

# BOARD OF ELECTIONS City of New York

## PERSONNEL GUIDELINES

**REVISED  
April, 2011**

POLICIES AND PROCEDURES  
OF THE BOARD OF ELECTIONS  
IN THE CITY OF NEW YORK

SECTION 1 – Personnel Guidelines

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## SECTION A – INTRODUCTION

## **WELCOME TO THE BOARD OF ELECTIONS, IN THE CITY OF NEW YORK**

You were selected for employment by the BOARD OF ELECTIONS IN THE CITY OF NEW YORK in order to help our agency effectively serve the public. As an employee, your work will contribute in many ways toward the successful delivery of the Agency's services to the many citizens who live, work and vote in New York City. As a new employee you probably have many questions about your employment and this handbook was prepared to help answer some of your questions. The information contained in this handbook will provide you with a better understanding of the Board of Elections' personnel policies and procedures, the benefits provided, and your responsibilities as an employee. Violation of these policies and procedures may result in your termination from this agency; therefore, it is in your best interest to familiarize yourself with the rules and regulations outlined in this manual.

## **YOUR RESPONSIBILITY TO THE PUBLIC**

When you accepted a job with the BOARD OF ELECTIONS, IN THE CITY OF NEW YORK, you accepted a responsibility to the public that goes beyond that of employees in private enterprise. As long as you are employed as a public servant by this Agency, you are working for its "customers" - all of the citizens of New York City. It is your duty to perform your job to the best of your ability and to serve the public in a courteous and efficient manner.

## **PREFACE**

This handbook has been prepared as a general reference guide so that you, as an employee of the Board of Elections in the City of New York will be aware of the benefits and programs available to you and the procedures and policies that govern your employment.

Programs and/or procedures outlined in this handbook may be changed or discontinued. In such cases, every attempt will be made to circulate the updated information to each employee.



If you have any questions about the material in this handbook, please discuss them with your immediate supervisor.

The information in this handbook does not supersede or modify any rights, benefits or obligations you may have under a collective bargaining contract, Comptroller's determination, statute, rule, regulation or order. **This handbook has been prepared solely for the purpose of providing employees with general information about the Agency. Benefits and obligations mentioned in this handbook may change as a result of changes in laws, rules, regulations or orders, or as a result of a collective bargaining agreement or Comptroller's determination, or at the direction of the City or the Agency.**

**New York State Election Law 3-300 is recognized to prevail wherever it is applicable.**

## SECTION B - GENERAL INFORMATION

## **PERMANENT EMPLOYEES**

### **PROBATIONARY PERIOD**

Upon appointment to a permanent position within the Board of Elections in the City of New York employees serve a one-year probationary period. Your work performance, attendance, punctuality, and other factors related to your job assignment will be evaluated during this period. The Chief and Deputy, along with the Borough Commissioners will be notified via email as an employee approaches the last 60 days of their probationary period. An End of Probation Evaluation will be conducted, this evaluation is to be completed by the Chief and Deputy and reviewed with the Borough Commissioners prior to being served to the employee. Once the evaluation has been served and a copy has been given to the employee, the original must be sent to the Director of Personnel so it can become part of the permanent record. The Commissioners will receive; via inter office mail and email, a notification, accompanied by the completed and signed evaluation.

During this probationary period, you may be terminated at the discretion of the Commissioners without benefit of a disciplinary hearing as outlined in the collective bargaining agreement.

**UPDATE: THIS SECTION ALSO APPLIES TO TEMPORARY EMPLOYEES.**

## **PERSONNEL FILES**

All employees are entitled to examine their personnel files as provided in the union contract.

No documents can be taken out or placed in your file at that time. To make an appointment to review your personnel file, you must contact the Personnel Department.

## **IDENTIFICATION CARDS/EMERGENCY CONTACT**

The Board of Elections in the City of New York issues identification cards to all employees. Lost or stolen I. D. cards will be replaced once an e-mail has been sent to the Personnel Department requesting a replacement and including the circumstances surrounding the lost or stolen I. D. card. Upon separation from service with the Agency, the employee is required to return his or her I. D. card and any other Board property in their possession.

**The Board of Elections is required to obtain from every employee the name, address and telephone number of an individual to contact in case of emergency. It is the employee's**

### **EMPLOYMENT VERIFICATION**

The Board of Elections in the City of New York Personnel Department will verify employment for a wide variety of reasons including, but not limited to, applications for housing, bank accounts, loans and mortgages. No verification will be given over the telephone. All of the above cases require written authorization from the employee. Requests for employment verification should be sent to the Personnel Director.

### **EMPLOYEE CHANGE OF ADDRESS**

The employee is held responsible to notify management and the Personnel Department of any change of address or telephone number.

### **SAFETY AND HEALTH**

The Board of Elections in the City of New York is committed to providing a safe and healthful work place for all its employees. The Safety and Health Office of the Division of Human Resources Management and Labor Relations investigates potentially hazardous conditions, aids in the development of safety-related training, and assists BOE in complying with safety and health regulations. An employee who has a safety and health concern should contact his/her supervisor.

### **QUALITY OF WORK LIFE**

The Quality of Work Life program is a cooperative labor-management effort designed to increase productivity, facilitate service delivery and improve the overall quality of the work environment for our employees.

BOARD OF ELECTIONS I.D.

First		Middle	Last
FULL NAME			
ADDRESS			
DATE OF APPOINTMENT		TITLE	
HEIGHT		WEIGHT	
COLOR OF EYES		COLOR OF HAIR	
SOCIAL SECURITY NUMBER			
HEALTH PLAN			
DATE OF BIRTH			
EMERGENCY CONTACT: NAME			
ADDRESS			
PHONE			

DATE \_\_\_\_\_ EMPLOYEE SIGNATURE \_\_\_\_\_

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## SECTION C - PAY/SALARY INFORMATION

### **PAY PERIOD**

Payday is every other Friday for employees on the bi-weekly payroll and paychecks cover a two-week period. There is a one-week lag in the time period covered in any paycheck. This means that the paycheck you receive on Friday does not cover that week, but instead the two previous weeks. There is a **two** week delay in overtime pay, or any other exception events. The first paycheck will compensate employees from the first day of work to the last day of the payroll period covered by that check. If you have any questions, speak to your timekeeper.

### **EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE (W-4)**

Each employee is required to complete a Withholding Allowance Certificate (W-4). (See Page C-3). This will determine the amount of taxes to be withheld from your salary check based on your marital status and the number of dependents.

### **DIRECT DEPOSIT**

An employee of the Board of Elections in the City of New York can opt to have his/her paycheck automatically deposited in a savings or checking account. See the Finance Division for the proper application.

### **CHECK DISTRIBUTION**

Managers in each office are responsible for making sure all employees receive their checks. Employees are required to sign a payroll distribution list prior to receiving their payroll checks or stubs in the case of automatic deposit. If you are absent, you must contact your supervisor to determine how you can receive your check.

### **AUTHORIZATION TO RELEASE PAYROLL CHECK**

If you wish to have your check distributed or forwarded to someone other than yourself, you must sign the necessary documents beforehand. (See page C-2). The Payroll Clerk is responsible for distribution only, not matters regarding time accruals and balances. These matters must be discussed with the timekeeper.



**BOARD OF ELECTIONS**  
IN  
THE CITY OF NEW YORK  
EXECUTIVE OFFICE, 32 BROADWAY  
NEW YORK, N.Y. 10004  
(212) 487-5300



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

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

SSN: \_\_\_\_\_

I authorize the following be done with my current salary check: (Check One)

\_\_\_\_\_

Mail to my house.

\_\_\_\_\_

Mail to this address:

\_\_\_\_\_

To be picked up by:

\_\_\_\_\_

Hold in office safe

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



<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> For Privacy Act and Paperwork Reduction Act Notice, see reverse.		OMB No. 1545-0010 <b>1997</b>
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. <small>Note: If married, but legally separated or spouse is a nonresident alien, check the Single box.</small>		
City or town, state, and ZIP code		4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for a new card <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply)				5
6 Additional amount, if any, you want withheld from each paycheck				6 \$
7 I claim exemption from withholding for 1997, and I certify that I meet BOTH of the following conditions for exemption: • Last year I had a right to a refund of <b>ALL</b> Federal income tax withheld because I had <b>NO</b> tax liability. <b>AND</b> • This year I expect a refund of <b>ALL</b> Federal income tax withheld because I expect to have <b>NO</b> tax liability. If you meet both conditions, enter "EXEMPT" here				7
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.				
Employee's signature		Date		
8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)		9 Office code (optional)	10 Employer identification number	

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## OVERTIME

Overtime shall only be authorized when assigned tasks cannot be completed during the normal workday. Subject to managerial approval **non-managerial** employees may work longer hours than their normal workday, or on days and at times other than those for which they are scheduled. Depending on an employee's classification and the nature of the approved, the employee overtime is compensated in one of two ways: paid overtime or compensatory time (comp. time). **Managerial** employees may be required to work in excess of 35 hours per week, but are not entitled to earn compensatory time or paid overtime. Employees are advised that because of the nature of the Agency's work, they may work differing schedules as required and that the employees' schedules may be altered to accommodate the needs of the agency and to reduce the amount of scheduled overtime. The Agency will endeavor to give advance notice to employees of schedule requirements.

### **PAID OVERTIME**

Paid overtime is overtime earned by non-managerial employees and paid in accordance with the appropriate contract, determination, or order. Authorized paid overtime is included in your regular biweekly check. Please note that overtime is on a two-week lag from the regular payroll period. **Overtime will not be paid unless it is authorized and approved prior to the employee working said overtime prior to the employee working said overtime.**

### **SHIFT DIFFERENTIAL**

Unless the employee's contract or determination specifically indicates otherwise, an employee working overtime shall not receive a shift differential but shall receive overtime pay or comp time, depending upon the terms of his/her contract.

For employees serving in titles covered by the Fair Labor Standards Act (FLSA), methods of computing the shift differential will vary based on the number of hours actually worked during a pay period.

Approved by NYC Commissioners of Elections January 11, 2011

## SECTION D - TIME AND ATTENDANCE

## **GENERAL INFORMATION**

### **SIGNING IN AND OUT - NON MANAGERIAL EMPLOYEES**

Employees must clock themselves in and out during the scheduled workday, including lunch hour, in accordance with their designated work schedule. No one is to clock another employee's time card. Clocking or otherwise tampering with another employee's time card and/or time sheet will result in disciplinary action, which may lead to termination.

### **SIGNING IN AND OUT - MANAGERIAL EMPLOYEES**

Managers must sign in and out using a weekly time sheet and are required to work a minimum of 35 hours per week. Time Sheets must be filed on a weekly basis. They are to be filed the Monday following the week recorded.

### **LEAVE BALANCES**

An employee's annual leave, sick leave and comp time balances appear on each paycheck stub (See pages D-2, D-3, D-4). The PMS (Payroll Management System) will record time used by an employee and the deduction will usually appear on the next paycheck stub. However, accruals, although credited to employee's balances on the 16th of the month (providing the employee was in full pay status for 15 days of the month), will not appear on an employee's paycheck stub until processed by the PMS. This usually takes from four to six weeks. Employees should check with their local timekeeper for current balances.

EXAMPLE OF A PAYCHECK STUB

1		2		3		4		5		6		7	
ITEM NO		PAY PERIOD		PAY DATE		CITY EMP NO		CITY EMP UNIT		CITY EMP NAME		DIST NO	
PERIOD NO		03/26/93		04/06/93		04/12/93		826		5004		5004	
ELECTRONIC FUNDS TRANSFER INFORMATION		AT THE END OF THE PERIOD		AT THE END OF THE PERIOD		AT THE END OF THE PERIOD		AT THE END OF THE PERIOD		AT THE END OF THE PERIOD		AT THE END OF THE PERIOD	
TOTAL EARNINGS		1436.05		170.50		170.50		170.50		170.50		170.50	
THIS PERIOD		1436.05		170.50		170.50		170.50		170.50		170.50	
PREVIOUS PERIOD		1436.05		170.50		170.50		170.50		170.50		170.50	
TOTAL EARNINGS		1436.05		170.50		170.50		170.50		170.50		170.50	
REGULAR PAY		1436.05		170.50		170.50		170.50		170.50		170.50	
EARNINGS DATA		1436.05		170.50		170.50		170.50		170.50		170.50	
SICK LEAVE		00:00		00:00		00:00		00:00		00:00		00:00	
ANNUAL LEAVE		00:00		00:00		00:00		00:00		00:00		00:00	
RECYCLE AT HOME AND AT WORK		00:00		00:00		00:00		00:00		00:00		00:00	
OTHER ITEMIZED DEDUCTIONS		00:00		00:00		00:00		00:00		00:00		00:00	
OTHER ITEMIZED DEDUCTIONS		00:00		00:00		00:00		00:00		00:00		00:00	
TOTAL EARNINGS		1436.05		170.50		170.50		170.50		170.50		170.50	
TOTAL EARNINGS		1436.05		170.50		170.50		170.50		170.50		170.50	

### DESCRIPTION OF PAYCHECK STUB

- |  |  |
|--|--|
| 1. <b><u>Item No.:</u></b> Sequential numbering entered as check is printed.         | 10. <b><u>ISN:</u></b> Identifies job status on BOE Payroll.   |
| 2. <b><u>Pay Period:</u></b> Dates covered by Regular pay period.                    | 11. <b><u>Tax MS:</u></b> Indicates marital status for federal, state and city tax purposes.<br>A = Single; B = Married; and<br>C = Unspecified. |
| 3. <b><u>Pay Date:</u></b> Date of Paycheck.   |  |
| 4. <b><u>Payroll No.:</u></b> Identifies the Agency. BOE employees are 003 103       | 12. <b><u>EX:</u></b> Number of exemptions claimed for federal, state and city tax purposes  |
| 5. <b><u>Work Unit:</u></b> Identifies site at which employee works.                 | 13. <b><u>Social Security No.:</u></b> Self-explanatory.   |
| 6. <b><u>Check Number:</u></b> Number to identify check.                             | 14. <b><u>CD:</u></b> A one-digit code to double check against errors.   |
| 7. <b><u>Dist. No.:</u></b> Indicates bureau and borough where employee is assigned. | 15. <b><u>Name:</u></b> Self-explanatory.  |
| 8. <b><u>Pension No.:</u></b> The employee's pension number.                         | 16. <b><u>Total Earnings:</u></b> Includes all earnings in this period and calendar year-to-date.  |

**DESCRIPTION OF PAYCHECK STUB**

(continued)

- |  |   |
|--|---|
| 17. <b><u>Federal Tax, FICA, Medicare, State and City Tax:</u></b> Amounts withheld are mandated by Federal, state or city law and depend upon employee's earnings, marital status, and number of exemptions. A total of these items plus the net pay entry on stub should equal employee's gross pay. | 23. <b><u>Units/Hr. Amt. Earned This Per:</u></b> Hours worked and amount earned for this pay period.   |
| 18. <b><u>City Waiver:</u></b> An additional withholding for non-residents required by NYC Law.  | 24. <b><u>Leave Balances As of (Date):</u></b> Leave Balances recorded by PMS as of date specified. Check with your timekeeper for current balances.  |
| 19. <b><u>Total Ded. This Per:</u></b> The sum of taxes and deductions withheld itemized on the paycheck stub.   | 25. <b><u>Messages:</u></b> Self-explanatory  |
| 20. <b><u>Net Pay:</u></b> (Take home pay) The difference between this pay period's total earnings and total deductions.   | 26. <b><u>Description, Etc. (Other Itemized Deductions):</u></b> Specifies exactly what deduction is for (e.g., org. dues, health insurance, Municipal Credit Union), the amount deducted and, if applicable, the goal amount and the number of installments remaining. |
| 21. <b><u>Description (Earnings Data):</u></b> Specifies what earnings are for   |   |
| 22. <b><u>Units/Hr. Amt. Earned Prior Per:</u></b> .Hours worked and amount earned for period prior to this pay period.  |   |

## **Lateness**

All employees of the Board of Elections in New York City are obligated to report to work at their scheduled time. Any employee who is not at his or her work station and ready to work at their scheduled time (whether it is at the beginning of the work day or upon return from their lunch hour) are late.

There shall be a five (5) minute grace period for employees to arrive on time at the beginning of each work shift. When lateness exceeds the five (5) minute grace period, the employee will be docked for their lateness in fifteen (15) minute increments, beginning from their scheduled reporting time until their actual time of arrival. [e.g., an employee whose start time is 9:00 a.m. and reports to work at 9:05 a.m. will not be charged leave time. An employee whose start time is 9:00 a.m. and reports to work at 9:06 a.m. is six (6) minutes late and will be docked fifteen (15) minutes.] Deductions for lateness are made from leave balances.

It is the Employee's responsibility to report to work on time. Although reporting to work between 9:01 and 9:05 will not affect the employee's leave bank, it will be addressed in the employee performance evaluation. Excessive lateness, even within the grace period, will lead to the possible removal of the grace period and/or other disciplinary action.

Any lateness beyond the (5) minute grace period will be classified as "Excused" or "Unexcused". Pursuant to the unanimous directive of the Commissioners, effective January 1, 2014, there will no longer be any automatically "Excused" lateness.

A written statement detailing the reason for the lateness must be submitted to the Chief Clerk or Deputy Chief Clerk in each respective borough or the Administrative Manager in the Executive Office to be recorded as "Excused." Each lateness will be reviewed on a case by case basis by the respective manager in accordance with this revised procedure.

Commissioners' directive 1/28/14

## **Special Time Allowances**

The authority vested in the Board of Commissioners of the New York City Board of Elections under New York State Election Law is recognized by the practices and procedures of this agency's administration in addition to the contract with the Communications Workers of America (Local 1183).

The policy of this agency, under normal circumstances, conforms to New York City Personnel Policy in rejecting negative time accrual balances. Specifically, unless special consideration comes into effect, an employee is not allowed to use more time than he or she has actually accrued. A negative time balance can result in a payroll action such as a salary deduction. Good judgment by management in requesting or applying these sanctions is anticipated.



There are exceptions, under the Board of Commissioners' authority that can be approved:

- **Catastrophic or serious injury/illness (non-job related)**

If an employee suffers an injury or illness, which is non-job related, and recovery will require more time than the employee has accrued, upon the presentation of medical documentation, the Commissioners may vote to grant a thirty-day extension into the negative time accrual. This can be extended to a maximum second thirty-day period. Employees, who are expected to return to work after full recovery, will reduce their negative time balances, by normal accrual or salary adjustments, if feasible.

- **Substance abuse or special counseling programs**

If an employee seeks assistance through the City of New York's authorized counseling programs, or through an established private organization to overcome one of the substance abuse or mental health problem areas recognized by New York City's Employee Assistance Program, the Commissioners may upon the recommendation of agency management or the Personnel Director, grant up to two thirty day sick leave extensions. The purpose of this policy is to lead to full and productive re-instatement of the employee to his/her responsibilities both within and outside this agency.

### **ANNUAL LEAVE**

Annual leave is a combined vacation, personal business, and religious holiday leave allowance. For non-managerial employees, the annual leave year runs from May 1st through April 30th; for managerial employees, the annual leave years runs from January 1st through December 31st.

### **ACCRUAL OF TIME**

Employees are credited with the monthly accrual of annual leave after being in full pay status at least 15 calendar days that month. Annual leave allowances are

credited to employees who work a standard work week of five days, serving seven hours each day at the following rate:

**EFFECTIVE JULY 1, 1991, THE ANNUAL LEAVE ALLOWANCE FOR FULL-TIME EMPLOYEES SHALL ACCRUE AS FOLLOWS:**

<b><u>YEARS IN SERVICE</u></b>	<b><u>MONTHLY ACCRUAL</u></b>	<b><u>ANNUAL LEAVE ALLOWANCES</u></b>
At the beginning of the 1 <sup>st</sup> year to 4 <sup>th</sup> year	1.25 days	15 work days (3 weeks)
At the beginning of the 5 <sup>th</sup> year	1 2/3 days	20 work days (4 weeks)
At the beginning of the 8 <sup>th</sup> year	2 days plus 1 additional day at the end of the leave year.	25 work days (5 weeks)
At the beginning of the 15 <sup>th</sup> year	2 1/4 days per month	27 work days (5 weeks and 2 days)

**FOR PART-TIME EMPLOYEES WORKING MORE THAN 17 1/2 HOURS  
EFFECTIVE JULY 1, 1991**

<b><u>YEARS IN SERVICE</u></b>	<b><u>ACCRUAL</u></b>
At the beginning of the Worked 1 <sup>st</sup> year to 4 <sup>th</sup> year	1 hour for 15 hours
At the beginning of the 5 <sup>th</sup> year	1 hour for 11 hours worked
Sick Leave	1 hour for 20 hours worked

**Note: Prevailing rate employees and original jurisdiction title employees may not be covered by the above rules, and should contact their supervisors to ascertain the leave accrual rate for their titles.**

**“THIS PAGE DELIBERATELY LEFT BLANK”**

LEAVE OF ABSENCE REQUEST										CITY OF NEW YORK BOARD OF ELECTIONS		TO BE FILLED IN BY EMPLOYEE DO NOT WRITE BELOW DOUBLE LINE	
DATE OF REQUEST MONTH DAY YEAR											DATE _____		
EMPLOYEE'S REQUEST						SUPERVISORS' RECOMMENDATION							
INCLUSIVE PERIOD REQUEST													
FROM		TO		NO. OF DAYS		1. VACATION		RECOMMEND NO. _____		Name _____			
MONTH	DAY	YEAR	MONTH	DAY	YEAR		2. OVERTIME			Title _____			
							3. SICK LEAVE			Work Location _____			
NAME _____ SIGNATURE _____ ADDRESS _____ TITLE _____ WORK LOCATION _____ REASON: _____						4. SPECIAL WITH PAY		APPROVED NO. _____		INCLUSIVE PERIOD REQUESTED FROM MONTH DAY YEAR NO. OF DAYS TO _____			
						5. WITHOUT PAY							
						6. DISAPPROVED		Chief Clerk _____					
PAYROLL DIVISION—ATTENDANCE RECORD													
PREVIOUS ABSENCES DURING CURRENT VAC'N. PERIOD													
VACA- TION	OVER- TIME	SICK LEAVE	SPECIAL WITH PAY	HOLY DAY	WITHOUT PAY	TOTAL DAYS							
CREDIT BALANCE—EXCLUSIVE OF THIS REQUEST													
VACA- TION	OVER- TIME	SICK LEAVE	SPECIAL WITH PAY	WITH HALF PAY									
Date Jury Duty Stipend Refunded _____													
A'mt Jury Duty Stipend Refunded _____													
Personnel Officer _____													
TO BE FORWARDED TO:—PAYROLL DIVISION													
						YOUR REQUEST FOR LEAVE OF ABSENCE HAS BEEN CHARGED TO:  1.—VACATION _____ 2.—OVERTIME _____ 3.—SICK LEAVE _____ 4.—SPECIAL WITH PAY _____ 5.—WITHOUT PAY _____ 6.—DISAPPROVED _____  Chief Clerk/Supervisor Signature _____ PAYROLL DIVISION							

### Excess Accrual Policy

After July 1, 1998 the Board of Elections of the City of New York shall convert excess leave balances to sick leave as outlined in the C.W.A. Local 1183 Union contract.

The Board will adhere to the limits established by the City of New York, which allow any employee to accrue a total of 378 hours of annual leave and 200 hours of compensatory time. Balances in excess of these limits shall be converted to sick leave on July 1 of each year.

Leave balances will be examined each December and those employees who have excess balances will be given the opportunity to use their time, when practicable, before the conversion date of July 1.

- Employees with current balances in excess of these limits will not have their balances converted to sick leave in July, 1998, but will be scheduled to use their time where practicable until such time that they are in compliance. Any additional time accrued during this period will be converted to sick leave on July 1.
- Upon determination of the full Board of Commissioners, an employee may accrue in excess of the leave balance limits in any given year having a number of election events that would prohibit the employee from using accrued time.
- In the case where an employee was allowed to carry excess time in one given year,  
that time would have to be used in the following year or be converted to sick leave.

#### **LEAVE FOR RELIGIOUS OBSERVANCE**

An employee desiring time off for religious observance must submit a Request for Leave form for approval. An employee who does not have sufficient time balances to cover the absence can have the time advanced to him/her, subject to the employee's leave plan and his/her ability to earn and restore such time.

#### **MEDICAL DISABILITY WHILE ON ANNUAL LEAVE**

If an employee is hospitalized while on annual leave, the period of hospitalization, if documented, may be charged to his/her sick leave balances. In other cases of serious medical disability while on annual leave, the employee may request that the period of disability be charged to his/her sick leave balance. Approval of such a request is contingent upon the submission of appropriate documentation and is at the discretion of Management. Approval of "medical disability while on annual leave" should be appropriately authorized in the "comments" section of the time sheet.

### **ANNUAL LEAVE CHARGED TO LEAVE WITHOUT PAY**

It is the responsibility of employees and supervisors to be aware of their leave balances. If an employee does not have enough annual leave to cover a time sheet charge, comp time will first be used and, then, the employee will be placed on leave without pay.

### **ADVANCEMENT OF ANNUAL LEAVE**

In exceptional and unusual circumstances, permission may be granted to use annual leave before it is earned, not exceeding ten days. Only the Commissioners may approve annual leave adjustment.

### **SICK LEAVE BANK**

It shall be the policy of the Board of Elections of the City of New York to allow employees to donate annual leave, sick leave or compensatory time into a "sick leave bank" to be used at a future date by another employee whose leave balances have been exhausted due to a catastrophic illness or injury.

The sole purpose of this bank will be to allow employees who meet the requirements to remain in active pay status without creating a negative leave balance.

The sick bank will be administrated in the following manner:

### **Donations of Time**

Any employee may voluntarily transfer any number of **Payroll Management System** certified hours from his/her leave balances to the bank (see page D-14). The employee's leave balances will be deducted accordingly at the time of donation. An employee may not designate an individual recipient.

### **Employee Request**

An employee wishing to avail themselves of time from the Sick Leave bank will file a completed "Request for Extended Leave". (See page D-15)

### **Review Panel**

A panel will be created to review each case. The panel will consist of the Personnel Director and Administrative Manager along with one Republican and Democratic Commissioner. The panel will report to the full board on a case by case basis. A vote of the full board is required to authorize use of the time bank.

### **Requirements**

In order to utilize this bank an employee must fulfill certain requirements. They are as follows:

1. Must have a minimum of one year of continuous service to the Board of Elections in the City of New York.
2. Must have exhausted all leave balances prior to applying for the leave extension.
3. Absence must be the result of a catastrophic illness or debilitating injury that is not job related. Injuries filed as routine Worker's Compensation claims are not subject to sick bank usage. The Commissioners may, at their discretion, override this requirement in cases where a catastrophic or debilitating injury filed as a Worker's Compensation case will result in a prolonged absence from work. The sick leave bank may be used to offset any leave balance deficit remaining after settlement by the Worker's Compensation Board.
4. Medical documentation must be presented to the Personnel Director showing that the employee is unable to return to work for a prolonged period of time. The specific details of this physician's report will be kept confidential by the Personnel Director, who will simply report to the review panel that this requirement has been met.
5. Upon return to service, as is practicable, the employee will return to the sick bank the amount of time drawn. The deduction will be made from accrued time.
6. Any time granted, but not used will revert back to the sick leave bank.
7. The Commissioners may require the employee to be examined by a physician of the Board's choosing to determine the validity of the claim.

**Payment**

Time drawn from the sick leave bank will be treated simply as "*hours*" with no consideration to the salary of the donating employee. Any employee using time from the bank will remain in active pay status at their current rate pay. Therefore, any time donated to sick leave bank will be converted to the current salary of the receiving employee at the time of its use.

**Special Note**

An employee who donates time to the bank may not receive compensation, monetary or otherwise, for that donation. Any employees who engage in the exchange of donated time for cash or other consideration will be subject to disciplinary action which may lead to termination.



Board of Elections in the City of New York

3

**Leave Donation Authorization**

I, \_\_\_\_\_ hereby authorize  
(PRINT NAME)

The Board of Elections in the City of New York to transfer \_\_\_\_\_ hours

of ☐ ANNUAL LEAVE ☐ COMPENSATORY TIME ☐ SICK LEAVE

into the *Sick Leave Bank* to be used by another employee upon the approval of the full Board of Commissioners as per the established Sick Leave Bank policy.

Balances at the time of authorization:

ANNUAL LEAVE \_\_\_\_\_

COMPENSATORY TIME \_\_\_\_\_

SICK LEAVE \_\_\_\_\_

I understand that I may not specify an individual employee to use this time and that upon my authorization my leave balances will be deducted accordingly. I further understand that I may not receive compensation of any kind for my donation and that any employee engaging in the exchange of time for considerations, monetary or otherwise, will be subject to a disciplinary hearing, which may lead to termination.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 1999

\_\_\_\_\_  
(SIGNATURE OF EMPLOYEE)

On this \_\_\_\_\_ day of \_\_\_\_\_ 1999 personally appeared before me said named \_\_\_\_\_  
To me known to be the person described in and who executed the forgoing instrument and s/he acknowledged that s/he executed the same, and being duly sworn by me, made oath or affirmed that the statements contained therein are true.

Signature of Officer \_\_\_\_\_ Affix Seal

Official Title \_\_\_\_\_

Transfer completed on \_\_\_\_\_ Payroll Clerk \_\_\_\_\_

Authorized by \_\_\_\_\_ Date \_\_\_\_\_

Board of Elections  
in the City of New York

**Request for Extended Leave**

I, \_\_\_\_\_ hereby request that the Commissioners grant me  
(PRINT NAME)  
extended leave in the amount of \_\_\_\_\_ hours. This request is made  
pursuant to the Board of Elections in the City of New York *Sick Leave Bank*  
policy. I have read the Sick Leave Bank policy and understand all  
requirements and stipulations there in.

I hereby swear and/or affirm that I have not and will not offer compensation  
of any kind to any employee of this agency in exchange for time donated to  
this Sick Leave Bank for my use.

\_\_\_\_\_  
(SIGNATURE) DATE \_\_\_\_\_

Social Security # \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE- FOR OFFICIAL USE ONLY

MEDICAL DOCUMENTATION PROVIDED \_\_\_\_\_

SUBCOMMITTEE MEETING DATE \_\_\_\_\_

REQUEST APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

VOTE OF FULL BOARD \_\_\_\_\_ ON \_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURES OF SUBCOMMITTEE

\_\_\_\_\_  
COMMISSIONER

\_\_\_\_\_  
COMMISSIONER

\_\_\_\_\_  
PERSONNEL DIRECTOR

\_\_\_\_\_  
ADMINISTRATIVE MANAGER

\_\_\_\_\_ hours of sick leave transferred on \_\_\_\_\_ by \_\_\_\_\_

### **SICK LEAVE**

Sick leave is a benefit that may only be used to cover a legitimate personal illness of an employee. Medical documentation may be required for sick leave and for leave granted for sick leave purposes.

### **ACCRUAL OF SICK LEAVE**

Employees may accumulate unlimited sick leave, with the exception of prevailing rate employees who may accumulate only 200 days. A temporary employee working more than half the number of hours worked by a full-time employee (that amounts to 20 hours per week for 40 hours per week employees and 17 1/2 hours per week for 35 hours per week employees) may accrue one hour of sick leave for every 20 hours worked. There is no maximum amount that may be earned.

### **SICK LEAVE USAGE**

Sick leave may be used in one day, one half day or hourly units. Sick leave cannot be used to cover lateness. A Request for Leave form may be required to request the use of sick leave. Medical documentation is required when an employee uses more than three consecutive sick leave days, is on sick leave more than five times in a six month period, is sick more than four times on the day immediately preceding a holiday or day off, or when a supervisor requests it for a shorter period of absence.

The approved Request for Leave form and medical documentation should be submitted to the timekeeper within five workdays. Managers are responsible for ensuring the accuracy of medical documentation and implementing absence control procedures.

The Board, at its discretion, may require a medical examination with a physician of the Board's choosing, paid for by The Board, to confirm the medical diagnosis.

## **NOTIFICATION**

Employees unable to report to work should inform their supervisor within one hour of their regular starting time or as specified by their bureau's regulations. It is incumbent on the employee to contact his/her supervisor to give proper notification. When an employee fails to call in during the sick day taken, he or she will be considered "AWOL" (Absent Without Official Leave). A supervisor may request documentation at any time, if circumstances warrant. That documentation must indicate date of service, location, time employee arrived at medical facility and time departed. This documentation must be signed by a qualified physician or staff member duly authorized by the physician. It is incumbent upon the employee to inform his/her supervisors of pending doctors' appointments as soon as is practicable. It is also incumbent upon the employee to schedule any appointments and/or treatments around their work schedule whenever possible. An employee who does not provide documentation will be subject to the absence control stepping procedure and to leave without pay. When an employee returns, he/she should promptly fill out a Request for Leave Form for his/her supervisor's approval.

If an employee becomes ill during a work shift, he/she must request permission from his/her supervisor before leaving the premises. If an employee leaves the work location without notifying his/her supervisor, the employee may be considered absent from his/her post and may be subject to disciplinary action.

If an employee leaves the work location because of illness, he/she must get approval from his/her supervisor prior to departure and then sign out appropriately on the time card or sheet.

## **SICK LEAVE USED IN EXCESS OF BALANCE**

It is the responsibility of employees and supervisors to be knowledgeable about their leave balances. Sick leave used in excess of sick leave balances may be charged to available annual leave balances, comp time balances or leave without pay. Sick Leave used in excess of sick leave balances will automatically be charged to annual

leave balances. If no balances are available, the employee will be placed on leave without pay. There will be no exceptions.

#### **ADVANCE OF TIME**

(Approved by Full Board of Commissioners on 3/29/2011)

At the discretion of the Board of Commissioners, a permanent employee who has exhausted ALL accrued leave balances due to personal illness may be permitted to use unearned paid sick leave up to the amount of sick leave that can be earned in one year. During this time the employee remains in active status and continues to accrue time. The advanced time must be paid back in time.

#### **DISCRETIONARY GRANT AFTER 10 YEARS OF SERVICE**

(Approved by Full Board of Commissioners on 3/29/2011)

At the discretion of the Board of Commissioners, a permanent employee who after 10 years of paid service has exhausted ALL accrued leave balances due to personal illness may be granted paid sick leave for up to three months. No annual or sick leave is accrued during this time. The grant of time does not have to be paid back.

#### **TERMINAL LEAVE**

This is a process whereby non-managerial employees, separating from City Service, receive payment for their unused annual leave and comp time as provided by the Contract.

#### **RULES, REGULATIONS AND LAWS GOVERNING EMPLOYEES ON ANY TYPE OF LEAVE**

Board of Elections employees, while on any type of leave, paid or non-paid, are subject to all rules, regulations and laws that are applicable to Board of Elections' employees.

#### **SPECIAL LEAVES**

##### **CHILD CARE LEAVE (WITHOUT PAY)**

A Child Care Leave of Absence shall be granted for a period of up to 48 months to any permanent or non-permanent employee (male or female) who becomes the parent of an infant child up to four years of age, either by birth or adoption or the placement of that child into that household for foster care. The use of this maximum will be limited to one instance only. All other childcare leaves shall be limited to a 36-month maximum and shall commence upon request and written notification by the employee of his/her intention to take such leave. During the period of such

leave, non-permanent employees may be terminated by the Agency Head due to operational necessity or by civil service law. Prior to the commencement of the child care leave, an employee shall be kept in pay status for a period of time equal to all of the employee's unused accrued annual leave. Such time in pay status shall not be included in the child care leave. Sick leave can only be used at this time if satisfactory documentation is provided to the Manager. A copy of the sick leave documentation should be submitted to the Personnel Director.

#### **MEDICAL LEAVE (WITHOUT PAY)**

A Medical Leave of Absence may be granted to permanent employees. All requests for such leave must contain appropriate medical documentation stating diagnosis and expected period of absence. Employees meeting the requirements may be granted a continuous leave of absence totaling not more than one year, at the option of the Commissioners.

#### **PERSONAL LEAVE (WITHOUT PAY)**

Personal Leave may be granted to permanent employees. All requests for such leave must contain a specific written explanation for the request from the employee. In addition, the employee's Bureau Head must submit a written request containing the employee's overall job performance rating and a statement indicating that there has been no time and leave abuse. Original requests and extensions of this leave may not exceed a maximum of one year, and must be approved by the Commissioners.

#### **MILITARY LEAVE**

All employees of the Agency are entitled to a leave while engaged in the performance of "ordered military duty" as defined by New York State Military Law. In addition, such employees are entitled to be paid their City salary while performing this duty, which is not to exceed a total of 22 scheduled working days or 30 calendar

days during one calendar year. Any additional time required may be charged to annual leave balances, or the employees may elect leave without pay.

If an employee is an active member of the reserves, he/she must contact the Personnel Director to register as a reservist and to receive instructions and guidelines. To request paid military leave, the following information must be submitted:

- A copy of current Enlistment Contract, specifying the number of drills the reservist is contracted to participate in for the given period.
- A copy of Quarterly Drill Schedule, which is based on the calendar year and usually prepared two months in advance.
- A copy of an attendance certificate and/or pay voucher, signed by the Unit Commander or his/her designated representative.
- A copy of the Request for Leave form signed by the supervisor.

No paid military leave will be granted unless **ALL** of the above are submitted.

It is incumbent upon the employee to schedule all voluntary military duty in accordance with normal Board of Elections in the City of New York leave regulations. Any voluntary military leave that interferes with the normal day to day operation of the Agency will be denied.

## **FAMILY AND MEDICAL LEAVE POLICY**

### **Leave**

In accordance with the Family and Medical Leave Act of 1993, the Agency has established a policy that will allow up to 12 weeks of unpaid leave in a 12-month period:

For an employee's own serious health condition that makes the employee unable to perform the functions of the employee's job;

For a serious health condition of an employee's child, spouse, parent or registered domestic partner where the employee is needed to care for that family member; Upon the birth of a child to care for the child; or because of the placement of a child with an employee for adoption or foster care.

### **Eligibility**

In order to be eligible for Family and Medical Leave an employee must have worked for the Agency:

- For at least 12 months; and
- For at least 1,250 hours during the year preceding the start of the leave.

### **Return to Work**

Unless otherwise permitted by law, at the end of the approved Family and Medical Leave, the employee will be offered restoration to the same position he/she held when leave commenced or to an equivalent position. The Agency may choose to exempt certain highly compensated employees from this requirement and not return them to the same or an equivalent position.

An employee whose Family and Medical Leave exceeds 12 weeks within a 12-month period will not be guaranteed a job upon return from the leave, unless otherwise required by law.

An employee who fails to return to work at the end of an approved medical leave will be considered as having voluntarily terminated.

The Agency requires that upon return from leave due to an employee's serious health condition, the employee must provide Certification from his/her health care provider that the employee is able to resume work and that the employee is fit for duty with regard to the serious health condition that caused the employee's need for Family and Medical Leave.



### **Request for Leave**

Employees must provide 30 days prior notice if the leave is foreseeable. If an employee is unable to provide such notice, notice must be provided as is practicable.

An employee undergoing planned medical treatment will be required to make a reasonable effort to schedule the treatment to minimize disruptions to the Agency's operation.

Family and Medical Leave Request forms are available from the Personnel Department. Request for Family and Medical Leave should be made by completing a form and returning to the Personnel Department.

### **Certification**

An employee requesting a Family and Medical Leave for a serious health condition must provide the Agency with Certification from a health care provider.

The employee should furnish the required Certification when requesting leave or soon after the leave is requested, but not more than 15 calendar days from the start of the requested leave, unless it is not practical under the particular circumstances. During the leave, the Agency may also require that the employee obtain recertification of the medical condition supporting the leave.

The Agency has the right to require an employee to obtain an opinion by a health care provider designated and paid for by the Agency either before or during the leave. If there is a disagreement, a third health care provider will settle the dispute.

### **Disability/Workers Compensation Benefits**

Employees on a Family and Medical Leave due to their own serious health condition may be eligible for payments from other sources such as Worker's Compensation, State Disability or disability insurance, if any. Employees should ask the Personnel Department if they think they are eligible for these benefits.

### **Intermittent Leave**

If an employee requests intermittent leave it may be necessary for the Agency to transfer him/her to another position that will better accommodate an intermittent or reduced schedule.

### **Substitution of Paid Leave**

Employees taking Family and Medical Leave to care for a child, spouse, or parent with a serious health condition or for their own serious health condition must use all of their available accrued and unused paid sick and personal days and vacation as part of the leave.

Employees on Family and Medical Leave for the birth or the placement of a child must use all of their available accrued and unused vacation and personal days as part of the leave.

### **NEGATIVE LEAVE BALANCE POLICY**

In the event than an employee leaves service with the Board of Elections in the City of New York (the Board) with a negative leave balance, that employee will be responsible to repay the Board the cash value of that time owed.

The amount to be repaid will be calculated by multiplying the total number of hours owed by the hourly rate of salary at the time that the employee left service with the Board.

At the time of separation the employee will be sent a notice detailing the number of hours owed the cash amount to be paid and payment options.

Options would include a personal check or money order made payable to the Board of Elections. Payment may be made in one lump sum or equal bi-weekly payments not to exceed six total payments.

Failure on behalf of the employee to repay time owed within thirty days of receipt of the notice will result in additional action taken by the Board to recoup the money owed. (See appendix page 16)

## **EXCUSED TIME**

### **DEATH IN THE FAMILY**

Absence, not to exceed four workdays, will be excused in the case of death in the immediate family. Immediate family shall be defined for this purpose as spouse; natural, foster or step-parent, child, brother or sister, grandparent, grandchild; father-in-law, mother-in-law or any relative residing in the household; or registered domestic partner\*, or parent or child of such domestic partner; or a relative of such domestic partner who resides in the household.

When death in an employee's immediate family occurs while the employee is on annual leave, such time shall not be charged to leave balances. Holidays or scheduled workdays off are not counted in calculating the allowance for death in the immediate family. If the maximum allowance of four workdays is not used, no balance remains to the employee's credit. The four days should immediately follow the death. If two deaths occur within the four day absence, the new four day allowance will run concurrent with the first.

If an employee is absent due to death in the family, the supervisor should authorize this excused time in the "comments" section of the time sheet. Management may request verification of such losses.

- For a definition of domestic partner and information on the registration of domestic partnerships, see section on Domestic Partnership Registry.

**DEATH IN THE FAMILY - EXCUSED TIME REQUEST**  
The Board of Elections in the City of New York



Date of Request		
Month	Day	Year

To the Board of Elections in the City of New York:

I hereby request 4 days excused time due to a death in my immediate family.

Name of Deceased: \_\_\_\_\_

Address of Deceased: \_\_\_\_\_

Relationship to employee: Please check box at left and circle how related to you.

<input type="checkbox"/>	Spouse
<input type="checkbox"/>	Natural, foster or step-parent, child, brother or sister, grandparent, grandchild
<input type="checkbox"/>	Father-in-Law, mother-in-law
<input type="checkbox"/>	Registered domestic partner*
<input type="checkbox"/>	Parent or child of such domestic partner
<input type="checkbox"/>	Relative of domestic partner who resides in your household
<input type="checkbox"/>	Relative Living in Your Household

\* For a definition of domestic partner and information on the registration of domestic partnerships,

EMPLOYEE INFORMATION	
Name:	_____
Signature	_____
Title:	_____
Work Location:	_____
Department:	_____

Chief or Dep. Clerk / Adm. Mgr.	
_____ (Signature)	
Approved	Denied

Employee Inclusive Period – Excused Time Request						
FROM			TO			No. of Days
Month	Day	Year	Month	Day	Year	

## **JURY DUTY**

**A.** Employees who have rendered jury duty services to city, county, or state courts of New York State will be excused with pay providing proof of such duty is submitted. Proof of such duty consists of a copy of the subpoena and written verification from the court of the dates of actual jury service. Employees will receive a reimbursement check from the court for travel expenses only.

**B.** Employees who serve on jury duty in Federal Court or Courts outside New York State must remit to the City an amount equal to the amount received for jury duty, less reimbursement for travel expenses. Employees may elect to charge leave for jury duty to annual leave and retain the jury duty check.

A copy of the Jury Duty Subpoena and date verification must be attached to a completed Request for Leave form and submitted with the appropriate time sheet. The employee must also give the timekeeper a completed copy of the Jury Duty Worksheet.

## **COURT APPEARANCES**

An employee who is subpoenaed by any government agency or legislative body empowered to conduct investigations, and whose attendance is not related to a complaint or action in which the employee or anyone related to the employee has a personal interest, may be granted time off to attend court.

A copy of the subpoena must accompany the Request Leave form and time sheet. Attendance in court as a defendant in any criminal action or as a litigant in a civil action or to pay parking tickets must be charged to annual leave.

## **HOLIDAYS**

In addition to paid annual leave and sick leave, covered full-time employees are entitled to 12 paid holidays \*:

**New Year's Day**

**Martin Luther King Day**

**Washington's Birthday**

**Memorial Day**

**Independence Day**

**Labor Day**

**Columbus Day**

**Substitute for Election Day**

**Veteran's Day**

**Thanksgiving Day**

**Christmas Day**

Unless otherwise designated, when a holiday falls on a Saturday, time off will be granted on the preceding Friday. When a holiday falls on a Sunday, time off will be granted on the following Monday. When a holiday falls on an employee's scheduled day off and the employee does not work on that day, the employee shall be entitled to one compensatory day off in lieu of the holiday.

- Paid holidays are granted by contract and wage determinations; therefore, certain titles may not be entitled to 12 paid holidays.

## SECTION E - HEALTH INSURANCE & BENEFITS PROGRAMS

## **HEALTH INSURANCE**

The City of New York Employee Benefits Program offers a choice of quality health care plans. **Choosing the proper coverage for you and your family is one of the most important benefit decisions you will make as a Board of Elections Employee.** Health plans vary widely in cost, basic coverage, option features, procedural guidelines, and service choices. It is your responsibility to review your unique needs and, then, chose the health plan that will best meet them. Some of the factors to consider when reviewing the health plans offered are:

1. **COVERAGE:** The services covered by the various health plans differ. For example, some provide preventative services while others don't cover them at all; some plans cover chiropractic service and routine podiatric (foot) care, while others don't.
2. **CHOICE OF DOCTOR:** Some health plans provide partial reimbursement when non-participating providers are used; other plans only pay for or allow the use of participating providers.
3. **ACCESS:** Some health plans may have participating providers or centers that may be more convenient to your home or work place.
4. **COST:** Some health plans require payroll and pension deductions for basic coverage. The cost for Optional Riders also differs. Some plans require a small co-payment for each routine doctor visit. Some plans require you to pay a yearly deductible before you will be reimbursed for the use of non-participating providers. If a plan does not cover certain types of services that you expect to use, you must also consider the out-of-pocket cost for these services.



When you are processed, you will receive a comprehensive booklet describing and comparing all health plan options available to you. Before you make a selection, it is very important that you have reviewed your own needs and familiarized yourself with the cost of services, the benefits offered, the contract terms of the plans and the procedural requirements of the health plan provider.

**PLEASE REVIEW EACH PLAN THOROUGHLY BEFORE DECIDING ON ONE**

**ELIGIBILITY**

**1. Employees**

You are eligible for health coverage and may enroll in the Employee Benefits Program if:

- a. **You work at least 20 hours per week on a regular schedule;**
- AND**
- b. **Your appointment is expected to last for more than six months.**

**2. Retirees**

You are eligible for health coverage and may enroll in the Employee Benefits Program upon retirement if:

- a. **You have at least five years of credited service as a member of an approved pension system (not applicable if you retire because of accidental disability);**
- AND**
- b. **You have been employed by the City (or a City-related or City-approved agency) prior to retirement and have worked at least 20 hours per week on a regular schedule;**
- OR**
- c. **You receive a pension check from another retirement system maintained by the City or another system approved by the City.**

## **ADDITIONAL HEALTH COVERAGE AVAILABLE**

### **UNION WELFARE PLANS**

If a union represents your title, you can expand your medical coverage through the appropriate union affiliation. Benefits vary from union to union and local to local.

Some of the benefits offered may include:

- Prescription Drugs
- Discounts on eye examinations and glasses
- Dental Care
- Catastrophic medical insurance
- Podiatric services
- Audio logical services

Please call your union for additional information on availability of health benefits.

### **MANAGEMENT BENEFITS FUND**

Managerial employees and certain other employees, whose titles make them ineligible for union collective bargaining benefits, receive additional benefits through the City- administered Management Benefits Fund. Membership in the Management Benefits Fund entitles you and your family to the financial protection afforded by its benefit programs. This supplements your regular medical plan. Coverage begins on the date you are appointed. The benefits include:

- Vision Care
- Dental Care
- Superimposed Major Medical
- Long Term Disability Protection
- Life Insurance

You will enroll in the Management Benefits Fund when you are initially processed for employee benefits. For additional information, please refer to the Management Benefits Fund Summary Description Folder or call the Management Benefits Fund.

### **COVERAGE FOR ELIGIBLE DEPENDENTS**

Coverage for all eligible dependents listed on your application form will begin on the day that you become covered. Dependents acquired after you submit your application form as a result of marriage, birth or adoption or registered domestic partnership will be covered from the date of the event, provided that you submit the required notification and documentation within 31 days of the event.

### **ADDING OR DROPPING DEPENDENTS**

You must complete a form to add dependents due to marriage, birth or adoption of a child or registration of a domestic partnership and to drop dependents due to death, divorce, termination of domestic partnership or a child reaching an ineligible age. Employees should complete an Employee Health Benefits Application (ED-88) and retirees should complete a Retiree Health Benefits Application (Form P2r). Forms should be submitted within 31 days of the event. Appropriate documentation of marital status, domestic partnership or birth or adoption of a child is required. This documentation may consist of a marriage, birth or baptismal certificate; adoption or guardianship papers; domestic partnership registry certificate or copies of tax returns indicating a child is claimed as a dependent.

### **HEALTH INSURANCE IDENTIFICATION CARDS**

You should receive a Health Insurance Identification Card from your selected health insurance plan within three months after submitting an application form.

### **OPTIONAL RIDERS**

All but one of the health plans have an Optional Rider consisting of various benefits which are not part of the basic plan. You may select Optional Rider coverage when you enroll. Optional Riders are paid for through payroll deductions. The cost of these riders varies. Check the Plan Descriptions Booklet prior to choosing benefits.

## **HEALTH INSURANCE COSTS**

Both you and the City of New York pay for your insurance coverage. The amount you pay varies depending on the health plan you select and the dependents you carry on your plan.

## **DEDUCTIONS FOR BASIC COVERAGE AND OPTIONAL RIDERS**

If there is a payroll deduction for your health plan's basic coverage, or if you apply for an Optional Rider, your paycheck should show a deduction for this cost. If your deductions do not appear on your paycheck stub within three months after submitting a new application (Form EB-88), or if your deductions are not correct, you must notify your supervisor.

## **CHANGING HEALTH PLANS**

Transfer period (Open Enrollments) for health benefits are usually scheduled once each year. During these periods, employees may transfer from their current health plan to any other plan for which they are eligible, or they may add Optional Rider coverage to their present plan. Retirees participate in transfer periods that occur in even-numbered years. If you do not apply for an Optional Rider when you first enroll, you may do so only during a transfer period, upon retirement, or if there is a change in your union or welfare fund coverage.

## **CONTINUATION OF HEALTH INSURANCE WHEN CITY COVERAGE TERMINATES**

### Conversion Options

Employees and/or their spouses and covered dependents may purchase health coverage through their plan on an individual, direct-payment basis when coverage under the City's group plan ceases.

Any employee, his/her spouse and covered dependents may convert to a direct-payment policy when coverage under the City's group plan ceases for any of the following reasons:

- an employee leaves City employment
- an employee loses City coverage due to a reduction in work schedule
- an employee/retiree dies
- dependent children exceed the age limits established under the group contract
- a dependent spouse is divorced or legally separated from the employee or retiree
- coverage under the provisions of COBRA expires

An individual electing conversion must notify the health carrier of his/her request for such coverage within 45 days of termination of coverage under the City's group plan. For further information on the scope and cost of benefits available, please contact your current health carrier.

#### **COBRA (CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT 1985)**

The law requires that the City and Union Welfare Funds offer employees, retirees, and their families the opportunity to continue group health and/or Welfare Fund coverage in certain instances where the coverage would otherwise terminate.

All group health benefits, including Optional Riders are available. Welfare Fund benefits which can be continued under COBRA are dental, vision, prescription drugs and other related medical benefits.

The maximum period of coverage is 18, 29 or 36 months, depending on the reason for separation from City service.

The monthly premium will be 102% of the group rate (or 150% of the group rate for the 19th through 29th months in cases of total disability). For additional information, please refer to your Health Benefits Summary Program Description Booklet.

## **MEDICARE BENEFITS**

### **Active Employees Age 65 and Over**

The City of New York offers employees age 65 and over the same health coverage offered to employees under the age of 65. Therefore, employees in this category should select a City-sponsored plan as their PRIMARY coverage and enroll in MEDICARE for secondary coverage for medical expenses not fully paid by the City plan.

If you wish Medicare as your primary coverage, you are not eligible for the City's group health plan. You must complete the waiver section of the Employee Health Benefits Application (EB88) and return to your Personnel Director. You may also apply for the Health Benefits Buy-out (See page E-11).

### **Medicare Enrollment**

All active and inactive employees must file for Social Security Medicare coverage parts "A" and "B" at least three months before their 65th birthday. This benefit is processed at local Social Security Offices.

## **MEDICAL SPENDING CONVERSION (MSC)**

A medical Spending Conversion (MSC) has been instituted and is administered by the Office of Labor Relations Employee Benefits Program (EBP). As a result of implementing MSC, your payments for health insurance are made on a pre-tax basis.

Prior to the implementation of the MSC, payments for basic and/or optional benefits were deducted from your salary. For tax purposes, making payments on a pre-tax basis (payments are made before taxes are withheld) effectively reduces the salary on which your taxes are computed by the amount of the MSC payment. Therefore, the amount of tax that must be withheld is reduced. The net effect is that you receive more money in your paycheck.

Savings vary and are based on, among other things, your health plan option, whether you have individual or family coverage, the number of withholding

allowances that you claim for tax purposes, and the amount of your income. There are savings on federal taxes and your Social Security contributions.

There is a reduction in the taxes withheld from your salary each paycheck, but not a reduction in gross pays. The reduction in gross salary is shown on your W-2 at the end of the year. The unadjusted gross salary only appears on your last paycheck of the year as a year-to-date figure.

There is a saving in Social Security due to the MSC. However, based on current Social Security law, Social Security benefits at age 65 will be slightly less as a result of the MSC. The effect will be minimal and will be offset by the amounts saved in taxes today. For example, an individual aged 55 earning \$35,000 per year who contributed \$500 per year in pre-tax health plan contributions beginning in 1988 would experience an annual reduction of approximately \$24 in his/her Social Security benefit at age 65. Under the same circumstances, an individual who earns \$25,000 a year would experience an annual reduction of approximately \$84 at age 65.

Although you are automatically enrolled in pre-tax, you will be able to choose post-tax payments if you wish. You will need to complete a Declination/Change Form, which can be obtained from the Employee Benefits Unit.

Please Note: For those employees enrolled in the Deferred Compensation Plan (see section on Deferred Compensation Plan), an adjusted gross means that some people will no longer be able to defer as much money as they would have wanted, due to the 25% cap on salary which may be deferred.

### **LONG-TERM CARE**

The Long-Term Care Program offers employees and their eligible family members the opportunity to purchase group long-term care insurance, which provides coverage for nursing home care, home care, hospice care and adult day health care. Long-Term care, which is not covered by health insurance, is the type of daily assistance that you might require if you were unable to care for yourself. This may

be due to a chronic illness, disability, severe physical impairment, or cognitive impairment.

The Office of Labor Relations Employees Benefits Program (EBP) which administers the Long-Term Care Program is located at 40 Rector Street, 3rd Floor, New York, NY 10006 and can be reached at (212) 306-7760.

### **DEPENDENT CARE ASSISTANCE PROGRAM (DeCAP)**

The City recognizes that many employees are working to support their families and at the same time are raising children or caring for a disabled dependent. In many cases, the care for workers' dependents must be left to someone else during working hours. This can be very expensive.

By opening a Dependent Care Assistance Program (DeCAP) account, money is deducted from your paycheck on a pre-tax basis (payments are made before taxes are withheld) and put into a non-interest bearing account established in your name. This is not a saving account. If you pay a qualified caregiver to take care of your child, spouse, parent, etc., so that you can work, these expenses can be reimbursed to you out of the account. This will save you taxes.

Through DeCAP, your eligible dependent care expenses may be made on a pre-tax basis, thereby reducing your taxable income. With DeCAP, you are being reimbursed for these expenses during the year, and do not have to wait until year's end to file a tax credit on your income tax return.

Enrollment is not automatic from year to year. You must re-enroll in DeCAP during the annual enrollment period (September through October) in order to continue participation for the following year. Your enrollment will be effective January 1st, or the date of your first deduction, if you become eligible for DeCAP after the beginning of the Plan Year.

The Office of Labor Relations Employee Benefits Program (EBP) which administers the DeCAP Program through the Office of Pre-Tax Benefits is located at 40 Rector Street, 3rd Floor, New York, NY 10006. A booklet on DeCAP and an enrollment form can be obtained by calling (212) 306-7760.



### **HEALTH CARE FLEXIBLE SPENDING ACCOUNT (HCFSA)**

Effective January 1, 1994, employees who are covered by Municipal Coalition Agreement can open a Health Care Flexible Spending Account (HCFSA). You can set aside money from your earnings, before taxes are withheld, to help pay for eligible medical care expenses not covered by insurance. This will reduce your taxable income. Through HCFSA program, employees must obtain an Enrollment/Change Form from the Employee Benefits Unit or the Administrative Office of HCFSA Program. Newly eligible employees may participate as soon as they become eligible for health benefits. An Enrollment/Change Form must be submitted within thirty (30) days of becoming eligible for the HCFSA Program.

Enrollment is not automatic from year to year. An employee must re-enroll each year during the annual enrollment period (September through October). Enrollment will be effective January 1st, or the date of an employee's first pay deduction, if he or she become eligible after the beginning of the Plan Year.

The Office of Labor Relations Employee Benefits Program (EBP) which administers HCFSA through the Office of Pre-Tax Benefits is located at 40 Rector Street, 3rd Floor, New York, NY 10006. For additional information on enrollment, call the Office of Pre-Tax Benefits at (212) 306-7760.

### **HEALTH BENEFITS BUY-OUT WAIVER PROGRAM**

The Health Benefits Buy-Out Waiver Program allows city employees to receive an annual incentive payment for waiving their city health benefits when other non-city coverage is available to them. An employee can receive \$1,000 annually for waiving family coverage or \$500 annually for waiving individual coverage. Payments are made semi-annually in June and December and will be taxable to the recipient. City employees may waive their health benefits if they are insured through a spouse or domestic partner's employer, other employment or Medicare Part A or B. An employee is not eligible to waive city health benefits if his/her spouse or domestic partner is an employee of the city or city-related agency, nor will Medicaid be accepted to apply for the waiver/buyout. The enrollment period coincides with the

annual employee health benefits open enrollment/transfer period (September - October). New employees may enroll with 31 days of becoming eligible to receive city health benefits coverage. Enrollment during the remainder of the year is only possible if there is a qualifying event. After initial enrollment, annual re-enrollment is not required.

### **HEALTH BENEFITS FOR DOMESTIC PARTNERS**

Effective the first pay period in January 1994, the City of New York made health insurance benefits and options available to the domestic partners (and their dependent children) of its active and retired employees. Health benefits will be extended to domestic partners of City employees or retirees who meet the standards set forth for domestic partnership and who can demonstrate financial interdependence.

Domestic partners are defined as two people, both of whom are eighteen years of age or older, neither of whom is married or related by blood in a manner that would bar marriage in New York State, who have a close and committed personal relationship, who live together and have been living together on a continuous basis, and who have registered as domestic partners and have not terminated the domestic partnership. (For further information on domestic partnerships - see section on Domestic Partnership Registry.)

City employees who wish to apply for health benefits coverage for their domestic partners must submit their domestic partnership registration certificate and two items of proof demonstrating financial interdependence. The City employee must be a registered domestic partner under the Domestic Partnership Registration Program. Retirees and their domestic partners, who are not residents of New York City and are not registered, may execute and submit an Alternative Affidavit of Domestic Partnership in lieu of registration.

All records pertaining to an application by domestic partners for health insurance benefits shall be held in strict confidence in a manner consistent with the handling of health benefits records for all City employees.

Employees may obtain and submit their applications with the accompanying documentation directly to the Employee Benefits Unit or the Office of Labor Relations, Employee Benefits Program, located at 40 Rector Street, 3rd Floor, New York, NY 10006. If you would like more information about health benefits for domestic partners, please contact the Office of Labor Relations at (212) 306-7736.

## **RETIREMENT PENSION**

### **MEMBERSHIP**

Employees appointed to full-time provision, part-time provision, non-competitive, exempt or unclassified positions are not required to join the pension system, but may do so voluntarily. Employees who join the retirement system cannot withdraw.

### **CONTRIBUTIONS**

Pension members contribute 3% - 7.35% of their salaries through regular payroll deductions, depending on entry date and plan. This is in addition to a 7.65% Social Security contribution. Effective July 1, 1991, the 7.65% Social Security deduction will be made for all employees, regardless of pension plan membership. However, an employee who is not a member of the pension system may elect to join the Deferred Compensation Plan instead (a 1% minimum contribution required). Effective October 1, 2000 employees with ten years of credited service will no longer contribute the 3% payroll deduction, however employees entering the system after July 1, 1995 will continue to contribute the 4.35% as per Chapter 96 Basic.

### **RETIREMENT BENEFITS**

The City of New York currently has a 4-Tier Retirement System. (This means there are 4 separate retirement plans.) The tier you are in depends upon when you joined the pension system, not your City start date. All new members would be in the Tier 4 plan.

- Tier 1 - employees who joined the pension system prior to July 1, 1973

- Tier 2 - employees who joined the pension system after July 1, 1973 and prior to July 1, 1976
- Tier 3 - employees who joined the pension system on or after July 1, 1976 and prior to September 1, 1983.
- Tier 4 - employees who joined the pension system on or after September 1, 1983.

The benefits and pension rights of each tier are different. Booklets are available from the Employee Benefits Unit describing each tier in detail. An employee may also access the NYC Employee's Retirement System web site located at <http://www.nycers.org/index.aspx>

## **RETIREMENT APPLICATION PROCEDURE**

### **Before retiring:**

1. Notify your supervisor or Personnel Director of your intention to retire.
2. Consult your timekeeper for all comp time and annual leave balances.
3. At the retirement session with the Personnel Director, you will complete the necessary forms for retirement and for continuance of health insurance benefits during retirement.
4. Upon completion of the session, your forms will be filed with the New York City Employees' Retirement System (NYCERS), and proper health benefits agency.

## **GENERAL INFORMATION REGARDING THE RETIREMENT SYSTEM**

- If you previously worked for New York State government, you can transfer your pension fund to a City plan.
- If you previously worked for the Federal Government, you cannot transfer your pension plan. However, you may be able to buy-back military time. Check with the Personnel Director if you have military service.
- If you decide to join the pension system several years after starting a City job, you may "buy back" time. In other words, you can contribute extra savings to your fund to make up for the years when you were not a member. This does not affect your tier which is based on the date you joined the pension system regardless of buy-back time.
- Employees in all tiers are able to borrow money from their pension fund when you have accumulated the minimum designated participation.

## **DEFERRED COMPENSATION**

The Deferred Compensation Plan allows you to put aside a portion of your pay before federal, state and local income taxes are deducted. Your taxes will be reduced as a result of the contributions you make, and your contributions and the earnings on them will accumulate tax-free until you withdraw them.

The City of New York's Deferred Compensation Plan contains many attractive features. It offers you an easy way to save, tax advantages, and a choice of investment options. However, keep in mind that under most circumstances, your savings will not be accessible to you until you retire, leave City service, or reach the age of 70 1/2.

Through the Plan you can save up to 25% of your annual compensation, not to exceed \$7,500, through easy payroll deductions. You will have a choice of several investment funds, each having different financial objectives.

The Plan lets you:

- Defer taxes on your savings and any investment income growth while your savings and income remain in the Plan.
- Conveniently make payroll deductions, allowing you to save regularly without missing a deposit.
- Choose how you want your money invested among professionally managed investment funds through which your savings may earn a higher amount than they could in conventional bank accounts.
- Withdraw your funds upon termination of City service without penalty, **or** leave your funds in the Plan up until age 70 1/2.

All aspects of the Plan will be governed by the official Plan document and applicable state and federal regulations, which shall control all determinations concerning the operation of the Plan. Tax rules affecting savings and distributions are subject to changes in all applicable laws and regulations.

To enroll, you must complete an Enrollment Form/Participation Agreement and return it to the Deferred Compensation Plan or the Personnel Director.

### **Workers' Compensation Procedures**

In the event that an employee suffers a work related injury or illness the affected employee needs to file the following forms with the Director of Personnel:

➤ **Employee Statement (Claim Initiation) FISA FORM WCS- 110 (8-00)**

This form requires basic information such as name, address, telephone number, date and time of accident, and brief descriptions of the accident location, and facts about the accident.

➤ **Supervisor's Report of Injury FISA FORM WCS- 100 (8-00)**

The employee's manager must submit this form detailing the incident.

➤ **Witness Statement FISA FORM WCS- 120 (8-00)**

Self explanatory, the witness will report on the details witnessed as well as listing other witnesses. If there were no witnesses the supervisor should mark the form "No Witnesses" and file as such.

In addition, employees should file the C-3 form directly with the State Compensation Board. The New York State Workers' Compensation Board requires that the injured/ill employee file a C-3 form with their office located at 180 Livingston Street in Brooklyn. This form must be filed within two years of the injury/illness. It is incumbent upon the employee to file this form.

Employees, witnesses and/or supervisors should refer to the WCS "Accident Description Codes" to complete required forms.

The above-named reports/forms are used by the Director of Personnel to enter into the Payroll Management System, Workers' Compensation sub-system to initiate the claim.

A Claim Number will be automatically generated upon completion of entry. When seeking medical attention the employee should inform the medical provider that the injury/illness is a Workers' Compensation case and will provide the claim number as soon as possible.

The injured employee's time will be tracked directly through the Payroll Management System with time restorations provided accordingly. If an employee exhausts all accrued leave due to a verified Workers' Compensation case they will automatically placed in pay option 2 and be paid by the NYC Law Department, Workers' Compensation Division. If there is a delay in converting from pay option one into option two negative leave will granted until such conversion is complete.

When an employee uses accrued leave due to a Workers' Compensation case the office time keeper must indicate on the OCR with the proper codes that the time used is for Workers' Compensation.

At the conclusion of the Workers' Compensation case, any assigned award will be converted into time, and the employee's leave balances will restored as per instructions of the New York City Law Department, Workers' Compensation Division. The amount of leave restored will be calculated by the employee's salary at the time was originally used.

Employees must keep their supervisors informed of their status at all times.

If the case is denied by the compensation board, any time used by the employee will be charged to his/her leave balances. Any negative balance will be regained through salary deductions.

All employees are required to return to work as soon as practicable. If an employee remains out of work for more than six months while accruing a negative leave balance the Commissioners of Elections, pursuant to their powers promulgated under section 3-300 of the New York State Election Law, will review the case and determine if the employee should remain on active pay status.

The Commissioners may at any time require any employee to be examined by a physician of the Board's choosing to determine that employee's capability to return to work.



Any employee claiming a work related injury who remains out of work beyond a physician's recommendation will be subject to a disciplinary hearing which may result in termination, and the results of that hearing may be forwarded to the Department of Investigation.

Please note that an employee leaving service with this Agency with a negative leave balance will be required to repay the cash value of that time as per page D-24 of the Personnel Procedures and Borough Guidelines.

<b>THE CITY OF NEW YORK</b> <b>WORKERS' COMPENSATION CLAIM INITIATION</b> <b>EMPLOYEE STATEMENT</b>						<b>CLAIM NUMBER</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
<div style="font-size: small;">FSA FORM WCS-110 (1/01)</div>									
<b>INJURED EMPLOYEE NAME</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">FIRST NAME</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">M.I.</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">LAST NAME</div> </div> <div style="width: 10%; text-align: center;"> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">M.I.</div> </div> <div style="width: 40%;"> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">LAST NAME</div> </div> </div>								<b>SOCIAL SECURITY NUMBER</b> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>EMPLOYEE'S ADDRESS</b>  <div style="border-bottom: 1px solid black; margin-bottom: 2px;">STREET LOCATION</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">BORO, CITY OR TOWN</div> </div> <div style="width: 40%;"> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">APT #, FL #, BOX #</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">STATE</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">ZIP</div> </div> </div>									
<b>DATE OF ACCIDENT / INJURY</b> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>			<b>TIME OF ACCIDENT</b> <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 20px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">:</div> <div style="border-bottom: 1px solid black; width: 20px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">:</div> <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">AM</div> <div style="border-bottom: 1px solid black; width: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">PM</div> </div> </div>			<b>WORK TEL #</b> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>		<b>EXTENSION</b> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
<b>HOME TEL #</b> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>		<b>DATE OF STATEMENT</b> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>			<b># OF WITNESS(ES)</b> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>				
<b>SUPERIOR NOTIFIED</b>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">FIRST NAME</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">M.I.</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">LAST NAME</div> </div> <div style="width: 10%; text-align: center;"> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">M.I.</div> </div> <div style="width: 40%;"> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">LAST NAME</div> </div> </div>								<b>DATE FIRST NOTIFIED</b> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
<b>TITLE</b> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>			<b>WORK TEL #</b> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>		<b>EXTENSION</b> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>				
<b>DESCRIBE LOCATION WHERE ACCIDENT OCCURRED</b> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <div style="text-align: right; font-size: small;"> <input type="checkbox"/> CONTINUATION #1 ATTACHED         </div>									
<b>DESCRIBE FULLY HOW ACCIDENT OCCURRED</b> <div style="border: 1px solid black; height: 120px; width: 100%;"></div> <div style="text-align: right; font-size: small;"> <input type="checkbox"/> CONTINUATION #2 ATTACHED         </div>									
<b>DESCRIBE OBJECT OR SUBSTANCE THAT CAUSED INJURY</b> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <div style="text-align: right; font-size: small;"> <input type="checkbox"/> CONTINUATION #3 ATTACHED         </div>									
<b>DESCRIBE NATURE AND EXTENT OF INJURY (INCLUDING AFFECTED BODY PARTS)</b> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <div style="text-align: right; font-size: small;"> <input type="checkbox"/> CONTINUATION #4 ATTACHED         </div>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>NAME</b>  <small>(PLEASE PRINT)</small> </div> <div style="width: 30%;"> <b>TITLE</b> </div> <div style="width: 30%;"> <b>TEL.#</b> </div> </div>									
<b>SIGNATURE</b> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>						<b>DATE</b> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>			



INJURY DESCRIPTION (SEE CODE TABLE FOR DETAILED INJURY, CAUSE & BODY PART DESCRIPTION CODE BREAKDOWN)																				
NATURE OF INJURY	INJURY TYPE		INJURY CODE		DESCRIPTION															
	<input type="checkbox"/> SPECIFIC INJURY	<input type="checkbox"/> OCCUPATIONAL DISEASE																		
CONTINUATION #12 ATTACHED																				
CAUSE OF ACCIDENT	CAUSE CODE		CAUSE TYPE (CHECK ONE)		<input type="checkbox"/> EXPOSURE(EX) <input type="checkbox"/> FALLS/SLIP(S) <input type="checkbox"/> STRIKING AGNST/STEP ON(SA) <input type="checkbox"/> CAUGHT BTWN(CB) <input type="checkbox"/> MOTOR VEHICLE(MV)															
			<input type="checkbox"/> STRUCK/INJURED(SK) <input type="checkbox"/> CUT/PUNCTURE(CP) <input type="checkbox"/> STRAIN/INJURED(SN) <input type="checkbox"/> MISCELLANEOUS CAUSE(MS)																	
DESCRIPTION																				
CONTINUATION #11 ATTACHED																				
BODY PART(S) AFFECTED (INDICATE INJURED BODY PART CODE, DESCRIPTION AND SIDE(S) AFFECTED, IF APPLICABLE)																				
	BODY SECTION CODES		BODY SECTION PART CODE		DESCRIPTION		BODY SECTION PART CODE		DESCRIPTION											
	<input type="checkbox"/> HN (HEAD/NECK)		<input type="checkbox"/> UE (UPPER TR (THORAX))		<input type="checkbox"/> LE (LOWER TR (THORAX))		<input type="checkbox"/> HN (HEAD/NECK)		<input type="checkbox"/> UE (UPPER TR (THORAX))											
	<input type="checkbox"/> TR (THORAX)		<input type="checkbox"/> LE (LOWER TR (THORAX))		<input type="checkbox"/> TR (THORAX)		<input type="checkbox"/> LE (LOWER TR (THORAX))		<input type="checkbox"/> TR (THORAX)											
	<input type="checkbox"/> LE (LOWER TR (THORAX))		<input type="checkbox"/> LE (LOWER TR (THORAX))		<input type="checkbox"/> LE (LOWER TR (THORAX))		<input type="checkbox"/> LE (LOWER TR (THORAX))		<input type="checkbox"/> LE (LOWER TR (THORAX))											
EMPLOYEE'S JOB DESCRIPTION																				
JOB TASK AT TIME OF INJURY					FUNCTIONAL TITLE & DESCRIPTION															
					TYPICAL WORKDAY (8 HR. MAX.)															
					<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <th>SITTING</th> <th>STANDING</th> <th>WALKING</th> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>					SITTING	STANDING	WALKING	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
SITTING	STANDING	WALKING																		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																		
TYPICAL WORKDAY TASKS (INDICATE PERCENTAGE OF TIME SPENT ON EACH TASK)	ACTIVITY		0% (N/A)		10% (MINIMAL)		20% (OCCASIONAL)		35% (MODERATE)		50% (FREQUENT)		70-100% (CONTINUOUS)							
	BENDING / SQUATTING		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
	CLIMBING		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
	KNEELING		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
	LIFTING * Complete Lifting Detail Section		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
	REACHING ABOVE SHOULDER		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
	PUSH / PULL		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
	IS KEYBOARD USED?		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, HOW MANY HRS PER WEEK?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		ARE HANDS USED FOR NON KEYBOARD REPETITIVE MOTION?		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, EXPLAIN WHAT OTHER REPETITIVE MOTIONS ARE PERFORMED?							
	DID ACCIDENT INVOLVE A MOTOR VEHICLE?		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WAS VEHICLE REGISTERED TO THE CITY OF NEW YORK?		<input type="checkbox"/> YES <input type="checkbox"/> NO		USE OF CITY VEHICLE AUTHORIZED?		<input type="checkbox"/> YES <input type="checkbox"/> NO		EMPLOYEE STRUCK BY CITY VEHICLE?							
	WAS INJURED ON PUBLIC TRANSPORTATION?		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, EXPLAIN		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		CONTINUATION #12 ATTACHED		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		WAS EMPLOYEE A VEHICLE PASSENGER?							
DID EMPLOYEE DIE FROM INJURY? IF YES, ANSWER THE FOLLOWING QUESTIONS										DATE EMPLOYEE DIED										
NAME OF NEAREST RELATIVE										TIME EMPLOYEE DIED										
FIRST										LAST NAME										
RELATIONSHIP										HOME TELEPHONE #										
ADDRESS										STREET LOCATION (INCLUDE APT./FL#)										
BORO, CITY OR TOWN										STATE										
ZIP										PLUS 4										
IDENTIFY PERTINENT DOCUMENTATION (e.g. Police Report, Safety Reports, etc.)																				
CONTINUATION #13 ATTACHED																				
WAS INJURY CAUSED BY ASSAULT ON THE JOB? IF YES, PROVIDE INFORMATION BELOW																				
ASSAILANT WAS: <input type="checkbox"/> CO-WORKER <input type="checkbox"/> FRIEND, FAMILY OR ACQUAINTANCE <input type="checkbox"/> CLIENT <input type="checkbox"/> OTHER																				
<input type="checkbox"/> OFFENDER <input type="checkbox"/> OWNER / OPERATOR <input type="checkbox"/> OUTSIDE CONTRACTOR																				
ASSAULTED BY	NAME OF ASSAILANT		FIRST		M.I.		LAST NAME													
	ADDRESS		STREET LOCATION (INCLUDE APT./FL#)																	
	BORO, CITY OR TOWN		STATE																	
	HOME TELEPHONE #		WORK TELEPHONE #																	
			EXTENSION																	
CAN YOU PROVIDE DETAILED EVENTS PRECEDING ASSAULT?										IF YES, EXPLAIN										
<input type="checkbox"/> YES <input type="checkbox"/> NO																				
DID ASSAULT INVOLVE A PERSONAL MATTER?										IF YES, EXPLAIN										
<input type="checkbox"/> YES <input type="checkbox"/> NO																				
DID ASSAULT INVOLVE A WORK RELATED MATTER?										IF YES, EXPLAIN										
<input type="checkbox"/> YES <input type="checkbox"/> NO																				
DID THE EMPLOYEE START, PROVOKE OR PROLONG THE ASSAULT IN ANY WAY?										IF YES, EXPLAIN										
<input type="checkbox"/> YES <input type="checkbox"/> NO																				
PREPARED BY (Please Print) SIGNATURE										TITLE										
										TEL #										
										DATE										



THE CITY OF NEW YORK WORKERS' COMPENSATION CLAIM INITIATION		ACCIDENT DESCRIPTION CODES							
NATURE OF INJURY									
SPECIFIC INJURY	SI	02 AMPUTATION	16 DISLOCATION	30 FREEZING	40 LACERATION (CUT)	49 SPRAIN			
	03 ANGINA PECTORIS (Chest Pains)	19 ELECTRIC SHOCK	31 HEARING LOSS, TRAUMATIC	41 MYOCARDIAL INFARCTION (Heart Attack)	52 STRAIN				
Occupational Disease	04 BURN	22 ENUCLEATION (To Remove Eye Tumor, Etc)	32 HEAT PROSTRATION	43 PUNCTURE	54 ASPHYXIATION				
	07 CONCUSSION	25 FOREIGN BODY	34 HERNIA	46 RUPTURE	55 VASCULAR LOSS				
	10 CONTUSION	28 FRACTURE	36 INFECTION	47 SEVERANCE (CUT OFF)	58 VISION LOSS				
	13 CRUSHING	60 DUST DISEASE	68 DERMATITIS	72 HEARING LOSS (Non-Traumatic)	59 ALL OTHER				
	61 ASBESTOSIS	64 SILICOSIS	69 MENTAL DISORDER	73 CONTAGIOUS DISEASE	76 VDT RELATED DISEASE				
	62 BLACK LUNG	65 RESPIRATORY DISORDERS (Gas, Fumes etc)	70 RADIATION	74 CANCER	77 MENTAL STRESS				
	63 BYSSINOSIS	66 POISONING - CHEMICAL	71 ALL OTHER OCCUPATIONAL DISEASE	75 AIDS	78 CARPAL TUNNEL SYNDROME				
	67 POISONING - METAL				80 ALL OTHER CUMULATIVE INJURIES				
CAUSE OF ACCIDENT									
EX	EXPOSURE	CP	CUT/PUNCTURE	MV	MOTOR VEHICLE	SA	STRIKING AGAINST OR STEPPING ON	MS	MISCELLANEOUS CAUSES
01	ACID OR CHEMICALS	15	BROKEN GLASS	45	COLLISION WITH OTHER VEHICLE	65	MOVING PART(S) OF MACHINERY	84	ELECTRIC CURRENT CONTACT
02	CONTACT WITH HOT OBJECT	16	HAND TOOL/UTENSIL (NONPOWERED)	46	COLLISION WITH FIXED OBJECT	66	OBJECT BEING LIFTED/HANDLED	85	ANIMAL OR INSECT
03	TEMPERATURE EXTREMES	18	POWERED HAND TOOL/APPLIANCE	47	CRASH OF AIRPLANE	67	SAND, SCRAP OR CLEANING OPERATION	86	EXPLOSION OR FLARE BACK
04	FIRE OR FLAME	19	MISCELLANEOUS	48	VEHICLE UPSET	68	STATIONARY OBJECT	87	FOREIGN BODY IN EYE
05	STEAM OR HOT FLUID			50	MISCELLANEOUS	69	STEPPING ON SHARP OBJECT	89	ROBBERY/CRIMINAL ASSAULT
06	DUST/GASSES/FUMES/VAPORS					70	MISCELLANEOUS	97	REPETITIVE MOTION
07	WELDING OPERATION	FS	FALL OR SLIP	SN	STRAIN OR INJURY	SK	STRUCK OR INJURED BY	98	CUMULATIVE (ALL OTHER)
08	RADIATION	25	FROM DIFFERENT LEVEL	54	JUMPING	75	FALLING/FLYING OBJECT	99	OTHER
09	MISCELLANEOUS	26	FROM LADDER OR SCAFFOLD	55	HOLDING OR CARRYING	76	HAND TOOL/MACHINE IN USE		
CB	CAUGHT IN OR BETWEEN	27	ON LIQUID OR GREASE SPILL	56	LIFTING	77	MOTOR VEHICLE		
10	MACHINE OR MACHINERY	29	ON SAME LEVEL	57	PUSHING OR PULLING	78	MOVING PART(S) OF MACHINE		
12	OBJECT HANDLED	30	SLIPPED, WITHOUT FALLING	58	REACHING	79	OBJECT BEING LIFTED/HANDLED		
13	MISCELLANEOUS	31	MISCELLANEOUS	59	USING TOOL OR MACHINERY	80	OBJECT HANDLED BY OTHERS		
				60	MISCELLANEOUS	81	MISCELLANEOUS		
BODY PART(S) AFFECTED									
HN	HEAD	HN	NECK	UE	UPPER EXTREMITIES	TR	TRUNK	LE	LOWER EXTREMITIES
10	MULTIPLE HEAD INJURIES	20	MULTIPLE NECK INJURIES	30	MULTIPLE INJURIES	40	MULTIPLE TRUNK	50	MULTI INJURIES (LEFT, RIGHT OR BOTH)
11	SKULL	21	VERTEBRAE (NECK BONES)	31	UPPER ARM - INCLUDING SHOULDER (LEFT, RIGHT OR BOTH)	41	UPPER BACK AREA	51	HIP (LEFT, RIGHT OR BOTH)
12	BRAIN	22	DISC	32	ELBOW (LEFT, RIGHT OR BOTH)	42	LOWER BACK AREA	52	THIGH (LEFT, RIGHT OR BOTH)
13	EAR (LEFT, RIGHT OR BOTH)	23	SPINAL CORD	33	LOWER ARM (LEFT, RIGHT OR BOTH)	43	DISC	53	KNEE (LEFT, RIGHT OR BOTH)
14	EYE (LEFT, RIGHT OR BOTH)	24	LARYNX (VOICE BOX)	34	WRIST (LEFT, RIGHT OR BOTH)	44	CHEST (RIBS, BREAST BONE, TISSUE)	54	LOWER LEG (LEFT, RIGHT OR BOTH)
15	NOSE	25	SOFT TISSUE	35	HAND (LEFT, RIGHT OR BOTH)	45	SACRUM/COCYX, BUTTOCKS	55	ANKLE (LEFT, RIGHT OR BOTH)
16	TEETH	26	TRACHEA (WIND PIPE)	36	FINGER(S) (LEFT, RIGHT OR BOTH)	46	PELVIS	56	FOOT (LEFT, RIGHT OR BOTH)
17	MOUTH			37	THUMB (LEFT, RIGHT OR BOTH)	47	SPINAL CORD	57	TOE(S) (LEFT, RIGHT OR BOTH)
18	OTHER SOFT FACIAL TISSUE					48	INTERNAL ORGAN		
19	FACIAL BONES					49	HEART		

## SECTION F - RULES AND REGULATIONS

### **CODE OF CONDUCT**

The Board of Elections in the City of New York is an employer, and as such, has a right to expect its employees to conduct themselves in an appropriate manner.

To provide employees with notice as to how they are expected to conduct themselves, the Agency has promulgated rules. It is the responsibility of every employee to become familiar with these rules.

Many of these rules are common sense. One section of the rules, for example, addresses an employee's responsibilities regarding time and leave issues. Other sections address the prohibition of drugs and alcohol while on duty.

Some rules, however, are not as obvious. For example, the Uniform Code requires all employees who are arrested (even while off-duty) to report that arrest to their supervisor.

Since an employee who violates any rules may be reprimanded or disciplined, it is strongly urged that all employees become familiar with these rules.

### **THE DISCIPLINARY PROCESS**

All employees have a responsibility to obey the rules and regulations of the Agency. There are different processes for managerial, non-managerial and probationary employees for disciplining and terminating when rules and regulations are violated. These processes conform to certain well-defined rules. Specific employee rights, however, will vary, depending on factors such as, length of service, contractual agreements, etc.

It must be remembered that the entire disciplinary system is a means to an end. The goal of the Agency is not to punish or terminate employees. It is to maintain the best possible work force.

## **CITY OF NEW YORK CODE OF CONDUCT**

### **A. APPLICABILITY**

This code of Conduct shall apply to every employee of the Board of Elections in the City of New York

### **B. STATEMENT OF POLICY**

It is the policy of the Board of Elections in the City of New York that disciplinary action shall be instituted to foster, maintain, and promote the good order, morale, and efficiency of the Board of Elections. Accordingly, all employees shall be treated fairly and impartially.

### **C. PURPOSE**

This Code of Conduct has been promulgated in order to inform, instruct and advise every employee of the standards of conduct and performance required of each person.

### **D. TERMS AND DEFINITION**

This section sets forth the definitions of various words and phrases used throughout the Rules of Conduct.

1. Agency means the Board of Elections in the City of New York.
2. Misappropriate means steal, pilfer, take without permission or authority, embezzle or convert to one's own use.
3. Absence from Duty means the failure to report for a tour of duty, or the departure from a tour of duty without authorization or valid reason.



4. Authorized means having actual, implied or apparent authority from a person with the power to grant such authority.
5. Conduct Prejudicial to Good Order of Discipline means (a) failure to obey all lawful order of superiors, (b) the use of improper language or obscene gestures toward a superior, fellow employee or a member of the public, (c) striking a superior, fellow employee or a member of the public and (d) any other conduct or act tending to bring discredit upon the City of the Agency, and (3) an act or moral turpitude toward a superior, fellow employee, or member of the public.
6. Drug means depressant drug, hallucinogenic drug, narcotic drug, or stimulant drug as defined in §114 of the Vehicle and Traffic Law and pertinent provisions of the Public Health Law.
7. Depressant means any liquid compound, liquor, non-liquid compound or drug that tends to depress the nervous system of an employee.
8. Equipment means any physical object including but not limited to any apparatus, safety appliance, tool, weapon, or implement.
9. False means inaccurate, incomplete, misleading or written or spoken with intent to deceive.
10. Gambling means playing any game of chance for a consideration, or betting on any sport, game or activity.
11. Gratuity means any gift or favor whether in the form of service, lien, thing, promise or other form.

12. Improper Language means obscene, indecent, abusive, intimidating, profane or uncivil language.
13. Internal Rules means any posted or promulgated rule, code, regulation, order, instruction, procedure or standard of productivity or conduct that relates to the internal management of the agency.
14. Intoxicant means any liquid compound, liquor, non-liquid compound or drug that causes the loss of control or the marked diminishment of physical or mental faculties.
15. Identification Number means all Agency station code numbers and markings, vehicle codes or registration plates, vessel identification number or licenses, and equipment identification number or licenses.
16. Law means any law, statute, ordinance, rule or regulation promulgated by a federal, state or municipal government or any public authority.
17. License means the document, which authorizes a person to operate any vehicle, vessel or equipment.
18. Malingering means feigning illness or injury or being under the influence of intoxicants or drugs when absent while claiming illness or injury.
19. Medical Officer means any duly licensed physician employed by and/or designated by this Agency or any other City Agency.
20. Neglect of Duty means the willful failure to properly perform any duty, an interference with the operations of the Agency, malingering,

inefficiency, lateness, unauthorized absence from the post of duty, or a performance below productivity standards after a warning or warning of prior sub-standard productivity.

21. Premises means any City or Agency building, plant, facility, dock, pier, wharf, installation or operational field or area.
22. Person means any individual, partnership, unincorporated association, group or corporation.
23. Record means any book of entry, journal, time card, time clock, or time sheet, report, form, writing, blotter, or any official City Document.
24. Superior means all supervisory personnel of a higher rank or grade than the subject employee.
25. Subordinate means all personnel of a lower rank or grade than the subject employee.
26. Trade Waste means trade waste as defined in any internal rule published or promulgated by the Agency.
27. Tour of Duty means the scheduled hours of work for an employee for any specified day, period or shift and established pursuant to internal rule.
28. Uniform means any wearing apparel or covering together with affixed badges, insignia, decorations or identification marks duly prescribed as the official dress of any employee while on duty.

29. Vehicle means a motor vehicle as defined in the vehicle and traffic law, any aircraft, or any vessel equipped for propulsion by mechanical means or by rail.
30. Vessel means any floating draft owned by the City or the Agency used for carrying persons, equipment, material or sludge.
31. Writing means printing, typewriting, data processing, record retention or any other intentional reduction to a tangible form.
32. Crime means any felony or any misdemeanor, classified or unclassified, and in any degree.
33. Conviction of a Crime means a finding of guilt by a court of competent jurisdiction, whether upon a plea of guilty, a jury verdict or a decision by the court without a jury. Included herein as convictions are pleas of "nolo contendere" or "no contest".

Unless the context otherwise requires, words in the singular number include the plural and in the plural the singular.

#### **E. OFFICIAL CONDUCT**

1. Any employee who refuses or fails to appear to answer questions as to the performance of his official duties before this Agency, the Department of Investigation, or any lawfully constituted court, officer or body having authority to make inquiry relating thereto, or who, having appeared, refuses to answer questions specifically, narrowly, and directly relating to the performance of his official duties, shall be subject to charges of misconduct. Failure to cooperate with any

investigation shall result in disciplinary action possibly leading to termination.

2. Any employee who is called before this Agency, the Department of Investigation or any lawfully constituted court, officer or body having authority to make inquiry as to the performance of his official duties and, having appeared answers questions specifically, narrowly and directly relating to the performance of his official duties in a palpably evasive, transparently sham, false or untruthful manner shall be subject to charges of misconduct.
3. Employees shall obey and not violate any internal rule, code, regulation or order of any bureau of the Board of Elections.
4. All internal departmental rules, codes and regulations defined in Section D and referred to in Section E above are hereby incorporated by reference herein and made a part hereof.
5. Employees shall obey all lawful orders of their superiors in the Agency or any other competent authority and shall not willfully or deliberately refuse such orders.
6. Employees shall not conduct themselves in a manner prejudicial to good order and discipline.
7. Employees who are required to possess a valid license for the performance of their assigned duties shall be in possession of such license at all times during such tours of duty.

8. Employees are under a continuing duty to keep the Agency informed of their resident address and shall notify the designated Agency personnel in writing of any change of residence and/or telephone number within 48 hours of such change.
9. Every employee shall immediately notify this Agency of any arrest, or, conviction of a crime. Such notification shall be in writing and directed to: (a) his location supervisor; **and** (b) the Agency's Office of Personnel.

#### **PROHIBITED ACTIVITIES**

10. Employees shall not unlawfully solicit or accept any compensation or gratuity in connection with the performance of their official duties, nor grant any unauthorized privileges or favors in connection with such duties.
11. Employees on duty shall not indulge in or be under the influence of any intoxicant or drug, nor have such in their possession.
12. Employees shall not neglect their assigned duty or duties.
13. Employees shall not participate in gambling while on duty on/or about the Agency premises, or on or about an agency vehicle or vessel.
14. Employees shall not borrow money from a subordinate employee and shall not obtain or use, or attempt to obtain or use the credit of such subordinate employee as applicant, maker or endorser of any credit instrument in any loan or similar transaction.

15. Employees shall not lend money to a superior employee and shall not become an applicant, maker or endorser of any credit instrument in any loan or similar transaction for or on behalf of such superior.
16. Employees shall not, on or adjacent to Agency property, vehicle or on any Agency vessel, solicit or sell tickets to other than such charitable or fraternal cause as have been approved in writing by the Commissioners.
17. Employees shall not engage in outside activities that interfere with their assigned official duties, or engage in such activities during any scheduled tour of duty. Employees who have outside paid employment shall notify the Agency immediately.
18. Employees shall not make any false entry upon any record of the Agency, nor shall a false statement be given in connection with any required verbal record.
19. Employees shall not disclose any information or give any Agency records to any unauthorized person except upon the express approval of a superior with the authority to release such information or records.
20. Employees shall not engage in any conduct that interferes with any activities of the Agency/or improperly influences any decision of the Agency or that of its officers or employees.
21. Employees shall not distribute or post or attempt to distribute or post in or about any Agency premises or on or from any Agency vehicle, vessel, or equipment, any unauthorized notices, bulletins or announcements, except that announcements or notices from certified

labor unions may be distributed before or after scheduled tours of duty, to employees during a scheduled lunch period. Certified labor union representatives may post notices, bulletins, or announcements on bulletin boards reserved for such items pursuant to collective bargaining agreements.

22. Employees shall not distribute or post or attempt to distribute or post on or about any Agency premises or on or from any Agency vehicle, or equipment any unauthorized notice or announcement, issued by a fraternal, charitable or similar organization, except that authorized notices or announcements of such nature may be distributed before or after scheduled tours of duty or to employees during a scheduled lunch period.

#### **TIME AND ATTENDANCE**

23. Employees shall accurately record their respective tours of duty in accordance with the internal rule applicable to such employee.
24. Employees shall not, except when authorized, absent themselves from nor leave their assigned work location and/or tour of duty.
25. Employees shall not malingering and shall comply with all internal rules applicable to sick leave or injury off or on duty.

#### **HEALTH AND SAFETY**

26. Employees shall not smoke or have in their possession lighted articles of smoking in prohibited areas of any City or Agency premises or on or



about any City or Agency vehicle, or equipment if prohibited, or at any time when such act is prohibited.

27. Employees shall comply with all laws and internal rules relating to fire, sanitary conditions, or safety.
28. Employees shall maintain all City or Agency premises, vehicles, and equipment in a clean, safe and sanitary condition.
29. Employees are required to be in such physical condition as to be medically qualified and competent to be able to perform and not to neglect their assigned duties.
30. Employees who are habitual users of intoxicants or drugs as part of a medically supervised treatment or programs are required to notify the Personnel Director, as soon as practical, of the extent and duration of such treatment.

#### **AGENCY PROPERTY AND EQUIPMENT**

31. Employees shall be responsible for use and use reasonable care in the use, maintenance and operation of all City or Agency vehicle, and equipment assigned to such employees in the performance of their official duties.
32. Employees shall comply with all laws and internal rules relating to the use of operation of all City or Agency vehicles, and equipment assigned to such employees in the performance of their official duties.

33. Employees shall not leave any City or Agency vehicle unattended on public highways, or at any unauthorized location.
34. Employees shall not use, nor permit the use of City or Agency premises, equipment, material or supplies or vehicles for unauthorized purposes or by unauthorized persons.
35. Employees shall not appropriate or permit any other person to appropriate any property, equipment or vehicles of the City or the Agency.
36. Employees shall not use or operate any City or Agency vehicle or equipment without proper authorization.
37. Employees shall comply with all laws and internal rules relating to the use of City or Agency premises.
38. Employee using or operating City or Agency vehicles or equipment shall keep exposed to public view all required identification numbers.
39. Employees using or operating City or Agency vehicles or equipment shall promptly make a written report, upon the appropriate form, of any defective condition thereof or any accidents thereof.
40. Employees using City or Agency premises shall promptly make a written report upon the appropriate form of any defective condition thereof or any accidents thereto or occurring thereon.

**SUPERVISORY PERSONNEL**

41. Supervisory personnel shall be subject to and comply with all relevant provisions of the Rules of Conduct.

42. Supervisory personnel shall be responsible for the compliance with and the enforcement of the Rules and all laws and internal rules of the Agency by all subordinates under their jurisdiction.
43. Supervisory personnel shall expeditiously investigate and report all violations of the Code and all laws and internal rules of the Agency in accordance with duly established Agency procedures.
44. Supervisory personnel shall be responsible for the proper instruction, discipline, health, safety, efficiency, and the method of performance of official duties of all subordinates under their jurisdiction.

#### **RESIGNATION**

45. Any employee of the Board of Elections who is under disciplinary proceedings of this Agency, or who is under investigation by any Federal, State, County or City investigative body or official, or is summoned to testify before any such body or official, shall not resign from his position without the written approval of the Commissioners.

#### **RESERVATION OF POWERS**

The Commissioners of Elections, pursuant to their powers under Section 3-300 of the New York State Election Law, reserve the right, as head of the Board of Elections, to enforce the provisions of this code of conduct.

#### **NOTIFICATION OF ARRESTS AND CONVICTIONS**

The Agency's Uniform Code of Discipline establishes the affirmative responsibility of all employees to notify the Agency of their arrest, indictment, and/or conviction of a crime in any jurisdiction. Failure to provide written notification within three business

days will serve as the basis for disciplinary charges up to and including termination. Each action will be determined on a case by case basis.

Obligation of the Employee

The affected employee must notify in writing, the location supervisor and/or the Agency's Office of Personnel. An employee may forgo notifying his/her location supervisor by writing to the Office of Personnel directly. Notification in writing pursuant to this section must be made within three business days of any arrest, indictment for or conviction of a crime.

Pursuant to this obligation, an affected employee must state:

Name

Date and Time of Arrest, Indictment or Conviction

County or Borough of Arrest, Indictment or Conviction

Arresting Authority (e.g., NYPD, FBI)

Precinct, if applicable

Date of Release, if applicable

Future Court Dates, if applicable

Charges

**IMPORTANT NOTE: Pursuant to this obligation, an affected employee is not required to divulge specific circumstances of the arrest, nor will the Agency require an affected employee to offer an explanation for the arrest and/or charges, however the employee is required to be forthright with any information that may affect that individual's ability to perform his/her job functions. Copies of any and all court papers and determinations should be provided to the Office of Personnel.**

Obligation of Location Supervisor

Upon notification by an employee that he or she has been arrested, indicted or convicted, the location supervisor must confirm with the Office of Personnel that appropriate notification has been made to that office. Location supervisors are

directed not to require an affected employee to provide more information than what is specified above. Any questions regarding this matter may be directed to the Office of Personnel.

## **RESIDENCY REQUIREMENT**

### **GENERAL POLICY**

Residence within New York City is required as a condition of employment as well as being legally registered to vote.

An employee must complete a Change of Address form indicating any change of address, whether it be an apartment change or full address change so that his/her personnel record can be updated. This form must be sent to the Personnel Director. If any additional information is required, the employee should contact his/her supervisor.

### **SMOKING POLICY**

Pursuant to the *New York City Smoke Free Air Act of 2002* the Board of Elections in the City of New York policy on smoking shall be as follows effective March 30, 2003:

- **Smoking shall be strictly prohibited in all agency facilities including, but not limited to offices, Voting Machine Facilities and vehicles or any part there-of.**
- **Violations of this policy will result in disciplinary action as prescribed in the Policies and Procedures of this agency as well as possible monetary fines levied as outlined in *The New York City Smoke Free Air Act of 2002*.**

**There shall be no exceptions to this policy.**

## **DEPORTMENT**

Professionalism and proper deportment are necessary for proper job performance.

## **COURTESY & RESPECT**

The primary function of this Board is to provide a service to the public. It is our obligation as representatives of this agency, to perform our duties in an efficient and expeditious manner, utilizing courtesy and understanding. This includes dealing with co-workers as well as the general public.

It is understood that there will be occasions when any of the people with whom we may be dealing, public or agency staff, may be less than friendly, and difficult to deal with on initial contact. It is precisely at these times, when our patience and desire to provide service is being tested, that it is incumbent upon us all to respond as high level professionals. We accomplish this by maintaining a calm and courteous manner as we deal with the situation.

Telephone situations are to be handled with the same professional standard of behavior that we expect with personal encounters. Whether on the phone, or in person, starting a contact with the public or a fellow worker, with a "how can I help you?" will eliminate many problems, and lessen much antagonism.

We should be cognizant of the fact that we deal with a wide diversity of people daily. It is a mandate upon us all that we give total respect to all; whether general public, or fellow agency employees. There will be no tolerance for discrimination or other direct violation of this mandate.

The areas of "courtesy and respect" include avoidance of any threats, or harassment, implied or outright. The use of profanity or obscenity is likewise prohibited at all staff levels, and will be subject to action by management, when properly reported. Needless to say, the right of any employee to file a complaint based on a violation of any of these policies is, and will be, protected from

retaliation. It must also be noted, however, that frivolous or arbitrary and unfounded complaints will be treated accordingly, as well.

### **GUEST / VISITORS**

If you expect a guest or visitor, you are expected to notify the reception area at your office. Whenever possible and/or practical, you should go to the reception area when notified of your visitor, and personally escort the individual(s) back to your desk or office.

### **PERSONAL CALLS**

Personal calls are expected to be limited to those of an urgent nature or actual emergency.

### **WORK HOURS AND ATTENDANCE**

Reference should be made to other items on this subject. The basic work hours, unless a change is specifically authorized on a selected basis, remain at 9:00 a.m. to 5:00 p.m. There will be certain sections and some time where the preceding time schedule must be modified by management for the purpose of meeting job or assignment responsibilities. The authority to make these decisions remains with those members of management, so designated by the Executive Director, and is not to be considered as an arbitrary or self-determined decision. The normal workweek will be Monday to Friday, unless the needs of the agency dictate a change for some or all employees.

Once again, this authority rests with the Executive Director or the designated member(s) of management. The primary priority, at all times, is meeting the needs of this agency in achieving its established responsibility of providing a special service to the public. This responsibility includes the maintaining of an effective operation, covering activities in all departments at all times, and scheduling

accordingly, time off for breaks during the work day, as well as vacations and other "time off" allowances.

It is believed that with an effort to cooperate with each other, combined with a sense of responsibility and dedication that we can and will continue to raise the level of professionalism which has been steadily increasing as a result of all your efforts.

### **PROPER ATTIRE**

Board employees are expected to behave in a professional manner. It is also expected that an employee dress in a professional manner.

The Agency dress code is as follows:

#### **Men**

- **Collared Shirts**
- **Appropriate sweaters**
- **Slacks, no jeans**
- **Shoes or dress boots. Sneakers or work style boots are not appropriate office attire.**

#### **Women**

- **Skirts**
- **Blouses**
- **Appropriate Sweaters**
- **Slacks**
- **Dresses**
- **Shoes or dress boots. Sneakers or work style boots are not appropriate office attire.**



**Due to normal working conditions in the Voting Machine Facility there will be some latitude afforded. It is recommended that Voting Machine Facility personnel wear appropriate protective footwear.**

**Voting Machine Facility personnel must be dressed in accordance with public area requirements if they are to be in those areas for any period of time. If Voting Machine Facility personnel are assigned to the borough or central office they must dress according to office attire guidelines. On dates of public viewing Voting Machine Facility personnel are expected to follow office attire guidelines.**

#### **General Regulations**

- Shorts are not allowed**
- Hats are prohibited unless worn for religious reasons**
- No sweat suits or jogging suits are allowed**
- No bare-midriff outfits are allowed**
- Athletic type tank tops are prohibited**
- It is expected that all employees will maintain proper hygiene.**

**On Friday, it is understood that flexibility coupled with discretion should be utilized, and in general, the decisions should be made at the local office level by management.**

**The basic concept of doing business as a professional stall working for a credible government agency must always be a consideration.**

## **TIME PRACTICES**

- Official office hours are from 9:00 a.m. to 5:00 p.m. - Monday to Friday.
- Certain departments utilize different time schedules (8:00 a.m. to 4:00 p.m. or 10:00 a.m. to 6:00 p.m.). Please follow same procedures; a listing of such employee's schedule shall be recorded in personnel records.
- Each employee must clock in when arriving and leaving the office/Voting Machine Facility.
- No employee can make up lateness after regular working hours.
- Each employee must clock in when leaving for lunch and upon return.
- If an employee is assigned to work in the field, the immediate supervisor (Chief/Deputy Chief Clerk or departmental head at the General Office) must note next to the particular date on the time-card, the actual time in the field, the word 'FIELD', and their initials.

- Please follow the same procedures to note on time-card: 'SICK', 'VACATION', OR 'EXCUSED' (for a death in the family).
- A Vacation Request Slip must be filled out before an employee can use annual leave time. Your immediate supervisor must sign the request slip.
- If the office is closed for emergency reasons, supervisors must so indicate on employee time cards. The time excused, the work 'EMERGENCY' and supervisor's initials must be noted on the time card.
- The Board of Elections in the City of New York will no longer utilize written record books or time sheets for non-managerial or temporary personnel.
- No employee is to clock in or out for another employee.
- The weekly OCRs will be signed-off by supervisory personnel to ensure that the proper hours were recorded.
- Working extra hours beyond the normal time schedule will not be paid as overtime unless authorized by the immediate supervisor.
- Abuse of these or any other attendance and/or leave policy will result in a disciplinary hearing, which may lead to termination.

#### **DRUG-FREE WORKPLACE**

The City of New York is committed to establishing and maintaining a drug-free workplace.

### **DRUG AND ALCOHOL POLICY**

To help ensure a safe, health and productive work environment for our employees and others, to protect Agency property, and to insure efficient operations, the Agency has adopted a policy of maintaining a workplace free of drugs and alcohol.

Individuals under the influence of drugs and alcohol on the job pose serious safety and health risks not only to themselves, but also to all those who surround or come in contact with the user. Therefore, possessing, using, consuming, purchasing, distributing, manufacturing, dispensing or selling alcohol or controlled substances, or having alcohol or controlled substances in your system without medical authorization during your work hours, on Agency premises or while on duty will result in disciplinary action up to and including termination.

In accordance with the Federal Drug Free Workplace Act, employees must notify the Agency of any criminal drug- statute conviction for a violation occurring in the workplace no later than 5 days after such conviction. Failure to timely notify the Agency of a conviction for a criminal drug statute violation occurring in the workplace will be subject to disciplinary action up to and including termination.

### **OUTSIDE EMPLOYMENT ACTIVITIES & BUSINESS INTERESTS OF CITY EMPLOYEES**

On January 1, 1990, the Conflicts of Interest Law of the New York City Charter became effective. This law regulates the business interests and outside employment activities of City employees in firms that are engaged in business dealings with the City.

The Conflicts of Interest Law affects you immediately if:

- You, your husband, wife or un-emancipated child has an interest in a company that does business with the City if the investment is \$25,000 or more, or 5 percent of the company.
- You, your husband, wife or un-emancipated child has a smaller interest in a company but has a managerial position.

- You are employed by or hold any position with a company doing business with the City.

If you believe these provisions may apply to you in any manner, you must immediately contact the Conflicts of Interest Board at (212) 442-1400 or the General Counsel of the Board of Elections.

Certain agency employees are required to file an annual financial disclosure report with the Conflict of Interest Board by May 1st of each calendar year. These employees responsible to file will be notified.

**POLICIES AND STANDARDS  
ON POLITICAL ACTIVITIES  
BY BOARD OF ELECTIONS  
EMPLOYEES & RELATED MATTERS**

**PREAMBLE**

The Board of Elections in the City of New York, created pursuant to the New York State Constitution and by the Election Law of the State of New York, is vested with the authority to establish the rules by which employees conduct themselves, does hereby adopt the following policies and standards with regard to political activity by Board employees. These policies and standards will enable the Board to discharge its statutory obligation to manage and conduct a fair and honest elections process, maintain the integrity of said process and is consistent with an individual's constitutionally protected rights of freedom of speech and association.

**BACKGROUND**

The Commissioners and the employees of the Board of Elections in the City of New York (hereinafter "Board"), have the unique responsibility to insure that all eligible citizens of the City of New York have the opportunity to register and cast their votes. The State Constitution mandates that the Commissioners and staff of Boards of Elections are comprised of an equal number of representatives of the State's two major political parties (i.e. – the two political parties whose candidates for Governor received the highest and next highest number of votes in the most recent Gubernatorial Election).

Based on that constitutional status, the Board has made a determination (concurred in by the New York City Corporation Counsel), that given the constitutional and

statutory framework which creates the Board, the New York City Charter provisions relating to holding political party positions by persons holding positions with substantial policy responsibilities and paid from the City Treasury, do not apply to Board employees.

[See: Corporation Counsel's Opinion 2-96].

Similarly, the Board has concluded that Section 2604(b)(12) of the Charter does not apply to Board employees, notwithstanding the City's Conflict of Interests Board Advisory Opinion No, 2001-1. [See: Counsels to the Commissioners Opinion dated March 27, 2001 and Minutes of the April 3, 2001 Meeting of the Commissioners of the Board of Elections]. However, other provisions of the City Charter's Code of Ethics do apply (See Section III, below).

Other statutory provisions relating to certain political activities apply to the Board. Specifically, Section 3-200(6) of the New York State Election Law provides that:

“An election commissioner shall not be a candidate for any Elective office, which he would not be entitled to hold under the provisions of this article, unless he has ceased by resignation or otherwise, to be commissioner prior to his nomination or designation therefore,”

Section 3-300 empowers the Board to appoint employees and fix their duties and other conditions of employment. This Board exercises that responsibility by adopting these policies and standards.

Therefore, consistent with that authority, the Commissioners of the Board of Elections in the City of New York, does hereby adopt the following policies and standards to govern the conduct of Board employees engaged in the political activities defined therein. These policies and standards are adopted to insure the integrity of the electoral process and avoid even the appearance of impropriety.

Accordingly, they are to be inserted into the Board's Personnel Procedures and Borough Guidelines as the last segment of Section F.

## **SECTION I: BOARD EMPLOYEES WHO ARE CANDIDATES FOR PUBLIC OFFICE**

### **A. General Standard**

A Board employee who becomes a candidate for public office (but not a party position) shall take a leave of absence from his/her duties and remain on leave status during the period that s/he remains an active candidate. Such Board employee shall be required to use his/her accrued annual leave and if such leave has been exhausted, to take a leave of absence without pay.

### **B. Definition: Candidate**

For the purposes of this Section, the Board determines that an employee is a candidate (and therefore subject to the General Standard set forth in subdivision A, above) when:

- (1) designating and/or nominating petitions are filed with this Board or the State Board of Elections naming the employee as a candidate for public office; and
- (2) the employee has not declined said designation/nomination by the last day permitted under the NYS Election Law; and
- (3) the employee has not filed the sworn statement provided for in subdivision C, below



### **C. Waiver of General Standard**

A Board of employee who is a candidate for public office (as defined in subdivision B, above), shall not be required to take a leave of absence (as provided for in subdivision A, above), if s/he files a sworn statement (subjecting the maker to the penalties for perjury) with the Executive Director of the Board that such employee:

- (1) is a candidate for public office and specify such office; and
- (2) will not raise, collect, receive or expend (either as an individual candidate or through an authorized political committee) more than two thousand five hundred dollars
- (3) (\$2,500.00) on behalf of or in connection with his/her campaign/candidacy for public office.

Copies of such sworn statement shall also be filed with Deputy Executive Director, the General Counsel, the Director of Personnel, the Finance Officer, the Candidate Records Unit and if the employee is assigned to a Borough Office and/or Voting Machine Facility, the Chief Clerk and Deputy Chief Clerk of the Borough. The Executive Director shall provide a copy of the sworn statement to the appropriate Commissioners. The sworn statement shall be available for public inspection.

Upon receipt of said sworn statement, the Executive Director of the Board shall issue a written acknowledgement of receipt of such statement to the employee, which shall constitute a waiver of the provisions of subdivision A of this Section. Copies of the acknowledgement shall also be given to the Commissioners and Board staff set forth in the preceding paragraph and shall also be available for public inspection.

## **SECTION II: CONDUCT OF BOARD EMPLOYEES WHO ARE CANDIDATES FOR PUBLIC OFFICE, PARTY POSITION AND RELATED OFFICES**

### **A. General Standard**

Board employees are politically active and often engage in partisan political activity, which is subject to regulation, review and/or supervision by the Board. In the course of the performance of Board duties and responsibilities, all employees should avoid any activity or action which may create the appearance of impropriety or a potential conflict of interest.

In order to assist Board employees to avoid even the appearance of impropriety or a conflict of interest the Board adopts the following standards and policies to govern Board employees who are actively engaged in the political activities described below.

### **B. Definition: Covered Employees**

Any Board employee who is a:

- (1) candidate for election to a party position; or
  - (2) candidate for a party nomination to a public office; or
  - (3) candidate for public office; or
  - (4) member of a committee to fill vacancies and/or receive notices;
- are hereby defined as “covered employees” for the purposes of this Section.

### **C. Prohibited Activities by Covered Employees**

A covered employee (as defined in subdivision B, above) **SHALL NOT HAVE ANY CONTACT WITH OR ENGAGE IN ANY BOARD WORK WITH ANY OF THE FOLLOWING** (which shall be defined as “Covered Matters”):

- (1) Designating and/or nominating petition(s) upon which such employee's name appears as a candidate or committee member, or any other petition(s) for any other person seeking election and/or nomination in the same political subdivision or the same political party as the covered employee;
- (2) Canvass of returns of elections in the same political subdivision and/or political party as the covered employee;
- (3) Election Day Operations, Poll Site Management, Poll Workers' Assignments or related election management activities in the same political subdivision and/or political party as the covered employee;
- (4) Voting Machine set-up, maintenance and related activities in the same political subdivision and/or political party as the covered employee;
- (5) Voter Registration Activities for the same political party as the covered employee;
- (6) Management Information Systems Activities for the same political subdivision and/or political party as the covered employee;
- (7) Any other Board activity wherein participation and/or action by the covered employee could create the appearance of impropriety and/or a conflict of interest.

#### **D.Implementation**

- (1) Every Board employee who becomes a "covered employee" (as defined in subdivision B of this Section, above), is required to immediately inform his/her supervisor at the Board of the applicability of this Section to him/her and need for the supervisor to take the necessary steps to avoid even the appearance of impropriety and/or a potential conflict of interest
- (2) A covered employee's supervisor, upon receipt of that information, shall then assign the covered employee duties and responsibilities not related to a covered matter. The employee's supervisor shall notify the "Office Head" (Executive Director/Deputy Executive Director for the General Office; Chief

Clerk/Deputy Chief Clerk for the respective Borough Office) of such reassignment

- (3) Any other Board employee who knows or has reason to believe that a fellow employee may be a “covered employee” and as such is working on “covered matters” shall immediately notify the appropriate “Office Head” (See (2) above) of the potential conflict which would result in a violation of these policies and standards.
- (4) Each Office Head shall be responsible for the implementation and oversight of these policies and standards. The Office Head shall take the necessary measures to insure that no covered employee is assigned to or works on any covered matter.

### **SECTION III. OTHER PROHIBITED ACTIVITIES**

In addition to the standards set forth above, all Board employees are required to comply with the following standards:

- A. The provisions of Section 2604 of the City Charter, “Prohibited Interests and Conduct”, apply to all Board employees **except** for subdivisions 12 (solicitation of campaign funds) and 15 (holding of political party positions) and the Rules and Advisory Opinions of the Conflict of Interest Board, promulgated pursuant to Section 2603(a) of the City Charter, to implement Section 2604, except as heretofore noted.

These obligations are outlined in detail in the Board’s Personnel Procedures and Borough Guidelines Manual distributed to each employee (Specifically, Section F). All employees are given copies of the Conflicts of Interest Rules upon their employment by the Board. In addition, all employees should be aware of the applicable provisions of the City Charter and New York State Law.

B. Specifically related to partisan political activity (pursuant to the provisions of Section 2604 of the City Charter) Board employees SHALL NOT:

1. pursue personal and private activities (including political activities) when the employee is required to perform services for the Board;
2. use Board letter-head, personnel, equipment, resources, or supplies for any non- Board purpose (including political activity);

Note: While the foregoing two items are subject to a waiver under the provisions outlined in Rule 1-13(c) of the Rules of the Conflict of Interest Board, no waiver provision is applicable to politically related activities.

3. coerce or attempt to coerce, by intimidation, threats or otherwise, any BOE employee to engage in any political activity or request any subordinate to participate in a political campaign
4. compel, induce or request any subordinate to pay any political assessment, subscription or contribution;
5. compel, induce or request any person to pay any political assessment, subscription or contribution, under threat of prejudice to or promise of or to secure advantage in rank, compensation or other job-related status or function.
6. Disclose confidential Board information to unauthorized recipients (including candidates, party officials, et. al.).

C. All Board employees are covered under the provisions of the New York State Election Law (Article 17- Violations of the Elective Franchise), specifically relating to conduct undertaken in the course of the performance of their official duties. Board employees shall insure that their conduct does not violate the statutory standards.

D. All Board employees are covered under the New York State Penal Law, particularly the provisions of Article 195-Official Misconduct and Obstruction of Public Servants Generally, Article 200 – Bribery Involving Public Servants and Related Offenses. Board employees shall insure that their conduct does not violate the statutory standards.

#### **SECTION IV. COMPLIANCE**

- A. All Board employees shall be responsible for insuring full and complete compliance with these policies and standards.
- B. Each Board employee is responsible for insuring his or her own compliance with these provisions.
- C. Each Board employee has the duty to identify potential violations of these policies and standards and report the same to his/her Office Head.
- D. Each supervisor, department head and/or Office Head is responsible for monitoring the activities of their subordinates and insuring full compliance therewith with these policies and standards.
- E. **The Commissioners of the Board of Elections in the City of New York believe that the maintenance of the public confidence in the integrity of the Board, its employees and the electoral process is of the highest priority. Therefore, all employees are advised that any violation of these policies and standards will result in extreme penalties.**

#### **SUMMARY**

The adoption of these policies and standards demonstrated the Board of Elections vigorous commitment to insure the public's confidence in our system of election management. These policies and standards, together with their implementing procedures are designed to prevent even the appearance of impropriety by BOE employees with a vested interest in an election contest. As a result, the Board is in a better position to serve the public – the voters, without any appearance of impropriety or a conflict of interest.

## **Use of Technology**

ALL BOARD OF ELECTIONS STAFF IS PROHIBITED FROM BRINGING PERSONAL COMPUTERS INTO ANY BOARD OF ELECTIONS OFFICE/FACILITY WITHOUT PRIOR AUTHORIZATION FROM MANAGEMENT.

AN EMPLOYEE VIOLATING THIS POLICY IS SUBJECT TO DISCIPLINARY ACTION, INCLUDING BUT NOT LIMITED TO SUSPENSION OR TERMINATION.

The Board of Elections in the City of New York does not intend to inhibit the use of the technology available to its employees, to use during the normal course of business. Therefore, Internet access and electronic mail (e-mail) functions shall be limited in their use as is any technology provided by this agency to conduct agency business. For the purposes of this policy, the term "technology" includes, but is not limited to: telecommunications equipment, facsimile machines; photocopy machines, printers, personal computers, Internet access and e-mail. All employees have a right to a non-hostile work place and the use of board equipment/technology to create a hostile work place will be dealt with as per normal procedures.

### **SPECIFICALLY:**

At no time may any employee use any technology in lieu of any work assignment. Excessive personal use is not permitted and will not be tolerated.

Any employee who receives from another employee what s/he considers offensive material utilizing or through said technology may seek relief under the harassment procedures outlined in the Personnel Guidelines and Borough Procedures Manual.

Any employee who receives unsolicited offensive, questionable and/or adult oriented material from any outside source should report this to his/her systems administrator at once.

Any employee found to be utilizing said technology to send, access print download, photo copy, send via facsimile and/or save any offensive, questionable and/or adult oriented and/or sexually, ethnically, religiously, or racially derisive material shall be subject to charges and the disciplinary process which may lead to termination should those actions be deemed harassment.

An employee may not use said technology for solicitation for personal, political or commercial purposes.

No employee may access another employee's technology (e-mail, personal folders on his/her PC...etc.)

Employees are directed to use good judgment in the use of the new "technology" available. Employees should note that "delete" really means "relocate". Deleted files can be reconstructed.

All computers and related equipment are the sole property of the Board of Elections in the City of New York and as such no employee shall have any expectation of privacy. Any and all e-mail, Internet folders, programs, as well as data stored on an individual PC may be opened and examined by management upon proper authorization.

Due to the risk of computer viruses that abound, employees shall not be download programs and/or executable files from any Internet site. Employees should seek permission from their systems administrator before downloading any such files and/or programs. For the same reasons, employees shall not open e-mail messages containing any attachments not originating from an official Board of Elections in the City of New York site, or other authorized or recognized site, such as the State Board of Elections site.

Failure to observe and comply with any of these procedures shall result in appropriate disciplinary action.

### **VIRUS PROTECTION**

1. Each PC should be logged off at the end of each day and the monitor should be powered off.
2. It is each user's responsibility to monitor that the Norton Anti-Virus software is up to date. If a message appears telling you the software is out of date, please contact the help desk at (212) 487-3967 – Bill Johnert or email the "Helpdesk Group".



3. The Norton Anti-Virus icon must be running at all times in the right bottom corner of the screen.
4. Any CDs, floppy diskettes and email attachments must be scanned before using, opening or viewing.
5. Do not open email attachments, which are received from an unknown source.
6. Please use the Internet for business purposes only during business hours and refrain from connecting to websites of an objectionable nature.
7. Do not download anything from the Internet (games, screensavers, music etc.)
8. When exiting the AVID system click the "Close All" icon before closing the window.
9. If any employee propagates a virus they will be subject to disciplinary action which may lead to termination.

Failure to do any of the above is the responsibility of the user. If MIS uncovers that a user is not in compliance, their NT account and Avid account will be locked out and their immediate supervisor will be informed. Internet Explorer privileges will be removed from those users and PCs on which viruses are found. Email access will be suspended. Returning of those privileges requires both compliance with the above and approval of the Director of MIS.

## SECTION G - EEO/AFFIRMATIVE ACTION

## **EQUAL EMPLOYMENT OPPORTUNITY (EEO)**

### **AFFIRMATIVE ACTION**

Achieving and maintaining equal employment opportunity for all persons is of the highest priority for the Board of Elections. It is the policy of this Agency to afford equal employment opportunity to all persons regardless of race, color, sex, age, alienage, religion, national origin, disability or sexual orientation. This policy applies to all recruitment, personnel actions, performance evaluations, and selection for training.

It is also the Agency's policy to provide an environment free of sexual harassment and to protect Board of Elections' employees, both male and female, from any form of sexual harassment or intimidation by any other employee.

It is the responsibility of all employees to act in accordance with the Equal Employment Opportunity/Affirmative Action Policy of the Board of Elections. Managers and supervisors have a particular responsibility to ensure that all employees and personnel matters within their respective areas are handled in an impartial, consistent and fair manner. Any complaints regarding discriminatory or unfair treatment are to be accorded serious attention.

Any employee who feels he or she has been discriminated against or sexually harassed may file a complaint with the EEO Office. All complaints will be handled in a timely and confidential manner.

For further information or to file a complaint, contact the Personnel Office.

### **EQUAL EMPLOYMENT OPPORTUNITY**

The Board of Elections is an Equal Employment Opportunity Employer. The Board of Elections is strongly committed to maintain fair employment practices for all of its employees.

Federal, State and local laws prohibit employment discrimination based on:

- |           |                  |
|-----------|------------------|
| °Age      | °Marital Status  |
| °Alienage | °National Origin |
| °Color    | °Race            |
| °Creed    | °Religion        |

°Disability  
°Gender

°Sexual Orientation

These laws prohibit discrimination that affects:

°Hiring  
°Assignment  
°Working Conditions  
°Salary  
°Evaluation  
°Promotion

°Training  
°Transfer  
°Discipline  
°Termination  
°Any other terms and conditions  
of employment

The law requires that reasonable accommodations be made for employees with disabilities. The law also requires that reasonable accommodations be made for employees' religious observance.

All employees are directed to comply with both the letter and the spirit of these laws. All personnel should work to maintain an atmosphere of appreciation of the diversity reflected in our staff, and to promote understanding among our co-workers. Managers and supervisors are directed to make all employment decisions in accordance with the Board of Elections' EEO Policy, and to ensure compliance with the policy in their areas of responsibility.

If an employee feels that a manager, supervisor or another employee has discriminated against him, the employee should contact the Equal Employment Opportunity Office or the Personnel Office.

The Equal Employment Opportunity Officer has the authority to recommend to the Commissioners that disciplinary action be taken against any employee who has committed an unlawful discriminatory act. All complaints will be handled with as much confidence as is possible. No employee may retaliate against or harass any person for filing a complaint or cooperating in the investigation of a complaint. Such retaliation or harassment is unlawful and will be cause for disciplinary action.

In the event that an investigation takes place all employees are required to be cooperative and truthful. Any employee who is not truthful and cooperative in any investigation will be subject to disciplinary action which may lead to termination.

## **GRIEVANCE PROCEDURE**

A "Grievance" shall be defined as a dispute concerning the application or interpretation of the terms and conditions of the collective bargaining agreement with CWA, Local 1183, a claimed violation, misinterpretation, or misapplication of the rules or regulations or policy or order issued by the Board of Elections in the City of New York in reference to the terms and conditions of employment. Charges of harassment or discrimination are not subject to this procedure, but would be filed pursuant to Section G of the Board's Policies and Procedures.

### **➤ STEP I**

An employee and/or the union shall present the grievance verbally or in written form within one hundred twenty (120) days of the original occurrence to the Chief Clerk or Deputy Chief Clerk giving substantive detail as to the nature of the grievance. In the case of the General Office the grievance would be filed with the employee's Department Head. The employee and/or union shall include dates, specific occurrences and list any witnesses, if needed. All parties will try to resolve the grievance at this first level. The Chief, Deputy, or Department Head shall consult the appropriate Commissioner(s) to reach a final decision. A written response to the grievance will be issued within six (6) working days of the submission.

### **➤ STEP II**

An employee and/or union representative may appeal the STEP I response within six (6) working days of the STEP I decision. The appeal must be made in writing to Director of Personnel with a copy of the appeal being filed with that employee's Chief/Deputy or Department Head. The Director of Personnel and General Counsel shall serve as the Board's review panel and meet with the employee and union representative at which time the grievance will be reviewed. All pertinent documentation and records must be presented to the review panel at this time. The employee and or union may present any evidence or witnesses in order to support the claim. In turn, the review panel will examine all records, documentation and/or witnesses and verify all information prior to issuing a response. A written response will be issued within ten (10) working days from the day the appeal was filed. Copies shall be given to the grievant, the union representative and the Director of Personnel.

### **➤ STEP III**

An appeal from an unsatisfactory STEP II hearing shall be presented in writing to the Executive Director who, together with the review panel shall bring the grievance to the full Board of Commissioners for final review. The appeal must be filed within six (6) working days of the issuance of the STEP II

decision. The employee and/or union representative shall present their case to the Board providing all pertinent documentation and evidence. The full Board shall issue a written decision within ten (10) working days of the STEP III hearing.

➤ **STEP IV**

If the decision after the STEP III hearing is still unsatisfactory the grievant and/or union may file a STEP IV appeal no later than ten (10) working days from the receipt of the STEP III decision. This appeal is filed with the Mayor's Office of Labor Relations where a hearing officer designated by the Commissioner of Labor Relations will review all pertinent information and render a decision. The employee and union representative along with the Board of Elections in the City of New York representative appear before the hearing officer and present evidence and testimony as required.

➤ **STEP V**

An appeal of the STEP IV decision may be brought by either the grievant/union or the employer to the Office of Collective Bargaining for impartial arbitration. Either party filing an appeal must do so within ten (10) days of the STEP IV decision. The results of the STEP V hearings are binding to the extent that the decision and/or award is in accordance with any applicable laws, such as § 3-300 of the New York State Election Law and shall not abridge, or diminish any of the rights or obligations of the Board of Elections in the City of New York pursuant to said § 3-300 nor shall this decision or award add to, subtract from, or modify such Collective Bargaining Agreement, rule, regulation, written policy or order.

In all steps of this grievance procedure it is incumbent upon the employee to provide information as required to substantiate the claim. The employee is responsible to keep his or her Chief/Deputy or Department Head as well as the Director of Personnel informed of any appeals filed and must give timely notice of any absences as a result of filing said grievance.

Copies of all grievances, appeals and decisions must be filed with the Director of Personnel and retained in the employee's permanent file.

**SEXUAL HARASSMENT**

Sexual harassment at the workplace is a form of employment discrimination prohibited by law. All employees should familiarize themselves with the following guidelines so that they will understand what type of conduct is prohibited, and know the remedies available to anyone who may experience sexual harassment.

Guidelines issued by the Equal Employment Opportunity Commission state that unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- (1) Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment.
- (2) Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
- (3) Such conduct has the effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.

These guidelines are not meant to interfere with voluntary social relationships between individuals in the workplace, but they do prohibit those actions and behaviors that are unwanted and unwelcome and/or which create an intimidating and hostile work environment.

A fundamental policy of the Agency is that the workplace is for work. Our goal is to provide a workplace free from tensions involving matters that do not relate to the Agency's business. In particular, an atmosphere of tension created by non-work-related conduct, including ethnic, racial, sexual or religious remarks, animosity, unwelcome sexual advances or request for sexual favors or other such conduct does not belong in our workplace.

Harassment of employees or of applicants by other employees is prohibited. Harassment includes, without limitation, verbal harassment (epithets, derogatory statements, slurs), physical harassment (assault, physical interference with normal work or involvement), visual harassment (posters, cartoons, drawings), and innuendo.

Sexual harassment is a violation of state and federal law. It includes unwelcome sexual advances, requests for sexual favors, sexually motivated physical contact and other verbal or physical conduct, or visual forms of harassment of a sexual nature when submission to such conduct is either explicitly or implicitly made a term

or condition of employment or is used as the basis for employment decisions or when such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

You cannot be forced to submit to such conduct as a basis for any employment decision and the Agency will do its best to keep itself free of any conduct that creates an intimidating, hostile or offensive work environment of our employees.

**What to do if you feel Agency Policy has been violated**

In the event that any sort of ethnic, racial, religious, or sexual harassment, or similarly abusive verbal or physical conduct interferes with any individual's work performance or creates an intimidating, hostile or offensive work environment, we urge you to contact your manager or supervisor.

If you feel uncomfortable bringing the matter to your manager or supervisor, or if your manager or supervisor is involved in the harassment, you may contact the Personnel Director, who, to the extent possible, will treat the matter with the degree of confidentiality that you require. The Personnel Director may direct or conduct an independent investigation, including interviews and statements concerning the complaint. A report will be made to you concerning the results of the investigation. If the Agency determines that harassment has occurred, appropriate relief for the employee bringing the complaint and appropriate disciplinary action against the harasser, up to and including discharge will follow. A non-employee who subjects an employee to harassment in the workplace will be informed of our Agency policy and appropriate action will be taken. In all cases, the Agency will make follow-up inquiries to ensure that the harassment has not resumed.

An employee who remains unsatisfied with these referrals may seek review from the Borough Chief Clerk or Deputy, higher agency management or an EEO agency-designated investigation.

The Agency understands that these matters can be extremely sensitive, and so far as possible will keep all employee complaints and all communications, such as



interviews and witness statements in strict confidence. In no way will the above procedures limit an aggrieved employee's right to file a complaint with a federal, state or city human rights agency or district office of EEOC.

### **Filing a Charge With the EEOC**

If you believe you have been discriminated against by an employer, labor union or employment agency when applying for a job or while on the job because of your **race, color, sex, religion, national origin, age, or disability**, or believe that you have been discriminated against because of opposing a prohibited practice or participating in an equal employment opportunity matter, you may file a charge of discrimination with the U.S. Equal Employment Opportunity Commission (EEOC).

Charges may be filed in person, by mail or by telephone by [contacting the nearest EEOC office](#). If there is not an EEOC office in the immediate area, call toll free 800-669-4000 or 800-669-6820 (TDD) for more information.

### **Contacting the EEOC**

#### **HEADQUARTERS**

U.S. Equal Employment Opportunity Commission  
1801 L Street, N.W.  
Washington, D.C. 20507  
Phone: (202) 663-4900  
TTY: (202) 663-4494

#### **New York District Office**

7 World Trade Center  
18th Floor  
New York, NY 10048-0948  
Phone: 212-748-8500  
TTY: 212-748-8399

The Agency will not tolerate retaliation against any employee who complains of sexual harassment or provides information in connection with any such complaint.

Any manager or supervisor who knows of a sexually intimidating or hostile work environment or who becomes aware that the terms and conditions of an individual's

employment are based upon their submission to sexual conduct should consult with the Board of Elections' Personnel Officer immediately. If the Personnel Director is not available, contact should be made with the Agency's Executive Director or Deputy Executive Director.

All complaints will be handled in confidence. No employee may retaliate against or harass any person for filing a complaint or cooperating in the investigation of a complaint. Such retaliation or harassment is unlawful and will be cause for disciplinary action.

### **THE AMERICANS WITH DISABILITY ACT OF 1990**

In accordance with the Americans with Disability Act ("A.D.A."), the Board of Elections will not discriminate against "qualified individuals with a disability who can perform the essential functions of the job with or without reasonable accommodation.

This policy applies to all Agency activities, including but not limited to, recruiting, hiring, training, transfers, promotions and benefits.

Any violation of this policy should be reported to your supervisor or manager, or to the Personnel Director.

If you have any questions about the A.D.A., please contact the Personnel Director.

## SECTION H - PERFORMANCE EVALUATION PROGRAM

## **PERFORMANCE EVALUATION PROGRAM**

This program provides regular feedback and communication about employee performance through performance evaluations and formal appraisal conferences.

### **GOALS**

This program is designed to:

- Encourage continuous communication between supervisors and employees.
- Recognize positive performance.
- Identify performance problems or deficiencies and develop plans for improvement.
- Clarify expected standards of performance and assess actual performance in terms of these standards.
- Provide information that is useful in making decisions regarding promotions, salary adjustments, merit increases, training needs, professional development and disciplinary action.

### **EVALUATION PERIOD**

The performance evaluation cycle for employees, not serving a probationary period, begins each year on January 1 and ends the following December 31. Supervisors evaluate employees once each year during formal appraisal conference starting in December.

Probationary employees are evaluated as outlined in the Contract until the required one year probationary period has been successfully served.

### **EVALUATION PROCESS**

Managers and supervisors evaluate employees based on general criteria that apply to all employees, then on the key responsibilities (tasks) and performance expectations (standards). Key responsibilities are the major tasks or activities of the job. Performance expectations are the standards for measuring the performance of those activities.

Employee Supplement forms are to be issued at least one week prior to a scheduled performance review. These forms should be returned at least 48 hours prior to a review, so that the reviewer may consider the statements offered by the employee.

### **APPRAISAL CONFERENCE**

The Appraisal Conference is a meeting between the employee and his/her supervisor to evaluate the employee's job performance during the prior 12-month period and to establish and review key responsibilities and performance expectations for the next 12-month period. Employees have the opportunity to add comments, either verbally or in writing throughout the conference or at its conclusion.

### **APPEAL PROCEDURE (For Non-Managerial Employees)**

An employee must sign his/her performance evaluation. This does not mean that the employee agrees with the evaluation, only that he/she received it.

If the employee thinks that the evaluation is an unfair representation of his/her performance, he/she may appeal by following the procedure outlined below:

1. An employee should first try to resolve the disputed issued through discussion with his/her immediate supervisor.
2. If the discussion of the complaint with the immediate supervisor fails to resolve the issue, the employee may request in writing, within 10 working days of such discussion, that the complaint be reviewed by the Executive Office Appeals Committee (made up of Executive Director, Deputy Executive Director and Personnel Director).
3. If the complaint is not resolved at the Appeals level, the employee can refer the matter, by written request, within ten (10) working days of receiving the decision, to the Commissioners. The Commissioners have the final review authority.

## SECTION I - EMPLOYEE ASSISTANCE PROGRAM

### **EMPLOYEE ASSISTANCE PROGRAM**

The Board of Elections' Employee Assistance Program (EAP) helps employees who are experiencing stressful personal, family or health related problems that affect their work performance. You may refer yourself, be referred by your supervisor, or be referred by the Personnel Office. Anyone who comes to the EAP Unit will be interviewed and assisted. If appropriate, employees may be referred to an affordable community resource close to home.

Employees who have been referred to the program are treated with dignity and respect. They are given the same consideration as employees with other illnesses or disabilities and all records of their involvement in the program are kept confidential.

For more information, or to make an appointment for counseling, call the Personnel Director.

## SECTION -J SPECIAL PROGRAMS AND SERVICES



## **DOMESTIC PARTNERSHIP REGISTRY - SPECIAL LEAVE AND OTHER BENEFITS**

In accordance with Executive Orders No. 48 and 49, New York City employees and residents are able to register in the City Clerk's Office as domestic partners and benefit from City policies applicable to domestic partnership. Domestic partnership registration is intended to recognize diverse family structures. Registered couples will be given a Certificate of Domestic Partnership that will serve as helpful documentation when seeking the benefit of certain policies.

Domestic partners are defined as two people, both of who are eighteen years of age or older, neither of whom is married or related by blood in a manner that would bar their marriage in New York State, who have a close and committed personal relationship, who live together and have been living together on a continuous basis, who have registered as domestic partners and have not terminated the domestic partnership in accordance with the Executive Order.

Benefits for the domestic partners are as follows:

**Please note that employees who prior to March 1, 1993 filed an affidavit of domestic partnership for bereavement leave with the New York City Department of Personnel as outlined in Executive Order No. 123 of 1989, will continue to be eligible for such leave. However, in order to be eligible for child care leave benefits and the additional visitation, occupancy and succession rights noted below, they must re-register with the City Clerk's Office. The Department of Personnel will no longer be accepting Domestic Partnership forms.**

### **Bereavement Leave**

Any City employee who has registered his or her domestic partnership shall be entitled to Bereavement Leave in the event of the death of a domestic partner, or the death of a parent or child of such domestic partner, or the death of a relative of such domestic partner who resided in the household.

### **Child Care Leave**

Any City employee who has registered his or her domestic partnership in accordance with the provisions of Executive Order No. 48 shall be entitled to a Child Care Leave or Absence Without Pay when his or her domestic partner becomes a parent of a child either by birth or adoption. Such leave shall be granted on the same basis as provided by the childcare leave provisions of the Career and Salary Plan, the Citywide Agreement or any other collective bargaining agreement. The following rights are available to all New York City residents who have registered a domestic partnership:

- Visitation rights in New York City Health and Hospitals Corporation facilities, New York City Correctional facilities and New York City Juvenile detention facilities in accordance with visitation policies for family members.
- Occupancy rights in New York City Housing Authority apartments and succession rights in buildings supervised by, or under the jurisdiction of the New York City Department of Housing Preservation and Development.

### **Domestic Partnership Eligibility**

Persons may register as domestic partners if they are residents of the New York City or the City employs at least one partner on the date of registration. No person shall be eligible to register as a domestic partner who at the time of registration, or at any time during the prior six months, was registered as a member of another domestic partnership.

### **Domestic Partnership Registration**

In order to register, persons must execute a Domestic Partnership Registration Certificate and submit it to the Office of the City Clerk, 265 Municipal Building (South Side), New York, NY 10007. Details of the registration process and policies applicable to registered domestic partners are outlined in a brochure that can be obtained at the Office of the City Clerk or the following office:

### **Domestic Partnership Termination**

A domestic partner may terminate a registered domestic partnership by filing a termination statement with the Office of the City Clerk. The person filing the termination statement must declare that the domestic partnership is terminated and, follow the other rules as required by the City Clerk. If you have any questions on this policy or would like additional information, you may call the Agency Personnel Director or the Office of the City Clerk.

### **Other City Agencies**

During the course of employment it is common for an employee to need to contact other city agencies directly. Through the use of the World Wide Web is fast and efficient to contact other agencies such as the NYC Employee's Retirement System or Deferred Compensation. It is possible to obtain brochures, forms and general information on the NYC web site. While general functions can be performed through the city web site any problems or unresolved issues should still be directed to the Personnel Director who has direct contacts.

To access any city agency website open <http://home.nyc.gov>. On the left side of the front page is a drop down box named "City Agencies". This will provide a list of all city agencies. Click on the agency of your choice and you will directed to that agency.

You may also access most health plans using the world wide web to obtain lists of participating physicians, claim forms and policies among other information. Contact the personnel director for more information.

## **General List of Health Care Providers**

<u>HEALTH PLAN</u>	<u>PHONE NUMBER</u>	<u>WEB SITE</u>
Aetna HMO	(800) 445-8742	<a href="http://www.aetna.com">www.aetna.com</a>
CIGNA HealthCare	(800) 832-3211	<a href="http://www.cigna.com">www.cigna.com</a>

Empire HMO NY	(800) 767-8672	<a href="http://www.empireblue.com/nyc">www.empireblue.com/nyc</a>
GHI HMO	(877) 244-4466	<a href="http://www.ghihmo.com">www.ghihmo.com</a>
Health Net	(800) 441-5741	<a href="http://www.healthnet.com">www.healthnet.com</a>
HIP PRIME HMO	(800) 447-6929	<a href="http://www.hipusa.com">www.hipusa.com</a>
Vytra Health Plans	(800) 448-2527	<a href="http://www.vytra.com">www.vytra.com</a>

### **EMPLOYEE BLOOD PROGRAM**

The New York City Department of Personnel, in cooperation with the Greater New York Blood Program, sponsors a citywide employee blood program called the City Donor Corps. This program is a voluntary blood donor group that is comprised of employees from participating agencies and City-related institutions and authorities. Board of Elections in the City of New York employees are strongly urged to join the City Donor Corps Employee Blood Program.

This program provides blood protection coverage for Board of Elections in the City of New York Donor Corps members and their eligible family members, both within New York City and out-of-town.

A productive blood donor who chooses to donate blood through the New York City Employee Blood Program during work hours at an on-site Agency bloodmobile will be granted three hours of comp time. This is in addition to the time actually used to donate blood. A productive blood donor who chooses to donate blood through the New York City Blood Program during working hours at a fixed site operated by the Greater New York Blood Program, or at a hospital, may be excused for three hours. Employees may use their earned comp time immediately after their donation, or the time may be banked for up to four months from the date earned for use at their discretion, subject to Agency approval. Employees cannot be paid for this time. Managerial employees who donate blood may receive, in lieu of earned comp time, three hours of excused time.

Employees who donate blood during non-work hours shall not be credited with comp time for such donation.

### **U.S. SAVINGS BOND PROGRAM**

All employees are encouraged to participate in the U.S. Savings Bond program through payroll deductions. For a small amount each pay period, an employee can receive U.S. Savings Bond in various denominations. These savings can help you save for the future. In many cases savings bonds can help pay for a child's college education. For further information and/or an application, contact your supervisor.

### **COMBINED MUNICIPAL CAMPAIGN PROGRAM**

The Combined Municipal Campaign (CMC) program makes it possible for City employees to contribute to organizations of choice with a single annual pledge, easily made through payroll deductions. The amount of the donation is entirely up to the individual employee. The CMC program is a way for our employees to show that together they care. For more information contact the Personnel Director.

### **MUNICIPAL CREDIT UNION**

The Municipal Credit Union (MCU) is a member-owned, not-for-profit financial cooperative that offers a wide range of financial services from basic savings accounts to high income earning money market and certificate accounts to various types of loans and electronic banking services.

Although the Municipal Credit Union is not a City or government entity, membership in MCU is open to all City of New York employees. Some family members (i.e., spouses, parents, children, grandchildren, grandparents, and great-grandparents) are eligible to open accounts as well.

The Municipal Credit Union has branches in Manhattan, Brooklyn, Queens and the Bronx. For further information, call MCU at (212) 385-5100.