interest which would damage public confidence in government; and that I approve such off-duty employment; advise this office when outside employment is terminated.

Name
PERSONNEL CABINET
APPOINTING AUTHORITY

Date

Application For Approval Of Outside Employment

Name of Employee _____

Cabinet/Department _____

Division/Branch

Name of Immediate
Supervisor _____
Title _____

Business Address

Phone Number

Name of Outside
Employer _____
Business Address

Type of Business

Name of Owner

Description of business and/or regulatory relationship between outside employer and
employee's state agency:

Specific factors that separate the employee's state job from the agency's decisions concerning the outside employer. _____

Description of outside employment (include days and hours to be worked) _____

Term of Outside Employment:
From: _____ **To:** _____
(Review annually)

Attachments

_____ **Employee's P-1**

_____ **Employee's Job Description**

_____ **Statement by Employee**

_____ **Supervisor's Coordination**

TERMINATION OF OUTSIDE EMPLOYMENT

Employee notified State Agency that outside employment was terminated effective this date _____.

(Supervisor's Signature) <input type="checkbox"/> I accept this decision.	(Title) <input type="checkbox"/> I appeal this decision to the next level. (Must be requested within two (2) work days of receipt of supervisor's decision.)	(Date)
Employee's Signature: _____		
Date: _____		

SECOND LEVEL REVIEW

FINDINGS AND DECISION:

(Signature) <input type="checkbox"/> I accept this decision.	(Title) <input type="checkbox"/> I appeal this decision to the next level.	(Date)
(Employee's Signature)	(Date)	

THIRD LEVEL REVIEW

FINDINGS AND DECISION:

(Signature) <input type="checkbox"/> I accept this decision.	(Title) <input type="checkbox"/> I appeal this decision to the next level.	(Date)
(Employee's Signature)	(Date)	

FINAL SUPERVISORY REVIEW

FINDINGS AND DECISION:

(Signature)

(Title)

(Date)

I concur with this decision. **I appeal this decision to the appointing authority for a final determination. (Must be filed within two (2) work days of final line supervisor's response.)**

(Employee's Signature)

(Date)

IF YOUR GRIEVANCE IS NOT APPEALABLE TO THE PERSONNEL BOARD UNDER THE PROVISIONS OF KRS 18A.095, THE DETERMINATION OF YOUR AGENCIES' APPOINTING AUTHORITY IS FINAL.

I AM APPEALING THE FOLLOWING ACTIONS: (Check appropriate box or boxes)

DISMISSAL

DEMOTION

SUSPENSION

DISCIPLINARY FINE

INVOLUNTARY
TRANSFER

LAYOFF

EMPLOYEE EVALUATION

REALLOCATION

RECLASSIFICATION

APPLICANT REJECTION

DENIED, ABRIDGED OR
IMPEDED RIGHT TO
INSPECT OR COPY
RECORDS

DISCRIMINATION Circle
those that apply [race, color,
religion, ethnic origin, sex,
disability, political, age (over
40)]

REMOVAL FROM
REGISTER

OTHER PENALIZATION (Specify):

CLASSIFIED, ELIGIBLE OR APPLICANT, PREPARE THIS SECTION

The following is a short, plain, and concise statement of the facts which relate to the action I am appealing:

UNCLASSIFIED EMPLOYEE, PREPARE THIS SECTION

The following is a short, plain, and concise statement of reason or cause given for dismissal or other penalization:

DATE OF RECEIPT OF NOTICE OF APPEALED ACTION:

(Attach a copy of any written notice which you received relating to this Appeal.)

SIGNATURE

DATE

ATTORNEY'S SIGNATURE (if any)

DATE

For Official Use Only

THIS FORM IS TO BE MAILED OR
DELIVERED TO:

KENTUCKY PERSONNEL BOARD
28 FOUNTAIN PLACE
FRANKFORT, KENTUCKY 40601