

# Alpena County

## Department Head Handbook

~~April 2019~~

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Alpena County

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### 1.0 Responsibility of the Department Head

The County values and supports its Department Heads who are charged with a number of duties, central to which is carrying forward the work and mission of the County through the people whom they supervise. The role of the Department Head carries with it a number of responsibilities.

Department Heads are expected to understand and apply, where necessary, the appropriate federal and state laws and to know and administer fairly the policies of the County. Department Heads must plan work schedules, ensure that employees understand their work responsibilities and how to carry them forward, recognize and reward good performance, correct inadequate performance, and know when and how to discipline and to take action to terminate employment when necessary.

When planning for the needs of the department, Department Heads must also try to create a work environment which is collaborative and flexible, while at the same time setting, by example, high standards of expectation and achievement for employees. The same standard of excellence must apply to all, and Department Heads must be ready to praise good performers and to discipline or terminate those who cannot or will not accept the standards that have been set.

Department Heads are expected to take advantage of County resources which are available for improving performance and skills for both themselves and their employees.

The policies and procedures contained in this manual may be changed at any time by the Board of Commissioners, Clerk's Office-as to procedure; state or federal law. Whenever a policy is changed, we will notify department heads thru the electronic HR portal.

### 2.0 Operating Policies

#### 2.1 *Bidding/Purchasing*

Bidding and Purchasing information can be found in the Purchasing & Procurement Policy.

~~Bids will be required as follows:~~

~~1) Purchases over \$1,500.00 to \$5,000.00, two quotes with approval from the Finance Committee.~~

- ~~1. Expenses over \$5,000, by sealed bid process, opened in a posted meeting to be held in the Commissioners' Conference Room with the Finance Chairman or his designee present. Department Head recommendation will be given to the Finance Committee who will proceed with a recommendation to the full Board of Commissioners.~~
- ~~2. All Contracts for services of \$20,000 or more must be bid out and received in a sealed bid to be opened in a posted meeting to be held in the Commissioners' Conference Room with the Finance Chairman present. Department Head recommendation will be given to the Finance Committee with a recommendation to the full Board of Commissioners. This does not apply to intergovernmental contracts, contracts for~~

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## Department Head Policies

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~~professional services, or for emergency repairs. Alpena County will attempt to solicit bids whenever possible for professional services.~~

- ~~3. The County of Alpena may grant an award to a qualified local bidder/vendor as defined below, if the said local bid/quotation is within 5% of the lowest bid/quotation meeting specifications submitted. The award may then be granted to the lowest local bidder for an amount equal to the lowest bid submitted by a local bidder meeting specifications.~~
- ~~4. The County of Alpena may grant an award to a qualified regional bidder/vendor as defined below, if the said regional bid/quotation is within 3% of the lowest bid/quotation meeting specifications submitted. The award may then be granted to the lowest regional bidder for an amount equal to the lowest bid submitted by a regional bidder meeting specifications.~~

~~Exceptions: This does not apply to emergency repairs. The Maintenance Superintendent shall obtain two phone quotes and get approval from the Finance Chair prior to proceeding with the emergency repair.~~

~~Alpena County reserves the right to accept or reject any or all bids/quotes and to award bids in the best interest of Alpena County.~~

### **PROCEDURE**

#### **a. QUOTES**

~~Department Heads will be responsible for obtaining quotes from two businesses/individuals that have comparable products/service. The Department Head will review the quotes and provide a recommendation with all pertinent information attached for the Finance Committee to review and make a recommendation to the full board.~~

#### **b. SEALED BIDS**

~~Department Heads will be responsible for preparing a bid package and advertising for the item/service to be purchased. Sealed bids will be opened in a posted meeting to be held in the Commissioners' Conference Room with the Finance Chairman or designee present. The original bids will immediately be given to the County Clerk. Department Head will retain a copy of the bids. Bids that are opened prior to this meeting will not be considered. The Department Head will review the bids and provide a recommendation with all pertinent information attached for the Finance Committee to review and make a recommendation to the full board.~~

#### **c. LOCAL BIDDERS PREFERENCE**

~~To be considered for local bidder preference, a local bidder/vendor shall have met the following qualifications for at least one year prior to the date bid proposals are due:~~

- ~~1. Shall have a legal and permanent business address with the County of Alpena~~

- ~~2.— Shall be a current personal property and real property taxpayer in the County of Alpena.~~
- ~~3.— Shall be in compliance with all local codes and ordinances.~~
- ~~4.— Shall not be indebted or in default to the County of Alpena or any other governmental entity.~~
- ~~5.— Shall provide all appropriate proofs of insurance relevant to the aforementioned bid.~~
- ~~6.— All pending litigation has be disclosed.~~

### **~~d.— REGIONAL BIDDERS PREFERENCE~~**

~~To be considered for regional bidder preference, a regional bidder/vendor shall have met the following qualifications for at least one year prior to the date bid proposals are due:~~

- ~~1.— Shall have a legal and permanent business address with the County of Alpena~~
- ~~2.— Shall be a current personal property and real property taxpayer in the County of Alpena.~~
- ~~3.— Shall have a legal and permanent business address within 50 miles of the County of Alpena.~~
- ~~4.— Shall be in compliance with all local codes and ordinances.~~
- ~~5.— Shall not be indebted or in default to the County of Alpena or any other governmental agencies in Alpena County.~~
- ~~6.— Shall provide all appropriate proofs of insurance relevant to the aforementioned bid.~~
- ~~7.— All pending litigation has be disclosed.~~

## 2.2 *Contract/Lease/Agreements/Grant*

All contracts/leases/agreements/grants must be approved by the Board of Commissioners.

A Grant Review Committee will be designated to review all grant paperwork to ensure completeness and accuracy of the information. The members of the committee consist of the following persons: County Clerk, County Treasurer, Finance Chairperson, and the Department Head requesting the grant.

### **PROCEDURE:**

1. All contracts/leases/agreements/grants must first be submitted to the Commissioners' Office to be placed on the agenda of the appropriate committee.
2. The Committee will then review and recommend to the full board approval of the contract/lease/agreement/grant.

## Department Head Policies

3. Legal Council must review language in contract/lease/agreement/grant.
4. All signed originals with proper paperwork including insurance if required must be on file in the Commissioners' Office.
5. If the contract/lease/agreement/grant commits dollars from future budgets, (including ongoing maintenance, and/or yearly fees) that information shall be given to the Clerk, Treasurer, and Commissioners' Office. This information will be retained for budget preparation purposes.
6. A Board Action with a completed signed contract –if applicable- must be attached and before any funds are disbursed.

Department Heads are responsible for the entire grant process which includes procedures set forth below.

### **GRANT REVIEW PROCESS**

The Department Head will follow the procedures listed below before submitting to the Finance Committee or the Full Board. **The Department Head will submit a completed grant application and grant review approval form to the Commissioners' Office.**

- a. If the grant application is for a new grant, the Department Head will schedule a meeting of the Alpena County Grant Review Committee to review **it if requested.**
- b. If the grant is a renewal of a former grant, the Department Head will make contact with the Grant Committee members and obtain signatures before it is to be submitted to the Finance Committee. If two members out of four request that a meeting be held, one will be scheduled.

~~1. The Department Head will then submit a completed grant application and grant review approval form to the Commissioners' Office.~~

Committee members will have the following responsibilities:

Department Head will present all information needed for grant completion.

- a. County Clerk will review information **to make sure all payroll and benefit information is complete and accurate clarify any payroll questions.**
- b. County Treasurer will review to make sure all financial information **is correct and will collect information to be put in the current budget or in next year's budget. is correctly coded/allocated to the appropriate fund and GL.**
- c. **County Administrator and** Finance Chairperson will review all information.
- d. Legal Council will review if determined necessary by the **County Administrator and/or** Finance Chair.
- e. Information will be submitted to the Finance Committee for their recommendation.

### **GRANT ADMINISTRATION PROCESS:**

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1. Department Heads will be responsible to provide completed originals of the grant document for signatures by the **County Administrator and/or** Chair of the Board and the County Clerk. Both offices are to receive signed copies. Department Heads will then be responsible for the mailing of the grant document and all associated paperwork (i.e. insurance requirements, budget line items, etc.)
2. Before any funds are disbursed, refer to contract/lease/agreement/grant policy for checkoff sheet.
3. Department Heads will be responsible for overseeing the grant project and submitting paperwork as required by the grant. Each Department Head will be required to keep copies of pertinent information which will be needed to complete the grant process.
4. When the grant process is completed, a complete file must be given to the County **Clerk Commissioner's Office** along with a retention schedule if available.
5. Any change in the amount of the grant and or conditions of the grant award shall be reported to the County **Finance Committee Administrator** to determine if additional Board approval will be required.
6. Failure to comply with the policy will impact grant matches and approvals by the County Board for any future grants.

**\*\*See Appendix for Contract / Leases / Agreements / Grants Form**

### *2.3 Department Head Replacement*

Employees shall be paid \$1.00 per hour above their current rate during the absence of a department head when the department head is ill over 30 days or a vacancy for a department head exists for over 30 days.

This policy is effective upon board action designating the interm replacement.

### *2.4 Fees For County Services*

Fees will be reviewed and adopted yearly at the Full Board Organization meeting. In addition, a Department may request a fee change or new fee at any time-by requesting to be put on the Finance **Committee** Agenda.

Departments will be responsible for the collection of state, county or department fees and depositing all revenue with the County Treasurer.

**All Revenues are to be deposited at least once a week (preferably Thursdays) with the County Treasurer. This is required by State Law MCL 48.40.**

- A transmittal is to be prepared, dated and signed.
- An adding machine tape must also be provided;
  - Total the checks from the highest to lowest amount,

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- Total the cash from the highest to the lowest denomination
- A total of the checks and cash added together must be at the bottom of the adding machine tape.
- The Checks should be **made payable to the Alpena County Treasurer or Alpena County.**
  - If the checks are not payable to either of the above listed, they must be endorsed on the back to the Alpena County Treasurer.
- ~~Accepting Credit/Debit Card Payments-Current policies on accepting credit/debit card payments can be found in the Procurement Policy~~
  - ~~Alpena County accepts Credit/Debit Cards as a form of payment in most offices. The company we use to process the Credit/Debit Card payments charges a 3% (minimum fee of \$2.00) Convenience Fee. This Convenience Fee goes directly to the credit card processing company.~~
  - ~~If at any time or for any reasons it is determined a refund is due, a check will be used to process the refund. We will not process a refund to a Credit/Debit Card. As the Convenience Fee is charged by the credit card processing company, we will not refund any Convenience Fees.~~
- County wide set fees:
  - Email responses \$5.00 plus the cost of the document.
  - Fax responses \$5.00 plus the cost the document
  - Non-sufficient funds check return \$25.00

### 2.5 Freedom of Information (FOIA) Requests

The Michigan Freedom of Information Act (FOIA) intends that all persons shall be informed about government affairs and official acts so that they may fully participate in the democratic process.

Under the provisions of FOIA and based on the principle of openness in government, Alpena County and its departments will make information and records described as a public records available to all persons entitled to full and complete information to the greatest extent possible. Alpena County may, however, withhold public records as permitted by certain exemptions and exclusions in the FOIA statute.

#### **WRITTEN REQUEST**

You may receive a written request for public record(s) in your department's possession. The request must sufficiently describe the requested public record with relevant details such as names, dates, and department retaining the records, so that the FOIA Coordinator is able to find the requested record within a reasonable amount of time and with a reasonable amount of effort.

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Requests for records may be submitted by mail, fax, email, or hand delivery.

The following departments handle FOIA for their department; if you are not listed and receive a FOIA request submit to the Commissioners Office.

**Sheriff  
County Clerk  
County Treasurer  
Prosecuting Attorney  
911 Central Dispatch**

### **All other requests** **County Commissioners- Office**

At your discretion you may allow for a reasonable opportunity to inspect non-exempt public records during normal business hours. A fee may be charged if it is necessary to assemble the public records, supervise the inspection of the records or to make a copy of a public record.

The full FOIA policy is attached at the end of the manual.

## **2.6 *Independent Contractors***

Federal Income Tax Law requires us to maintain taxpayer's identification numbers (TIN) for **ALL** contractors. Therefore, Contractors must complete a W-9 form and return it to the Clerk's Office before they can begin work.

Per instructions from our Workers Compensation insurance auditors, we also need to have on file a completed Insurance form, along with a copy of their certificate of General Liability, Professional, or Worker's Comp insurance coverage.

If the Contractor does not have any insurance coverage, they **will not** be able to be hired until they can provide us with proof of insurance.

No payment will be issued unless the following forms are completed and provided to the Clerk's Office:

- W-9
- Workers Comp form
- Certificate of General Liability, Professional, or Worker's Comp insurance coverage
  - Juvenile Transporter's may give us a copy of their automobile insurance policy showing they have liability coverage.

Contact Clerk's Office for required current forms.

### 2.7 Insurance

The following offices shall handle insurance matters as follows:

Health Insurance	-	<del>Clerk's Office</del> Human Resources
Life Insurance	-	<del>Clerk's Office</del> Human Resources
Sick and Accident Insurance	-	<del>Clerk's Office</del> Human Resources
Worker's Compensation	-	<del>Clerk's Office</del> Human Resources
Property Damage Insurance	-	Commissioners' Office
Liability Insurance	-	Commissioners' Office

When anything involves one of the following items listed above, please contact the appropriate office.

- Health Insurance - Please contact the ~~Clerk's Office~~ Human Resources for any health insurance issues.
- Life Insurance - Please contact the ~~Clerk's Office~~ Human Resources for any life insurance issues.
- Sick and Accident Insurance - Please contact the ~~Clerk's Office~~ Human Resources for any sick and accident insurance issues.
- Worker's Comp Insurance - Any injury as a result of your work, notify your department head and complete the injury form to be immediately delivered to the ~~Clerk's Office~~ Human Resources Office.
- Property Damage Insurance: Please notify the Commissioners' Office immediately
  - If property, vehicles buildings, or equipment are damaged. A claim must be completed and returned to the Commissioners' Office immediately. The claim will be sent to the insurance company and if further information and/or questions are needed from the Department, they will be notified.
- Liability Insurance: Please notify the Commissioners' Office immediately if someone is injured (other than an employee). In the event you or your department is notified of potential legal action, please notify the Commissioners' office immediately. A form will be filled out and sent into the Insurance Company.

**\*\*See Appendix for Property Insurance Claim Form**

**\*\*See Appendix for Non Employee Incident Report Form**

### 2.8 Payment of Invoices

To ensure bills are paid in a timely fashion each invoice shall be addressed to Alpena County or the County Department (no invoices will be paid that are addressed to an individual). Invoices should contain the vendor name, date of purchase/service, item or service purchased, and cost.

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Alpena County as a governmental entity is sales tax exempt. As soon as an invoice is received, the Department Head will allocate a line item, sign it, and submit it to the County Clerk's Office for payment. If sufficient funds are not available in a line item, the invoice will be placed on 'Hold' in the BS&A Accounts Payable system and you'll be notified by e-mail. The Department Head will need to request a budget adjustment in writing through the Treasurer's Office. Once the adjustment is completed and the Clerk's Office is notified the invoice will be released from the 'Hold' status.

Department Heads have the authority to request a line item transfer of funds within their budget, at any time, with the exception of wages and benefit line items. The transfer of monies related to wages and benefits is restricted to the Finance Committee and the Full Board.

All bills will be submitted ~~to~~ at the Finance Committee meeting and/or the Full Board of Commissioner's meeting for approval with the exception of the following items: utility, medical, travel reimbursements and standard maintenance agreements (i.e. telephone, copiers, postage), contracts (i.e. Synchronizations, Medical Examiner, Veterans, court appointments), lease agreements (i.e. Miller Office, Pitney Bowes)

Invoices requiring immediate payment prior to a Finance/Full Board meeting shall be submitted to the Commissioners' Office for the signatures of the Board Chair (Vice-Chair, if Board Chair isn't available) and the Finance Chair. In addition, the Department Head must allocate a line item and sign it.

Alpena County is using B S & A accounting software, this will give you access to department expenses and revenue reports - with attachments- that can be printed. Each department is responsible for reviewing expenditures and revenue monthly for accuracy; any errors need to be brought to the attention of the Treasurer or Clerk within 60 days.

If you have a problem, need help, or wish for a certain setup for a report, please contact BS & A using the "Help" tab located at the top of the screen.

~~Adopted 04/27/2021~~

When a Vendor requests to use electronic invoicing, the Department Head will be required to have the invoice emailed to their county email; and emailed to: countyclerk.org. This precaution is so that invoices do not get lost due to a department head leaving employment with the county or being off sick or extended PTO time.

### 2.9 Residency

Department Heads are required to be available to respond promptly to matters involving their Department and are encouraged to live within Alpena County.

~~As a condition of continued employment, all Department Heads are required to reside within twenty (20) miles from the nearest boundary of the County of Alpena within six (6) months after completion of their probationary period except as otherwise required by law.~~

### 2.10 Use of Legal Counsel

Legal ~~Council~~ **Counsel** is available for County offices in the following forms:

- Prosecuting Attorney
- Outside legal counsel

Use of legal ~~council~~ **counsel** must be approved and submitted through the County Commissioners' Office with the exception of Elected Officials in issues that do not conflict with the Board of Commissioners. If a conflict arises with an Elected Official, outside legal counsel may be hired if funds are available.

Most items requesting legal ~~council~~ **counsel** will be sent to the Prosecutor's Office with the exception of labor and personnel issues which will be handled by outside legal counsel. All departments must use the attached form to request a legal opinion.

The Form must be submitted to the Commissioners' Office for submission to the Prosecutor's Office for all legal items with the exception of labor and personnel issues. A date in which the response is needed will be provided.

Outside legal counsel may be requested for labor and personnel issues and other items as deemed appropriate by the **County Administrator** or Board of Commissioners.

The opinion from the Prosecutor's Office or outside legal ~~council~~ **counsel** must be returned to the Commissioner's Office.

**\*\*See Appendix for Attorney Opinion Form**

## 3.0 County Assets

### 3.1 Fixed Assets

All property, buildings, equipment, vehicles and software over ~~\$2500~~ **\$5000** will be tracked by the ~~Clerk's Commissioner's~~ Office as a Fixed Asset and by the Commissioners Office for insurance purposes.

Departments are responsible to notify the ~~Clerk's Office and~~ Commissioners' Office within (3) days when a vehicle or large piece of equipment is purchased or disposed. (Using the attached Change Request Form).

**\*\*See Appendix for Change Request Form**

Titles shall be maintained in the office of the County Clerk Commissioner's Office.

## Department Head Policies

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- Upon the delivery of any vehicle or equipment, the Department Head shall submit the title to the County Clerk ~~Commissioner's Office~~ with a copy to the Commissioner's Office.- If a title needs to be transferred into the County's name, the Department Head will advise the County Clerk Commissioners Office. The County Clerk ~~Commissioner's Office~~ will process all paperwork to obtain or release a title. In the absence of the County Clerk, the ~~County Administrator~~ or Board Chair may sign off on a title.
- When disposing a fixed asset with a title, the proper paperwork must be submitted to the County Clerk's Office ~~and the Commissioner's Office~~. Proper paperwork consists of Board Action and/or receipt of funds deposited with the County Treasurer. In the case of other entities (i.e. HUNT, Parks & Recreation Commission), a letter or board minutes stating the reason for the title to be released will be accepted.

Furniture or office equipment will be inventoried by the Department Head as required by the Board of Commissioners.

Department Heads will be provided with a list of fixed assets at the beginning of each year to be reviewed, modified and approved.

An appraisal will be performed every five (5) years to determine the correct value of buildings. Each building will be identified by a number for appraisal and insurance purposes.

### 3.2 *Disposal of Assets*

When a department has determined that any vehicle\*, office equipment, computer, software, mower and other types of equipment is no longer needed or is being replaced, it shall be disposed of in accordance with the following procedure.\*\*

The Department Head will contact the ~~Commissioner's Office~~, Maintenance Superintendent or IT Director to determine the value and process needed. If item has no value or is broken, the item can be disposed of.

Items may be collected by the Maintenance Department or IT for storage and future sale. The Maintenance Superintendent or IT Director will present a list of items with pertinent information to the ~~Finance Committee~~ ~~County Administrator~~ for disposal in the following manner:

- Auction types: approved internet site, live, silent, or sealed bid auction. Minimum bids may be required at the option of the Finance Committee.
- Sealed bid process will be opened in a posted meeting to be held in the Commissioners' Conference Room with the Finance Chair or designee present.
- Direct Sales, ie. Employees at fair market value
- The Board of Commissioners reserves the option to distribute equipment that can be used by another governmental entity, governmental office, or non-profit organization at no or minimal cost.

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The Sheriff's Department may present items for disposal through the Finance Committee, using the above process.

\*For release of a title see Fixed Assets Policy

\*\*Departments are responsible to notify the ~~Clerks' Office and~~ Commissioners' Office within (3) days when a vehicle or large piece of equipment is disposed. (Using the attached Change Request Form).

### 3.3 *Disposal of Real Property*

This policy shall govern the sale and disposal of all real property belonging to Alpena County, except as otherwise specifically provided by law. The Board of Commissioners intends to allow for the sale of real property belonging to the County pursuant to the procedure listed below. The ~~Maintenance Superintendent Commissioner's Office~~ shall compile and maintain an inventory of all County real property.

For purposes of this Policy, the term, "real property" shall mean land and all buildings and appurtenant improvements erected upon such land.

At the direction of the Board of Commissioners or their designee, shall oversee the sale of County real property to insure that such sales comply with the following procedures:

#### Pre-Sale Action

- The County ~~Administrator Board of Commissioners or designee, after consulting with the Maintenance Superintendent,~~ may begin the initial action necessary to sell County owned real property, including the following:
- If a current appraisal is not available, the Finance Committee may require an updated appraisal to determine its fair market value.
- The ~~Board Chair or designee County Administrator~~ shall keep the entire Board of Commissioners informed of any pre-sale actions by providing the Commissioners a memorandum or e-mail fully describing such actions.

#### Listing Real Estate/Request for Sealed Bid

- Upon receiving a written appraisal, the ~~Board Chair or designee County Administrator~~ may exercise discretion to either list the real property with a licensed broker or request sealed bids for the sale . The ~~Board Chair or designee County Administrator~~ shall inform the listing agent or the individual responsible for seeking sealed bids, that the ultimate sale of the real property is contingent upon approval by board action of the Board of Commissioners.

#### Offers to Purchase

## Department Head Policies

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- Any offer to purchase real property shall be negotiated by ~~the Board Chair or Designee~~ **County Administrator** with the assistance of legal counsel. All offers to purchase County real property must contain a contingency that final approval of the sale of such real property must be made by board action of the Board of Commissioners.

### Review and Approval by the Board of Commissioners

- Upon receiving an offer to purchase County real property, the ~~Board Chair or designee~~ **County Administrator** shall promptly place the proposed sale of the real property on the Finance Committee agenda. Submit to Finance **Committee** the appraisal, if available, as well as any other documents concerning the proposed sale, and supporting material seeking the sale. After the Finance **Committee** approves the proposed sale, the action item shall be forwarded to a regularly scheduled Board of Commissioners meeting for final approval.

### Closing and Transfer

- Once the Board of Commissioners approves the sale of the real property, legal counsel shall prepare the paperwork for the sale to proceed with the closing and transfer of the property to the purchaser.
- The Clerk shall transmit the sale proceeds to the County Treasurer to be placed in the Building and Grounds Fund Account or as specifically directed by the Board of Commissioners.
- County Clerk shall record deeds regarding land transfers with the Register of Deeds Office.

## 4.0 Human Resources

### 4.1 Categories of Employment

In addition to an employee's job classification, employees are categorized as follows:

1. Full-time employee: A full-time employee is an employee whose normal schedule of work usually consists of at least thirty (30) hours per week on a regular schedule.
2. Regular part-time employee: A regular part-time employee is an employee whose normal schedule of work usually consists of at least fourteen (14) hours but less than thirty (30) hours per week on a regular schedule. Part-time employees are not eligible for any benefits.
3. Irregular employee: An irregular employee is an individual not included within the definitions of full-time or regular part-time employee who is working on any other basis, including temporary, casual, seasonal or school interns. Part-time employees are not eligible for any benefits.

4. Contractual employee: A contractual employee is an individual who is working for the County of Alpena under a separate signed contractual agreement with the County. Any benefits available to the contractual employee will be outlined in the agreement or a defined handbook.
5. Grant funded /Fee for Service employee: An employee whose wage and benefits are paid with grant monies or pass through monies. Benefits are to be paid out of grant/pass through funds and these benefits are not to incur future liability to the County. An employee who is paid with pass through monies and if funding is reduced or eliminated, the hours will be reduced or eliminated and benefits will also be reduced or eliminated.
6. Multi-entity funded employee: An employee whose wage and benefits are paid with multi-entity monies. Benefits are to be out of multi-entity funds and these benefits are not to incur future liability to the County.
7. Elected Officials: Four year elected officials- Prosecutor, Sheriff, Clerk, Treasurer and Register of Deeds, Drain Commissioners; ~~Two-year elected officials~~-County Commissioners.

### 4.2 Employee Selection

Department Heads are responsible for the selection of employees in their departments. ~~Employment of relatives will require approval of the County Board.~~

1. All new employees shall be selected on merit, efficiency, fitness and competence, and in accordance with the EEOC.
2. Each applicant shall submit a written application and references in the form to be determined by the County and shall appear for a personal interview.
3. Each applicant shall be requested to sign a waiver allowing a thorough mandatory background check, and to provide evidence of citizenship or lawful entry into the United States. Mandatory background investigations will be completed by the County's Special Investigator and filed with the Commissioners Office. A Department Head signature will be required that this has been completed before the new employee is put on the payroll. There may be exceptional circumstances where authority is given for a temporary hire prior to the completion of the background investigation.
4. Applicants will not be employed unless they meet the minimum requirements for the position. The County may require applicants to undergo testing to demonstrate the skills and qualifications necessary for the position.
5. The head of the department with the vacancy will normally review the employment history of the applicants, interview those applicants considered to be potentially eligible for the position, and will select a candidate. Any or all hiring shall take place with the knowledge of the County Board of Commissioners with the exception of Elected Officials. During a hiring freeze, the position will need to be approved by the Board of Commissioners prior to posting and advertising.

## Department Head Policies

6. Applicants tentatively selected for appointment to a position will be required to undergo a medical examination by a physician designated by the County at the County's expense prior to commencement of employment. (Contact Clerk's Office for scheduling)
7. Each appointment to a position shall be on introductory basis.

### 4.3 Hiring a New Employee

The following is a brief guide to assist department heads with the hiring of a new employee. Contact HR ~~—Clerk's Office~~ for proper forms for your employee, since benefits can vary.

#### Prior to Hire:

- ~~— Request a "Benefit Summary Sheet" from HR-Clerk's Office outlining wages and benefits~~
- ~~— Personnel approval... followed by Full Board approval (elected official if this is to fill a vacancy and the money has been budgeted — as a courtesy, inform Personnel Committee of filling the position)~~
- If required - post for Union transfers
- Advertise
- Interview
  - ~~○ discuss how interviews will be conducted with Personnel Committee (again Elected Official are exempt from this step)~~
  - Interviews may be conducted by Department Head and HR Personnel but must have a minimum of two (2) persons on the interview panel.
  - review the EEOC guidelines sample questions
    - due to pending legislature it is recommended at this time **NOT** to use social media to check on an applicant

#### Final selection is made:

- follow up the verbal offer with a written job offer referring to the "Benefit Summary Sheet" and including:
  - at-will statement or union position
  - Possible start date (contingent upon successful background check, physical and drug testing)
  - Upon written acceptance of the offer

#### Background check:

- Background Check Release signed by prospective employee

### New Hire Physical & Drug Screen

- ~~Clerk's Office Human Resources~~ will set this up and contact the MidMichigan Medical Group for the physical and drug testing. (Drug test results take about 10 days)
  
- Prior to the Physical and Drug Test ~~the Clerk's Office Human Resources~~ must have a "New Employee Personal and Emergency Contact Information Sheet with a signed job description"
  
- This form will also allow ~~the Clerk's Office Human Resources~~ to enter the Employee information into ~~ATM, payroll and HR Connect Employee Navigator and the Clerk's Office to enter the information into time and attendance for payroll.~~
  - o e-mail will be sent from the Employee Navigator to the new hire's personal e-mail.
  - o Once they register on the Employee Navigator, they will complete and submit ~~and print forms to bring to the Clerk's Office for processing and a face to face meeting with the Clerk's Office;~~
    - I-9 with original citizenship documentation
    - W-4
    - MI-W4
    - Direct Deposit form
    - Electronic Mail & Internet Policy
    - Dearborn National – Life Insurance (pd for by County, if eligible)
    - MERS Enrollment forms (Part-Time employees are not eligible)
    - Morgan Stanley ASPIRE – deferred comp-enrolling or opting out

~~\*\*Employee will have TWO weeks to complete the other tasks assigned on the electronic HR portal.\*\*~~ **\*\*Employees must complete their tasks assigned on Employee Navigator before their first day employment\*\***

**\*\*See Appendix for Personal and Emergency Contact Information Form**

**\*\*See Appendix for Electronci Mail and Internet Access Policy Aknowledge Form**

### Anti-discrimination Policy

Alpena County does not discriminate against anyone based on race, color, sex, sexual orientation, religion, national origin, age (~~40 or older~~), disability status or any other trait that is protected under local, state or federal law. In addition, any kind of discrimination that is based on a protected trait is not allowed in the workplace. We are an equal opportunity employer and we are dedicated to a policy of non-discrimination in all aspects of employment and company business. This policy applies not only to personnel decisions, but also to all aspects of business.

We ask that you respect those around you. Reports of discrimination will be investigated and disciplinary measures may be taken.

### 4.4 *Background Check Policy*

Alpena County carefully selects quality employees. Background checks help to ensure that new employees have the skills for the job and have performed well in the past.

Alpena County conducts background checks on all job candidates after a contingent offer of employment has been extended. A background check may also be completed during reassignment or promotion of an employee. ~~The Special Investigator in the Prosecutors Office will be used to conduct the background checks, and~~ all background checks will be compliant with applicable laws, such as the Fair Credit Reporting Act.

The information that may be collected includes, but is not limited to:

- Criminal background
- Employment history
- Education
- Credit
- Professional and personal references

The County has the right to make the final decision about employing an individual after the background check is complete.

Checking professional and personal references is an important part of the background check process. This provides the company with information on the potential employee's work ethic, skills and performance.

Information obtained from the background check process, including information from professional and personal references, will be used by the county only as part of the employment process and will be kept confidential.

**\*\*See Appendix for Background Check Form**

### 4.5 *Introductory Period*

All employees are in an introductory period for their first six (6) months of continuous employment provided, however, that time spent in any calendar month in which a regular part-time employee does not work at least 40 hours shall not count toward completion of introductory period. The employee can provide the level of performance required from County employees. The County reserves the right to extend the introductory period of individuals whose service is not entirely satisfactory for a period of an additional three (3) months. (~~if~~ or as set forth by union contract)

## Department Head Policies

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The introductory period is a time for an employee to decide whether to continue to work for the County and for the County to determine if may extend an employee's introductory period upon written notice to the employee. An employee may be discharged for any reason during the introductory period without recourse to the grievance procedure. The employment relationship with the employee after introductory period is subject to the employee's continued performance of assigned work in a manner satisfactory to the County and the County's financial ability and need to continue the services provided by the employee.

~~All new employees will receive a confidential performance evaluation from their department head at the end of the introductory period.~~

### 4.6 Time Attendance

An employee must punch in and out according to his/her scheduled work time; and request time off using the time attendance program. Failure to properly punch in and out will provide inaccurate records for hours worked. Hours worked will be tracked through time clock records and paid accordingly. If the employee fails to punch in and/or out, Department Head approval is required before these hours worked will be included for payroll purposes. Hourly employees may punch in no earlier than five minutes prior to scheduled work time.

It is the employee's responsibility to see to it that their time cards are approved on time, regardless of whether they are sick or on vacation. Automated time cards are due by 11:00 a.m. on the Monday of payday. ~~If time cards are not received by that time, a written reprimand will be placed in the employee's personnel file. A second offense will cause the employee to be docked two hours of PTO time; a third offense will cause the employee to lose four hours of PTO. Should a fourth offense occur, the employee will lose an entire day of PTO.~~

~~If a Department Head fails to submit the department's time cards by Monday 11:00 a.m., a separate payroll will be processed for that department with the payroll process expenses charged to that department. This may also result in late disbursement of checks or direct deposits for that department.~~

Only the employee's supervisor shall correct any changes necessary to be made on the employee's time card. The employee is personally responsible for accurately reporting payroll hours worked. Department Heads are responsible for maintaining the integrity and accuracy of employee time reporting within their respective departments and must not give out their password to anyone. If a Department Head delegates to another person, that employee must have a separate password.

### ~~4.7 Performance Evaluations Policy~~

~~The performance of all employees shall be evaluated by the Department Head in accordance with the following:~~

~~A. Evaluation periods within 10 days of:~~

~~1. for introductory employees: End of sixth month introductory period.~~

Alpena County  
Printed

## Department Head Policies

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- ~~2.—for employees who have been transferred or promoted within the County:  
End of sixty (60) days in their new position.~~
  - ~~3.—for non-introductory employees: Their anniversary date of hire.~~
- ~~B.—Special Evaluations: A special evaluation of an employee's performance may be performed at any time.~~
- ~~C.—For employees not receiving step increases, performance evaluations may be completed on an annual or periodic basis or at the request of the Personnel Committee.~~

### **PERFORMANCE REVIEWS:**

~~Employees will periodically receive a performance review.~~

~~The Department Head shall submit the written evaluation on a form prescribed by the County at the end of the evaluation period. This evaluation shall be dated and signed by the Department Head.~~

~~There shall be an employee-Department Head conference to review each written evaluation. At the completion of the conference, the evaluation shall be signed by the employee. The employee will be permitted a timeframe within five (5) working days to prepare a written statement to attach to the evaluation if there is disagreement with its contents. Evaluations are placed in the employee's personnel file, and a copy provided to the employee. No step scale increases shall be given until the employee receives a satisfactory evaluation by the Department Head and a recommendation is provided to the Personnel Committee.~~

~~An unsatisfactory evaluation will be followed by a subsequent evaluation at the end of 60 days. If at the end of this period the evaluation remains "unsatisfactory," then disciplinary action will be taken, up to and including dismissal.~~

**\*\*See Appendix for Performance Review Form**

### **4.8 Injury and Illness Reporting Policy**

Alpena County is committed to establishing and maintaining a comfortable and safe working environment for all employees.

Safety is often taken for granted in an office environment. Though generally, we may not be exposed to the same degree of risk as employees of a manufacturing firm or health care facility, we must still recognize that safety risks are present and take steps to reduce the risk of injury or illness. Safety is everyone's responsibility.

All work-related injuries and illnesses must be reported immediately to HR —~~Clerk's Office~~, even if you are not sure whether they are truly work-related. Small, seemingly insignificant injuries left untreated can result in serious conditions.

## Department Head Policies

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Report illness that are FMLA related –if in doubt call **Clerk's the Human Resource** Office.

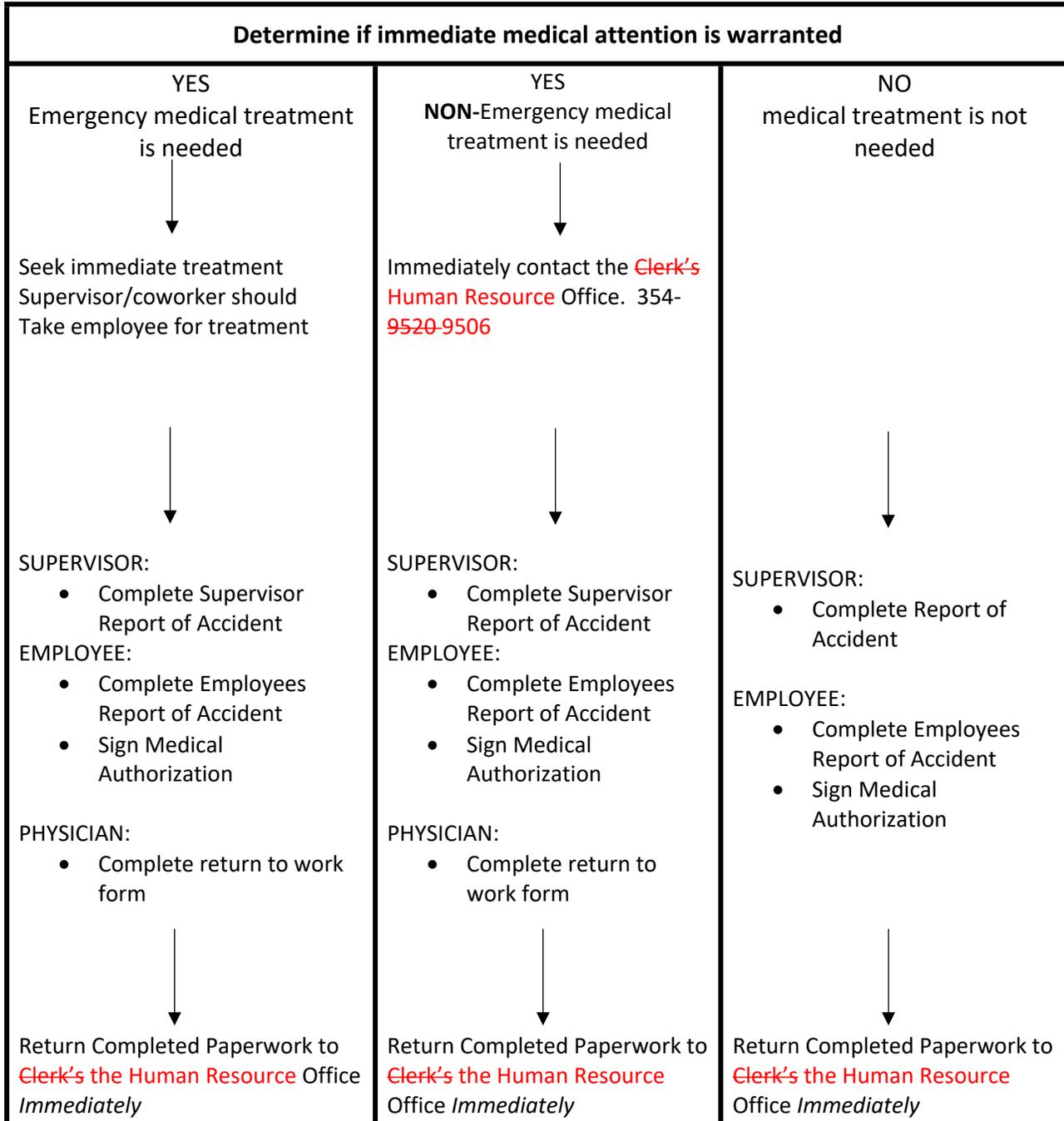
Report injuries immediately according to the attached Employee injury forms. ~~(also found in your Red Employee Injury folder)~~

If you see any potential hazards that need attention, notify HR –**Clerk's Office** or Maintenance Department immediately.

**\*\*See Appendix for Injury and Illness Reporting Forms**

Claim Filing Guidelines

Employee alleges a work-related injury



**\*All reported and/or witnessed accidents are to follow these guidelines. Please Note:** The employer has the right to direct treatment for 28 days. Treatment received outside of employer direction and/or authorization may result in denial.

### 4.9 Short Term Disability; Wage Replacement and Leave

The short-term disability benefit provided by Alpena County is a plan for income replacement for employees unable to work due to illness, pregnancy or injury.

Short Term Benefits payments begin

Day 1 Injury; surgery; hospitalization

Day 8 for sickness

#### Eligibility

A regular, full-time employee is eligible the first of the month following 30 days of continuous employment and who is unable to work due to illness, pregnancy or injury (other than a self-inflicted injury) is eligible. An employee receiving workers' compensation or disability pay under any state or federal plan is ineligible for this benefit. To be eligible for continued disability benefits, the employee must not engage in outside employment and is expected to avoid activities that may delay recovery and a return to work. Short Term Disability runs concurrently with FMLA eligibility.

#### Medical Certification

The employee must complete Short Term Provider required forms including medical certification of the disability that includes the starting and expected ending date of the disability. This certification must be submitted to the **Clerk's Human Resource** Office, who will forward to the insurance provider.

#### Benefit Payment

The short-term disability benefit payment is 66.6 percent of the employee's base weekly wages or salary calculated on average earnings in the previous six months, to a maximum set forth by union contract or Board of Commissioners. The benefit may be paid for a maximum of 26 weeks per calendar year. Payments are paid by the Insurance Carrier **and mailed to the employee**. The benefit is taxable income. Your Gross STD weekly benefit may be reduced by other sources of income you receive per the plan policy. Contact HR **with questions regarding short-term disability benefits Clerk's Office**.

#### Return to Work

The employee must return to work as soon as permitted by his or her health care provider. The employee must submit a fitness-to-return-to-duty clearance to the **Clerk's Human Resource** Office. An employee whose absence has been designated as Family and Medical Leave Act (FMLA) leave is eligible for reinstatement as provided by the FMLA.

*Your Short-term benefits amount may be reduced based on deductible sources of income (ie. Retirement income; social security benefits; car insurance benefits)*

**Employees with any questions regarding this policy should contact the Clerk's Human Resource Office.**

**\*\*See Appendix for Short-Term Disability Claim Forms**

## Claim Filing Guidelines Dearborn National Short-Term Disability

*The following forms need to be completed and submitted to the **Clerk's** Human Resource Office to begin your short-term disability claim.*

### **Required forms:**

#### **Employee Statement**

To be completed by the employee who is applying for short-term disability.

#### **Authorization for Release of Medical and Other Information**

To be completed by the employee. Print your name, sign and date this form.

#### **Attending Physician Statement**

Ask your physician to complete the form by printing the information regarding your condition, then signing and dating the form. Please return this form to the Clerk's Office along with the other forms for processing

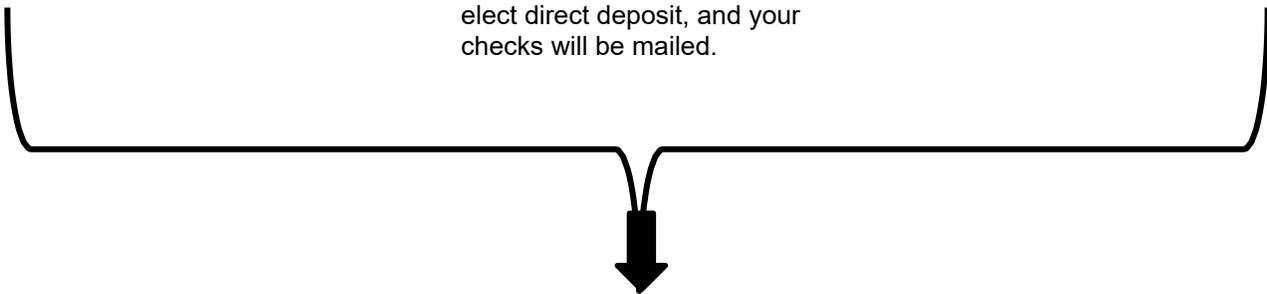
### **Optional Forms:**

#### **Direct Deposit Authorization Form**

If your claim is approved, you can choose to receive your payments via direct deposit to a savings or checking account. If you do not complete this form, it is assumed that you do not elect direct deposit, and your checks will be mailed.

#### **Authorization to Disclose Information to Third Parties**

If you authorize Dearborn National to discuss your claim with a third party (e.g., Family member, friend, legal representative) complete this form.



**Complete all forms and return to the Clerk's Office**

**Clerk's Office** Human Resources will complete the **Employer Statement**, and submit your claim to Dearborn National for

**Alpena County**  
Printed

evaluation.

## Department Head Policies

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You should be contacted by Dearborn National regarding your claim. If you are not contacted, please contact the **Clerk's-Human Resource** Office for assistance.

### 4.10 Job Transfers

When an employee transfer to another division the following rules apply (except if the transfer is within the same union)

- Retain County seniority
- Forfeit division seniority when leaving a division
- New department seniority is established
- Longevity is based on County seniority (most recent date of hire with the County)
- MERS is defined by each division
- Holiday paid will be received provided employee is paid day before and day after holiday (holiday pay will be charged to the department that the employee is paid from on the day before the holiday)
- ~~PTO accrual – start at the beginning level of accrual table.~~
- Paid out PTO according to contract or **Personnel Employee Handbook**.
- Probation/Introductory period for use of PTO does not apply.

### 4.11 Departing Employee (for Dept Head Use)

When an employee resigns, retires, dies or is otherwise separated from employment at the County, the Department Head is responsible for ensuring that all applicable County property is returned.

In order to facilitate this process, departments are to document the completion of required items. The Departure Checklist includes items which are to be completed prior to or immediately after the departure of an individual from employment.

The list is not all inclusive and a department may have additional requirements, please make the appropriate additions. Checklist is attached.

Submit to **Clerk's the Human Resource** Office as soon as possible from the employee

- Resigning - letter from employee stating his/her resignation with the last date of work.
- Retiring - letter from employee stating his/her retiring with the last date of work
  - If vested be sure employee completes MERS paperwork-~~refer to the Clerk's Human Resource~~ Office
    - Review the Acknowledgement of Retiree Policy
  - If applying for a MERS disability retirement-refer to **Clerk's Human Resource Office**
- Terminated - provide **Clerk's Human Resource** Office with letter stating last day of work
- Dies - ~~Clerk's Office Human Resources~~ will handle paperwork

**REMEMBER:** Notify **Commissioners Human Resource** office and IT Keys must be collected; passcodes disabled; and computer access terminated.

You may wish to consider conducting an exit interview

**\*\*See Appendix for Departing Employee Forms**

### 4.12 Unemployment Claims

When an employee leaves employment with Alpena County and files for unemployment benefits, the County Clerk will provide a response letter to the UIA (Unemployment Insurance Agency) which will address items requested.

All communication regarding unemployment claims shall be forwarded to the Clerk's Office. If information for completing forms is needed, the Clerk's Office will contact the appropriate individual.

### 4.13 Elected Officials

Elected Official benefits will be the same level as salary department heads with the ~~except~~ exception of:

Prosecutor, Sheriff, Clerk, Treasurer and Register of Deeds

\$40,000 life insurance;

Option of IRS 403-B. County contributes 0.25 cents per \$1.00 saved by the elected official up to 2% of their base pay.

County Commissioners and Drain Commissioner

\$20,000 life insurance

Health care for elected official only (may purchase for dependants).

### 4.14 Acknowledgement of Retiree

#### **GUIDELINE FOR ACKNOWLEDGING RETIREMENT OF ALPENA COUNTY EMPLOYEES**

1. Person working less than 10 years will receive a letter of acknowledgement from the Alpena County Board of Commissioners
2. Person working 10 years or more will receive a letter of acknowledgement from the Alpena County Board of Commissioners and the department head will be asked to appear at the board meeting with the retiree to make a department public acknowledgement of their retirement.
3. Person working 20 years or more will receive a framed resolution of tribute from the Alpena County Board of Commissioners and the department head will be asked to appear at the board meeting with the retiree for department and board public acknowledgement of their retirement.
4. Person working 30 years or more will receive a matted and framed resolution of tribute from the Alpena County Board of Commissioners and the department head will be asked to appear at the

board meeting with the retiree for department and board public acknowledgement of their retirement.

5. Person working 50 years or more may receive a token of appreciation, along with a presentation. A public Open house may be held using limited County funds with the approval of the Chairman of the Board. (person may still be an active employee)

This does not include departments that are multi-jurisdictional (Circuit Court, Friend of the Court, Juvenile Division).

## 5.0 Appendix - Forms

### Alpena County Department Head Forms

- *Contract / Leases / Agreements / Grants Form*
- *Alpena County Insurance Claim Form*
- *Alpena County - Incident Report (Non-employee)*
- *Attorney Opinion*
- *Change Request Form*
- *Personal and Emergency Contact Information*
- *Electronic Mail and Internet Access Policy Acknowledgment Form*
- *Background Check Authorization Form*
- ~~*Performance Review Form*~~
- *Supervisor's Report of Injury*
- *Short Term Disability Forms*
- *Employee Report of Injury*
- *Authorization to Release Medical Information*
- *Employee Restrictions Form*
- *Department Head Check-List - Departing Employees*
- *IT Request for Employee Removal*

## Contract / Leases / Agreements / Grants Form

<b>This is</b>	New		Renewal		Filling this out on a computer? Please type an <b>X</b> into the appropriate box.
<b>This is a Grant</b>	Yes		No		If you marked <b>YES</b> this needs to go through <b>Grant Review</b> .
<b>This is an</b>	Agreement _____ Contract _____ Lease _____ Other _____:				
<b>Name of Entity who Contract / Lease / Agreement / Grant is with</b>					
<b>Project Name</b>					
<b>Attorney Review</b>	All Contracts / Leases / Agreements / Grants must have Attorney Review and approval through the Commissioner's Office.				
<b>Insurance Review</b>	All Contracts / Leases / Agreements / Grants must have appropriate insurance coverage per the attached list. It is the Department Heads responsibility to make sure that all requirements are met and listed on the insurance certificate.				
<b>Total Amount</b>	\$				
<b>Organization Match</b>	\$				
<b>County Match</b>	\$				

**I have reviewed and approved this Contract / Lease / Agreement / Grant and attached appropriate insurance:**

<b>The Department Head Requesting</b>	<b>Date Signed</b>

**GRANT REVIEW COMMITTEE APPROVAL:**

<b>County Clerk:</b>	<b>Date Signed:</b>	<b>I am requesting a meeting</b>	
<b>County Treasurer:</b>	<b>Date Signed:</b>	<b>I am requesting a meeting</b>	
<b>Finance Chairman:</b>	<b>Date Signed:</b>	<b>I am requesting a meeting</b>	
<b>County Administrator:</b>	<b>Date Signed:</b>	<b>I am requesting a meeting</b>	

Please do NOT mark below this line

**INTEROFFICE USE ONLY**

<b>Date Received:</b>	<b>Date Sent for Attorney Review:</b>
<b>Attorney Approval Received:</b>	<b>Insurance Received:</b>

# Alpena County Insurance Claim Form

(PLEASE PRINT)

**Nature**       Bodily Injury       Vehicle Damage       Property Damage       Other

**Time & Place of Incident**      Date: \_\_\_\_\_      Time: \_\_\_\_\_      AM      PM  
Event Name: \_\_\_\_\_  
Event Type: \_\_\_\_\_      Sanctioned By: \_\_\_\_\_  
Location: \_\_\_\_\_

**Happened To**      Name: \_\_\_\_\_      SSN: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_      Sex: \_\_\_\_\_ Male      Female  
Address: \_\_\_\_\_  
City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_      Email: \_\_\_\_\_

**Apparent Injury or Damage**      Body Part: \_\_\_\_\_      Fatality: \_\_\_\_\_  
Condition: (Laceration, Concussion, Sprain, Fracture, Etc.): \_\_\_\_\_  
On-Site Care Only By (Physician, EMT, Trainer, Other): \_\_\_\_\_  
Ambulance, Taken to: \_\_\_\_\_      City: \_\_\_\_\_  
Vehicle Damaged: \_\_\_\_\_  
Authorities Contacted and Report Number: \_\_\_\_\_  
Equipment Damaged: \_\_\_\_\_  
Insured's Property Damaged: \_\_\_\_\_  
Property of Others Damaged: \_\_\_\_\_

**Occasion**      What was the situation and exact location at the time of the incident? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Incident Description**      Describe what happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Witnesses**      Name: \_\_\_\_\_      Name: \_\_\_\_\_  
(If known)      Address: \_\_\_\_\_      Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_      Phone: (\_\_\_\_\_) \_\_\_\_\_

**Name and Address of Insured**      \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Who reported the Claim**      Name: \_\_\_\_\_      Title: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_      Email: \_\_\_\_\_

**COMMISSIONERS OFFICE IS THE MAIN CLAIM CONTACT AT 989-354-9500**

## Alpena County - Incident Report (Non-employee)

Please return form to: **Alpena County Commissioners Office** or email [commissionersoffice@alpenacounty.org](mailto:commissionersoffice@alpenacounty.org)

Person Completing Form	
Phone Number	
Date of Loss	
Date County Notified	
Location of Loss/Accident/Injury	
Describe Loss/Accident/Injury	
Responding Emergency Dept.	
<b>INJURED PARTY:</b>	
Name	
Address	
Phone Number	
Contact if other than injured party	
Contact Address & Phone number	
Extent of injury if known	
<b>WITNESSES:</b>	
Name	
Phone	
Name	
Phone	
Signature	

Please do not mark below this line

\*\*\*\*\*

INTEROFFICE USE ONLY

Date received \_\_\_\_\_ Initials: \_\_\_\_\_

## Department Head Policies

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Date sent to insurance \_\_\_\_\_ Initials: \_\_\_\_\_

# Attorney Opinion

Date Submitted to Commissioners Office: \_\_\_\_\_

Date Submitted for Attorney Opinion: \_\_\_\_\_

DEADLINE/Date Due: \_\_\_\_\_

To: **Prosecutor's Office Ed Black/Russ Rhynard** or \_\_\_\_\_

Department/Department Head phone number: \_\_\_\_\_ email: \_\_\_\_\_

Title of what is being reviewed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of what specifically needs to be reviewed, what is your specific question?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Result:

- Recommended
- NOT Recommended
- Recommended with Changes

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Date



# County of Alpena

## Change Request Form

~ This form is to be used for each change which effects the county's insurance and fixed assets.

What is the effective date of the policy change?

---

What area of the policy is effected?

- Automobile       Inland Marine (Equipment)  
 Property       Liability

What type of change is this?       Addition       Deletion       Change

### AUTOMOBILE

Year:	Make:	Model:	Body Type:	Vin#	Dept.

### INLAND MARINE (EQUIPMENT)

Year:	Make:	Model:	Serial#:	Amount of Insurance	Dept.

### PROPERTY

Location Address:	Description:	Construction:	Year Build:	Amount of Insurance:

**GENERAL LIABILITY**

ADDITIONAL CHANGES/REMARKS \_\_\_\_\_

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

# Department Head Policies

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Date sent to insurance: \_\_\_\_\_ By whom: \_\_\_\_\_

# Alpena County Employee Personal and Emergency Contact Information

attach a signed job description

## Personal Information

Full Name: \_\_\_\_\_  
*Last* \_\_\_\_\_ *First* \_\_\_\_\_ *M.I.* \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* \_\_\_\_\_ *Apartment/Unit #* \_\_\_\_\_

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code* \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security Number or Government ID: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Are you a Veteran? \_\_\_\_\_  
(If, Yes, please provide a copy of your DD-214)

State Born: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Spouse's Work Phone: ( ) \_\_\_\_\_

## Emergency Contact Information

Full Name: \_\_\_\_\_  
*Last* \_\_\_\_\_ *First* \_\_\_\_\_ *M.I.* \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* \_\_\_\_\_ *Apartment/Unit #* \_\_\_\_\_

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code* \_\_\_\_\_

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

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

## New Employee Information (to be completed by Department Head)

Employee Position: \_\_\_\_\_ Employee ID: \_\_\_\_\_

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

Work Location: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Start Date: \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Full Time Employee \_\_\_\_\_ Part-Time Employee \_\_\_\_\_ Pay Line Item \_\_\_\_\_

Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

Date of: \_\_\_\_\_  
Background Check \_\_\_\_\_ Physical \_\_\_\_\_ Drug Screen \_\_\_\_\_

## County of Alpena Electronic Mail and Internet Access Policy Acknowledgment Form

This confirms that I have read and understand the Computer and Internet Use Policy along with the E-Mail Use Policy (Employee Handbook Section 6.13 pgs 29 -30). I understand that the electronic communication system (e-mail) is to be used for conducting the County's business, and that I am not permitted to access a file or retrieve stored communication other than as authorized in the performance of my job duties. I further understand that all electronic communications systems and all information transmitted by, received from or stored in these systems, including e-mail, are the property of the County of Alpena. I acknowledge that I have no expectation of privacy in connection with the use of this equipment or with the transmission, receipt, or storage of information of this equipment, including information for personal purposes.

I acknowledge and consent to the County of Alpena's monitoring my use of this equipment at any time at its discretion. Such monitoring may include printing and reading all e-mail messages entering, leaving, or stored in these systems. I also understand that any violations of the Electronic Mail and Internet Access Policy may be cause for disciplinary action, up to and including discharge from employment.

The County of Alpena reserves the right to change or amend its Electronic Mail and Internet Access Policy at any time-with or without notice.

The following employee, by his/her signature, indicates that the Electronic Mail and Internet Access Policy was read and understood. This notice is acknowledged by the Employee.

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

**IT REQUEST – Please add new employee to everyone list, employee alert, department head if applicable**

Users Full Name: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

IT Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name of Request		
New User	New Email	Address Phone Extension
Additional requests:		

## Background Check Authorization Form

ALPENA COUNTY

720 W. Chisholm Street  
Alpena, MI 49707

**Please check appropriate box and complete location information for response to be returned**

Employee       Volunteer       Supervisor: \_\_\_\_\_

In order to permit Alpena County to make a thorough investigation of my background. I hereby authorize Alpena County and any person or legal entity who may be contacted by Alpena County, including investigators, agents or employees, to give and receive any information, data, or opinions they may have regarding my background and/or reputation. This shall include but not be limited to obtaining and receiving records regarding criminal history, driving, licensing, medical, employment and education records. Furthermore, I do hereby release from any and all liability and promise to hold harmless, the County of Alpena and those individuals providing and/or receiving such data, opinions, and records.

This release shall apply to any right of action that might accrue to myself, my heirs and my personal representatives.

I further understand that this background check and the information obtained could disqualify me as a candidate for employment with the County of Alpena.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Parent/Legal Guardian Signature Date

The following information is required to obtain the criminal history report(s), and will only be used to identify any criminal history. It will be kept confidential and maintained in a separate file from the application, if applicable.

Name \_\_\_\_\_  
(Last) (First) (Middle Name)

Address \_\_\_\_\_  
(Street) (City)

(County) (State) (Zip) Phone (\_\_\_\_\_) \_\_\_\_\_

Please list all prior addresses (within the last 10 years):

\_\_\_\_\_  
(Street) (State) (Zip)

\_\_\_\_\_  
(Street) (State) (Zip)

Race:  White     Black     Asian/Pacific Islander     American Indian/Alaskan Native     Unknown/Other

Sex:  Male     Female    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date of Birth Social Security Number

\_\_\_\_\_  
Driver License Number State Issued

\_\_\_\_\_  
Previous Driver License (if other than Michigan) State Issued

Provide any other names(s) previously used including aliases, maiden or married, etc.

## Performance Review Form

Employees Name: \_\_\_\_\_ Date of Review: \_\_\_\_\_  
\_\_\_\_\_

Position Title: \_\_\_\_\_ Department: \_\_\_\_\_  
\_\_\_\_\_

Period Review From: \_\_\_\_\_ to \_\_\_\_\_

### Rating Key:

1. ~~Consistently Below Expectations~~
2. ~~Below Expectations~~
3. ~~Meets Expectations~~
4. ~~Exceeds Expectations~~
5. ~~Consistently Exceeds Expectations~~
6. ~~Unobservable or Not Applicable~~

### 1. ~~QUALITY OF WORK:~~

~~How accurate, neat and complete is the individual's work?  
Consider the degree work meets acceptable standards.~~

### 2. ~~PRODUCTIVITY:~~

~~Does individual produce an acceptable amount of work?  
Consider how person effectively uses available working time, plans and prioritizes work, sets and accomplishes goals and completes assignments on schedule.~~

### 3. ~~KNOWLEDGE OF JOB:~~

~~Is individual familiar with duties and requirements of position as well as methods, practices, and equipment to do the job? Consider knowledge gained through experience, education and specialized training. Consider if person maintains current knowledge about changes in policy and procedure: keeps abreast of new developments and major issues in field.~~

### 4. ~~ADAPTABILITY:~~

~~How does individual adjust to changes? Consider ability to learn quickly, to adapt to changes in job assignments, methods, personnel, or surroundings.~~

### 5. ~~DEPENDABILITY:~~

~~How reliable is individual in performing work assignments and carrying out instructions? Consider degree of supervision required and willingness to take on responsibilities and to be accountable for them.~~

### 6. ~~INITIATIVE AND RESOURCEFULNESS:~~

~~Does individual see things to be done and take action?  
Consider ability to contribute, develop and/or carry out new ideas or methods. Consider ability to be self-starter, to offer suggestions, to anticipate needs and to seek additional tasks as time permits.~~

### 7. ~~JUDGMENT:~~

~~Does individual exercise ability to decide correct or choose best course of action when some decision must be made?  
Consider ability to evaluate facts and make sound decisions, and use of reasoning to identify, solve and prevent problems. Works in a safe manner, preventing accidents, injuries and theft.~~

**8. RELATIONSHIPS WITH PEOPLE:**

Does individual work effectively with others (supervisors, peers, subordinates)? Consider respect and courtesy shown to others, how attitude affects the work area, willingness to accept supervision, and attitude exhibited toward The County as well as own job. Are apparel, manners and sociability appropriate to the job responsibilities?

**9. ATTENDANCE AND PUNCTUALITY:**

How faithful is individual in reporting to work and staying on the job? Consider arrival times, observance of time limits for breaks and lunches. Consider patterns of sick leave, prior approval for vacation and prompt notice of absence due to illness.

**OTHER PERFORMANCE FACTORS:**

**1. LEADERSHIP ABILITY:**

Is administrator, department head or supervisor able to get employees, and co-workers, to do willingly and well the duties to be accomplished? Consider ability to get the work done with a high degree of morale and satisfaction on the part of those doing the work; the ability to function consistently and effectively in an objective and rational manner regardless of pressures.

**2. APPRAISAL AND DEVELOPMENT OF PEOPLE:**

Does administrator, department head or supervisor demonstrate ability to select, train and effectively develop subordinates by recognizing their abilities and improving their weaknesses? Consider ability to exhibit fairness and impartiality with employees in assigning job duties and objectively evaluate work performance.

**3. PLANNING AND ORGANIZATION:**

How effective is the administrator, department head or supervisor in setting effective goals, planning ahead and establishing priorities? Consider ability to make the most effective use of time, facilities, material, equipment, employees skills and other resources. Examines ability to prepare and administer budget effectively.

**4. COMMUNICATION SKILLS:**

To what extent does administrator, department head or supervisor demonstrate ability to communicate effectively in both oral and written expression with employees and his/her supervisor? Are issues confronted and resolved constructively? Consider ability to help employees with their work problems, ability to keep employees informed to decisions and plans for own office as well as policies and procedures of the County.

**15) INTERNAL CONTROL:**

Does administrator, department head or supervisor have an internal control program? If yes, how effective is the program? Consider how reliable the finance information is when received from the administrator, department head or supervisor. Does the individual safeguard assets? How effective and efficient is the operation? Does the administrator, department head or supervisor comply with the laws, regulations, policies and procedures?

**COMMENTS:**

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Job Skill being performed well: \_\_\_\_\_

What can the employee do to improve his/her performance on the job? \_\_\_\_\_

If the employee wishes to do so, any comments concerning the Performance Improvement Plan or the evaluation (for example, agreement or disagreement) may be indicated in the space provided below.

I have reviewed this document and discussed the contents with my supervisor. My signature means that I have been advised of my performance status and does not necessarily imply that I agree with this evaluation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Employee's Signature \_\_\_\_\_ Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Department Head/Supervisor's Signature \_\_\_\_\_ Date

# SUPERVISOR'S REPORT OF INJURY

Employee Name \_\_\_\_\_ Job Title \_\_\_\_\_ Dept. \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Shift \_\_\_\_\_ Date of Injury \_\_\_\_\_ Date Reported \_\_\_\_\_ Time Injury Occurred \_\_\_\_\_

Type of Injury \_\_\_\_\_ Injury Reported by \_\_\_\_\_

Cause of Injury \_\_\_\_\_

Body Part(s) Injured (please include left/right) \_\_\_\_\_

Injury Description: \_\_\_\_\_

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

Was Employee Operating a Vehicle? \_\_\_\_\_ If Yes, List Make, Model, and Year \_\_\_\_\_

Was Injury Fatal? \_\_\_\_\_ If Yes, Please Give Date \_\_\_\_\_ Was First Aid Given at the Scene? \_\_\_\_\_

Was Employee Treated at ER? \_\_\_\_\_ Was Employee Hospitalized Overnight as an Inpatient? \_\_\_\_\_

Did Employee Return to Work? \_\_\_\_\_ Date Employee Returned to Work \_\_\_\_\_

Name of Treating Facility \_\_\_\_\_

## **Witness(s): List all Names with Contact Numbers**

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

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

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

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

Name of Person Completing Form \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Submit Completed Forms to the Clerk's Office Immediately**

Supervisor Rpt

# EMPLOYEE'S REPORT OF INJURY

EMPLOYEE IS REQUIRED TO IMMEDIATELY REPORT ANY INJURY TO SUPERVISION

*Please Note: Failure to immediately report an injury may result in delay or termination of benefits.*

Employee Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Phone \_\_\_\_\_ Address \_\_\_\_\_

Number of Dependents \_\_\_\_\_ Tax Filing Status  A. Single  B. Single, Head of Household  
 C. Married, Filing Joint  D. Married, Filing Separate

Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Employee # \_\_\_\_\_

Name of Physician \_\_\_\_\_ Emergency Contact & Phone \_\_\_\_\_

Date of Injury \_\_\_\_\_ Date Injury Reported \_\_\_\_\_ Last Day Worked \_\_\_\_\_

Date Returned to Work \_\_\_\_\_ Time Injury Occurred \_\_\_\_\_ Time You Started Your Shift \_\_\_\_\_

Location of Injury \_\_\_\_\_

What were you doing just before the injury occurred? Describe the activity, as well as the tools, equipment and/or materials you were using. Be specific: \_\_\_\_\_

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

How did the injury occur? Describe the activity, as well as the tools, equipment and/or materials you were using. Be specific: \_\_\_\_\_

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

Part of body directly affected by injury/illness \_\_\_\_\_

Treated at ER? \_\_\_\_\_ Hospitalized Overnight as an Inpatient? \_\_\_\_\_

**Witness(s): List Names with Contact Numbers**

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

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

***I declare that the details submitted are true and correct.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

**The employer has the right to direct treatment for 28 days. Treatment received outside of employer direction and/or authorization may result in denial.**



Underwritten by Dearborn National<sup>®</sup> Life Insurance Company

Phone Number: (877) 348-0487

Fax: (877) 404-6457

**EMPLOYEE STATEMENT (Please Print)**

Employee Name (Last)		(First)	(MI)	Social Security #		Birthdate
Address			City	State	Zip	Phone #
Maiden Name	Alias Name		E-mail			
Name of Employer			Occupation		Location	

Have you or do you plan to file a Workers' Compensation claim for this Disability:  Yes  No

Have you or do you plan to file for Social Security benefits for this Disability:  Yes  No

Describe other income you are receiving:

YES	NO	TYPE *	AMOUNT	DATE BENEFITS BEGAN	DATE BENEFITS TERMINATED	NAME OF INSURANCE CARRIER
<input type="checkbox"/>	<input type="checkbox"/>	Social Security (disability or retirement)	\$ _____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	State disability	\$ _____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Retirement (normal, early or disability)	\$ _____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Workers' Compensation	\$ _____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Group disability benefits	\$ _____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other (describe)	\$ _____	_____	_____	_____

\* Please send a copy of your award letter, if applicable.

Is Your Disability caused by:  Sickness  Accident  Maternity

**If Maternity Claim**

1. Date of Delivery: \_\_\_\_\_  Estimated  Actual 2. Type of Delivery:  Vaginal  C-Section  Unknown at this time

3. Were there any complications causing you to stop work prior to your expected delivery date: If yes, please explain: \_\_\_\_\_

**If Sickness / Accident Claim**

1. Date of accident or beginning of sickness: \_\_\_\_\_ Date last worked ("DLW"): \_\_\_\_\_ # Hrs worked on DLW: \_\_\_\_\_

2. If Sickness, provide details: \_\_\_\_\_

2a. Have you ever had same or similar sickness:  Yes  No If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_

3. If Accident,  Motor Vehicle Accident ("MVA")  Other Provide details: \_\_\_\_\_

3a. If MVA, was an accident report filed:  Yes  No If yes, provide copy of accident report with your claim.

4. Provide date you were unable to perform your occupation due to your medical condition: From \_\_\_\_\_ To \_\_\_\_\_

**All Claims (If you have multiple providers, please provide their information on a separate sheet of paper.)**

1. Name and address of Doctor(s): \_\_\_\_\_ Dr. Ph. # \_\_\_\_\_ Dr. Fax # \_\_\_\_\_

Dates of treatment: \_\_\_\_\_

2. Name of hospital(s): \_\_\_\_\_ Dates confined: From \_\_\_\_\_ To \_\_\_\_\_

Address of hospital(s): \_\_\_\_\_

Hospital Ph. # \_\_\_\_\_ Hospital Fax # \_\_\_\_\_

3. I returned to work Full-time on: \_\_\_\_\_ Part-time on: \_\_\_\_\_

4. FICA Tax - If your request for benefits is approved, FICA tax will be withheld as required per IRS.

FIT - Do you wish us to withhold Federal Income Tax from your benefits:  Yes  No

If yes, how much should be withheld each week: (minimum is \$20.00 per week) \_\_\_\_\_

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Dearborn  National **Disability Claim Form**  
**AUTHORIZATION FOR RELEASE OF MEDICAL AND OTHER INFORMATION** Return to Dearborn National at:  
 Attention: Claim Department

Underwritten by Dearborn National® Life Insurance Company

**To Be Completed by Employee:**

TO:

- Physicians and Other Health Care Professionals
- Consumer Reporting Agencies and Credit Report Bureaus
- Pharmacies and Pharmacy Benefit Managers
- State Vocational Rehabilitation Agencies and other providers of rehabilitation services
- Group Policyholders, Contract Holders/Vendors, Claims Administrators or their successors
- Insurers, including workers' compensation insurers or administrators, and Pre-Paid Health Plans
- Medical Information Bureau (MIB) or other companies, which collect health and insurance information
- Hospitals, Clinics and Health Care Facilities
- Governmental Agencies (including and not limited to the Social Security Administration ("SSA"), Internal Revenue Service, Veterans' Administration, Railroad Retirement Board, Jones Act Administration, and State Retirement Systems)
- Employers
- Attorney Representatives
- Advocates for SSA or Benefits Programs

You are authorized to provide information related to my health condition and job modifications/accommodations with my current or future employer to:

- Dearborn National;
- The plan administrator or claim administrator of any benefit plan under which I may be a participant; or
- Claims investigators, attorneys, physician consultants and other service providers involved in the administration, evaluation, and management of the plan and/or claim.

This form allows the release of the following information, collectively referred to as "Information":

- Records, office notes, test results, diagnostic imaging studies, data, and information about health care history, diagnosis, prognosis, treatment, rehabilitation, vocational testing, examinations and prescriptions;
- Employment-related information, including any claims for workers' compensation;
- Income and tax-related information;
- Information from credit reporting bureaus or other consumer reporting agencies; and
- Information regarding insurance coverage or pension benefits, including claims submitted and benefits paid.

I understand that the Information being disclosed may include protected health information under the Health Insurance Portability and Accountability Act of 1996 and accompanying regulations (HIPAA), information regarding mental health conditions and the use of drugs or alcohol, and information regarding the human immunodeficiency virus (HIV).

I understand that the Information will be used for the purpose of evaluating, managing and/or administering benefits for short-term disability, long-term disability, salary continuation, workers' compensation, which are excepted benefits under HIPAA, or any other benefit program offered by and through the employer (hereinafter collectively referred to as "Benefits Program"), developing a vocational rehabilitation plan, and other purposes in connection with the administration of the Benefits Program.

I further authorize re-disclosure of any Information obtained or developed in the course of managing and/or administering the Benefits Program to the plan administrator or claim administrator of any Benefits Program under which I may be a participant, employers, reinsurers, the SSA, claims investigators, attorneys, physician consultants and other service providers, including treating physician(s), solely for the purpose of evaluating, analyzing, managing and/or administering the Benefits Program. I understand that information re-disclosed pursuant to this authorization may not be protected under HIPAA.

I understand that this authorization shall remain valid during the duration of my claim or such shorter period as mandated by applicable law. I also understand that I have the right upon request to receive a copy of this authorization. I agree that a photocopy of this authorization shall be as valid and effective as the original.

I understand that I have the right to refuse to sign this authorization and that this authorization is subject to revocation at any time by my giving written notice that is signed by me to the address below. I understand that any such revocation shall not apply to any disclosure or re-disclosure of Information made in reliance on my initial authorization. I also understand that my failure to sign this authorization, or my subsequent revocation of this authorization, may impair the ability of Dearborn National to process my claim and may lead to the denying or terminating of my claim for benefits.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

If the Employee is unable to sign, an authorized representative may sign below for the Employee

Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

Representative's relationship to Employee: \_\_\_\_\_ Phone # \_\_\_\_\_

P.O. Box 7071, Downers Grove, IL 60515 • Toll Free: 877.348.0487 • Fax: 877.404.6457

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company (Downers Grove, IL) in all states (excluding New York), the District of Columbia, the United States Virgin Islands and Puerto Rico.

Underwritten by Dearborn National<sup>®</sup> Life Insurance Company

Phone Number: (877) 348-0487

Fax: (877) 404-6457

**ATTENDING PHYSICIAN STATEMENT (Please Print)**

(Must be completed in full at the patient's expense)

Employee's Name (Last)		(First)		(MI)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate	Age
Address		City	State	Zip			
Is the Disability caused by: <input type="checkbox"/> Sickness <input type="checkbox"/> Accident <input type="checkbox"/> Maternity						Height	Weight

**Maternity Claim**

1. Date of Delivery: \_\_\_\_\_  Estimated  Actual 2. Type of Delivery:  Vaginal  C-Section 3. Date of LMP: \_\_\_\_\_
4. Were there any complications causing the patient to stop work prior to your expected delivery date: If yes, please explain: \_\_\_\_\_

**All Other Claims / Diagnosis**

1. Primary ICD10 Diagnosis Code: \_\_\_\_\_ Diagnosis: \_\_\_\_\_
2. Secondary ICD10 Diagnosis Code: \_\_\_\_\_ Diagnosis: \_\_\_\_\_
3. Date symptoms first appeared or date of accident: \_\_\_\_\_ Date patient first consulted you for this condition: \_\_\_\_\_
4. Is the condition work related:  Yes  No
5. Describe any other disease or complications affecting present condition: \_\_\_\_\_

**All Other Claims / Treatment**

1. Surgery Date: \_\_\_\_\_ CPT Code: \_\_\_\_\_ Details: \_\_\_\_\_
2. Dates of treatment other than surgical: \_\_\_\_\_
3. Hospital name & address with dates of confinement: From \_\_\_\_\_ To \_\_\_\_\_  Inpatient  Outpatient  
 Hospital name: \_\_\_\_\_ Hospital address: \_\_\_\_\_ Hospital Ph. # \_\_\_\_\_
4. Has patient ever had same or similar condition:  Yes  No (If yes, state when and describe)
- 5a. Is patient still under your care:  Yes  No 5b. Date of next office visit: \_\_\_\_\_ 5c. Frequency of visits: \_\_\_\_\_
6. Is patient under the care of another physician:  Yes  No (If yes, provide name, address and phone # of physician)

**All Other Claims / Impairment**

1. Patient was or will be continuously unable to work:  
 In his/her own occupation: From \_\_\_\_\_ To \_\_\_\_\_ In his/her own occupation: From \_\_\_\_\_ To \_\_\_\_\_  
 Patient can return to work:  Full time  Part time On \_\_\_\_\_
- Current Limitations - What the *patient cannot do*: \_\_\_\_\_
- Current Restrictions - What the *patient should not do*: \_\_\_\_\_
2. How long do you expect these restrictions and limitations to impair your patient:  
 Date \_\_\_\_\_  Unable to determine, follow up in \_\_\_\_\_ weeks  Permanently
3. In your opinion, is patient candidate for rehabilitation:  Yes  No
4. If patient is diagnosed as terminal, is life expectancy:  6 months or less  12 months or less  Other \_\_\_\_\_

Remarks \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Specialty:  FP  IM  PM&R  Neuro  Ortho  OBG  Psych  Other \_\_\_\_\_

Tax ID # \_\_\_\_\_ NPI # \_\_\_\_\_

Underwritten by Dearborn National<sup>®</sup> Life Insurance Company

Phone Number: (877) 348-0487  
 Fax: (877) 404-6457

Mail form to:  
 Dearborn National  
 P.O. Box 7071  
 Downers Grove, IL 60515

New Direct Deposit                       Cancel Direct Deposit                       Change to Current Direct Deposit

Please Print		
Name:	Social Security Number:	Claim Number if known:

Fill out either the Checking Account Information Section or the Savings Account/Credit Union Information Section.  
 You may indicate **one account only**.

**Checking Account Information**

Obtain this information directly from the bottom of your check or from your financial institution.

Name of Financial Institution:	
Address of Financial Institution:	
Routing Number (first number on bottom left of check):	Account Number (second number on bottom of check):

**Savings Account/Credit Union Information**

Obtain this information from your financial institution.  
 The information on your deposit slip is **not** applicable for this purpose.

Name of Financial Institution:	
Address of Financial Institution:	
Routing Number (first number on bottom left of check):	Account Number (second number on bottom of check):

**Authorization**

I hereby authorize the company to initiate credit entries and if necessary, debit entries and adjustments for any credit entries made in error to my account, with the financial institution indicated. The financial institution is authorized by me to credit or debit my account for the amount of those entries.

This authorization is to remain in effect until the company has received written notification from me of its termination in such time and in such manner as to afford the company a reasonable opportunity to act on it.

Signature:	Date:

## ***Authorization to Release Medical Information***

I hereby authorize all medical doctors, physicians, surgeons, doctors of osteopathy, chiropractors, and all other persons who have examined me or attended me professionally at any time or who have been consulted concerning me at any time to release and furnish to CompOne Administrators or its representatives any and all information in their records and within their knowledge concerning me. This authorization includes the furnishing and delivery to CompOne Administrators of reproduced or photographic copies of notes, reports, and records.

I hereby authorize all hospitals, clinics, and medical centers to release and furnish CompOne Administrators or its representatives' any and all information in their records concerning me. This authorization includes the furnishing and delivery to CompOne Administrators or reproduced or photographic copies of notes, reports, and records.

I hereby waive any doctor/patient privilege resulting from any consultation, examination, or treatment with or by you.

I also authorize any insurance company to release and furnish to CompOne Administrators or its representatives any and all information in their records concerning me that might further aid in the review of my claim.

A photographic copy of this authorization shall be as valid as the original.

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

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

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

\_\_\_\_\_

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

Claim # \_\_\_\_\_ Adj \_\_\_\_\_  
Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_

See attached job description

## **Employee Restrictions Form**

### EXTERNAL LIMITATIONS Employee Function Form - Physician to Complete Restrictions if any

Occasionally lift and/or carry (including upward pulling) (maximum) when less than one-third of the time or less than 10 pounds, explain the amount below in frequency of action and weight that applies)

Duration Required	Check All that Apply	WEIGHT
		Less than 10 pounds
		10 pounds
		20 pounds
		50 pounds
		100 pounds or more

Frequently lift and/or carry (including upward pulling) (maximum) when less than one-third of the time or less than 10 pounds, explain the amount below in frequency of action and weight that applies)

Duration Required	Check All that Apply	WEIGHT
		Less than 10 pounds
		10 pounds
		20 pounds
		50 pounds
		100 pounds or more

Stand and/or walk (with normal breaks) for a total of

	Less than about 6 hours in an 8-hour workday
	About 6 hours in an 8-hour workday

Sit (with normal breaks) for a total of

	Less than about 6 hours in an 8-hour workday
	About 6 hours in an 8-hour workday

Push and/or Pull (including operation of hand and/or foot controls)

	Unlimited, other than as shown for lift and/or carry
	Limited in upper extremities
	Limited in lower extremities

### POSTURAL LIMITATIONS

Note whether the following are required frequently (2/3 of the shift)/occasionally (1/3 of the shift) or Never

Duration Required	Check All that Apply	Required Function
		Climbing ramp/stairs/ladder/rope/scaffold
		Balancing
		Stooping
		Kneeling
		Crouching
		Crawling

Next office visit: \_\_\_\_\_ Time: \_\_\_\_\_

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

## **Department Head Check-List - Departing Employees**

This check-list is a guide, to help departments consider what information is needed from an employee and what actions to take when an employee leaves

### **COMPLETE**

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

Department \_\_\_\_\_

Employee's Address \_\_\_\_\_

Employee's Home Telephone Number \_\_\_\_\_

Date of Hire \_\_\_\_\_

Last Day of Work \_\_\_\_\_

Resigned       Retired       Terminated       Disability

### **County Property Returned**

- Keys/Passcodes
  - Office
  - Building
  - File Cabinets
  - Other

- Badge or ID
- Laptop/computers
- Cell phone/pager
- Records/files not on County property
- Credit, gas cards

### **Other items**

- Passwords/Passcodes
- Voice mail
- Computer programs
- Secured Files/records
  
- Contact IT regarding:
  - Computer
  - Email – see form below
  - Phone
- Exit Interview

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

Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

## ***IT Request for Employee Removal***

Please fill out the following form and turn into IT Department. This form needs to be filled out and turned in at least 24 to 48 hours in advance in order to process this request in a timely manner, Thank you.

**Department Head requesting employee removal:** \_\_\_\_\_

**Employee being removed:** \_\_\_\_\_

**Effective date of employee removal:** \_\_\_\_\_

**Do they have County owned equipment?**       Yes       No

**Please list equipment:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If yes, was it collected at the time of removal?**       Yes       No

**Please list all programs, accounts, and services that pertain to IT the employee had access to:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

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# FOIA Procedures and Guidelines

## Preamble: Statement of Principles

It is the policy of Alpena County that all persons, except those incarcerated, consistent with the Michigan Freedom of Information Act (FOIA), are entitled to full and complete information regarding the affairs of government and the official acts of those who represent them as public officials and employees. The people shall be informed so that they fully participate in the democratic process.

The County's policy with respect to FOIA requests is to comply with State law in all respects and to respond to FOIA requests in a consistent, fair, and even-handed manner regardless of who makes such a request.

The County acknowledges that it has a legal obligation to disclose all nonexempt public records in its possession pursuant to a FOIA request. The County acknowledges that sometimes it is necessary to invoke the exemptions identified under FOIA in order to ensure the effective operation of government and to protect the privacy of individuals.

Alpena County will protect the public's interest in disclosure while balancing the requirement to withhold or redact portions of certain records. The County's policy is to disclose public records consistent with and in compliance with State law.

The County Board of Commissioners has established the following written procedures and guidelines to implement the FOIA and will create a written public summary of the specific procedures and guidelines relevant to the general public regarding how to submit written requests to the public body and explaining how to understand a public body's written responses, deposit requirements, fee calculations, and avenues for challenge and appeal. The written public summary will be written in a manner so as to be easily understood by the general public.

## Section 1: General Policies

The County Board of Commissioners, acting pursuant to the authority at MCL 15.236, designates the Executive Manager as the FOIA Coordinator. He or she is authorized to designate other County staff to act on his or her behalf to accept and process written requests for the County's public records and approve denials.

If a request for a public record is received by fax or email, the request is deemed to have been received on the following business day. If a request is sent by email and delivered to a County spam or junk-mail folder, the request is not deemed received until one day after the FOIA Coordinator first becomes aware of the request. The FOIA Coordinator shall note in the FOIA log both the date the request was delivered to the spam or junk-mail folder and the date the FOIA Coordinator became aware of the request.

The FOIA Coordinator shall review County spam and junk-mail folders on a regular basis, which shall be no less than once a month. The FOIA Coordinator shall work with County Information Technology staff to develop

administrative rules for handling spam and junk-mail so as to protect County systems from computer attacks which may be imbedded in an electronic FOIA request.

The FOIA Coordinator may, in his or her discretion, implement administrative rules, consistent with State law and these Procedures and Guidelines to administer the acceptance and processing of FOIA requests.

The County is not obligated to create a new public record or make a compilation or summary of information which does not already exist. Neither the FOIA Coordinator nor other County staff are obligated to provide answers to questions contained in requests for public records or regarding the content of the records themselves.

The FOIA Coordinator shall keep a copy of all written requests for public records received by the County on file for a period of at least one year.

The County will make this Procedures and Guidelines document and the Written Public Summary publicly available without charge. If it does not, the County cannot require deposits or charge fees otherwise permitted under the FOIA until it is in compliance.

A copy of this Procedures and Guidelines document and the County's Written Public Summary must be publicly available by providing free copies both in the County's response to a written request and upon request by visitors at County offices.

This Procedures and Guidelines document and the County's Written Public Summary will be maintained on the County's website at: [www.alpenacounty.org](http://www.alpenacounty.org), so a link to those documents will be provided in lieu of providing paper copies of those documents.

### **Section 2: Requesting a Public Record**

No specific form to submit a request for a public record is required. However the FOIA Coordinator may make available a FOIA Request Form for use by the public.

Requests to inspect or obtain copies of public records prepared, owned, used, possessed or retained by the County may be submitted on the County's FOIA Request Form, in any other form of writing (letter, fax, email, etc.), or by verbal request.

Verbal requests for records may be documented by the County on the County's FOIA Request Form.

If a person makes a verbal, non-written request for information believed to be available on the County's website, where practicable and to the best ability of the employee receiving the request, shall be informed of the pertinent website address.

A request must sufficiently describe a public record so as to enable County personnel to identify and find the requested public record.

Written requests for public records may be submitted in person or by mail to any County office. Requests may also be submitted electronically by fax and email. Upon their receipt, requests for public records shall be promptly forwarded to the FOIA Coordinator for processing.

A person may request that public records be provided on non-paper physical media, emailed or other otherwise provided to him or her in digital form in lieu of paper copies. The County will comply with the request only if it possesses the necessary technological capability to provide records in the requested non-paper physical media format.

A person may subscribe to future issues of public records that are created, issued or disseminated by Alpena County on a regular basis. A subscription is valid for up to 6 months and may be renewed by the subscriber.

A person serving a sentence of imprisonment in a local, state or federal correctional facility is not entitled to submit a request for a public record. The FOIA Coordinator will deny all such requests.

### **Section 3: Processing a Request**

Unless otherwise agreed to in writing by the person making the request, the County will issue a response within 5 business days of receipt of a FOIA request. If a request is received by fax, email or other electronic transmission, the request is deemed to have been received on the following business day.

The County will respond to a request in one of the following ways:

- Grant the request.
- Issue a written notice denying the request.
- Grant the request in part and issue a written notice denying in part the request.
- Issue a notice indicating that due to the nature of the request the County needs an additional 10 business days to respond for a total of no more than 15 business days. Only one such extension is permitted.
- Issue a written notice indicating that the public record requested is available at no charge on the County's website.

### **When a request is granted:**

If the request is granted, or granted in part, the FOIA Coordinator will require that payment be made in full for the allowable fees associated with responding to the request before the public record is made available.

The FOIA Coordinator shall provide a detailed itemization of the allowable costs incurred to process the request to the person making the request.

A copy of these Procedures and Guidelines and the Written Public Summary will be provided to the requestor free of charge with the response to a written request for public records\*, provided however, that because these Procedures and Guidelines, and the Written Public Summary are maintained on the County's website at: [www.alpenacounty.org](http://www.alpenacounty.org), a link to the Procedures and Guidelines and the Written Public Summary will be provided in lieu of providing paper copies of those documents.

If the cost of processing a FOIA request is \$50 or less, the requester will be notified of the amount due and where the documents can be obtained.

If the cost of processing a FOIA request is expected to exceed \$50 based on a good-faith calculation, or if the requestor has not paid in full for a previously granted request, the County will require a good-faith deposit pursuant to Section 4 of this policy before processing the request.

In making the request for a good-faith deposit the FOIA Coordinator shall provide the requestor with a detailed itemization of the allowable costs estimated to be incurred by the County to process the request and also provide a best efforts estimate of a time frame it will take the County to provide the records to the requestor. The best efforts estimate shall be nonbinding on the County, but will be made in good faith and will strive to be reasonably accurate, given the nature of the request in the particular instance, so as to provide the requested records in a manner based on the public policy expressed by Section 1 of the FOIA.

### **When a request is denied or denied in part:**

If the request is denied or denied in part, the FOIA Coordinator will issue a Notice of Denial which shall provide in the applicable circumstance:

- An explanation as to why a requested public record is exempt from disclosure; or
- A certificate that the requested record does not exist under the name or description provided by the requestor, or another name reasonably known by the County; or
- An explanation or description of the public record or information within a public record that is separated or deleted from the public record; and
- An explanation of the person's right to submit an appeal of the denial to either the office of the County Commissioners or seek judicial review in the 26th County Circuit Court; and
- An explanation of the right to receive attorneys' fees, costs, and disbursements as well actual or compensatory damages, and punitive damages of \$1,000, should they prevail in Circuit Court.
- The Notice of Denial shall be signed by the FOIA Coordinator.

If a request does not sufficiently describe a public record, the FOIA Coordinator may, in lieu of issuing a Notice of Denial indicating that the request is deficient, seek clarification or amendment of the request by the person making the request. Any clarification or amendment will be considered a new request subject to the timelines described in this Section.

### **Requests to inspect public records:**

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The County shall provide reasonable facilities and opportunities for persons to examine and inspect public records during normal business hours. The FOIA Coordinator is authorized to promulgate rules regulating the manner in which records may be viewed so as to protect County records from loss, alteration, mutilation or destruction and to prevent excessive interference with normal County operations.

### **Requests for certified copies:**

The FOIA Coordinator shall, upon written request, furnish a certified copy of a public record at no additional cost to the person requesting the public record.

### **Section 4: Fee Deposits**

If the fee estimate is expected to exceed \$50.00 based on a good-faith calculation, the requestor will be asked to provide a deposit not exceeding one-half of the total estimated fee.

If a request for public records is from a person who has not paid the County in full for copies of public records made in fulfillment of a previously granted written request, the FOIA Coordinator will require a deposit of 100% of the estimated processing fee before beginning to search for a public record for any subsequent written request by that person when all of the following conditions exist:

- The final fee for the prior written request is not more than 105% of the estimated fee;
- The public records made available contained the information sought in the prior written request and remain in the County's possession;
- The public records were made available to the individual, subject to payment, within the time frame estimated by the County to provide the records;
- Ninety (90) days have passed since the FOIA Coordinator notified the individual in writing that the public records were available for pickup or mailing;
- The individual is unable to show proof of prior payment to the County; and
- The FOIA Coordinator has calculated a detailed itemization that is the basis for the current written request's increased estimated fee deposit.

The FOIA Coordinator will not require an increased estimated fee deposit if any of the following apply:

- The person making the request is able to show proof of prior payment in full to the County;
- The County is subsequently paid in full for the applicable prior written request; or
- Three hundred sixty five (365) days have passed since the person made the request for which full payment was not remitted to the County.

### **Section 5: Calculation of Fees**

A fee may be charged for the labor cost of copying/duplication.

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A fee will **not** be charged for the labor cost of search, examination, review and the deletion and separation of exempt from nonexempt information **unless** failure to charge a fee would result in unreasonably high costs to the County because of the nature of the request in the particular instance, and the County specifically identifies the nature of the unreasonably high costs.

Costs for the search, examination review, and deletion and separation of exempt from non-exempt information are “unreasonably high” when they are excessive and beyond the normal or usual amount for those services (Attorney General Opinion 7083 of 2001) compared to the costs of the County’s usual FOIA requests, not compared to the County’s operating budget. (*Bloch v. Davison Community Schools*, Michigan Court of Appeals, Unpublished, April 26, 2011)

The following factors shall be used to determine an unreasonably high cost to the Township:

- Volume of the public record requested
- Amount of time spent to search for, examine, review and separate exempt from non-exempt information in the record requested.
- Whether the public records are from more than one County department or whether various County offices are necessary to respond to the request.
- The available staffing to respond to the request.
- Any other similar factors identified by the FOIA Coordinator in responding to the particular request.

The Michigan FOIA statute permits the County to charge for the following costs associated with processing a request:

- Labor costs associated with copying or duplication, which includes making paper copies, making digital copies, or transferring digital public records to non-paper physical media or through the Internet.
- Labor costs associated with searching for, locating and examining a requested public record, when failure to charge a fee will result in unreasonably high costs to the County.
- Labor costs associated with a review of a record to separate and delete information exempt from disclosure, when failure to charge a fee will result in unreasonably high costs to the County.
- The cost of copying or duplication, not including labor, of paper copies of public records. This may include the cost for copies of records already on the County’s website if you ask for the County to make copies.
- The cost of computer discs, computer tapes or other digital or similar media when the requester asks for records in non-paper physical media. This may include the cost for copies of records already on the County’s website if you ask for the County to make copies.
- The cost to mail or send a public record to a requestor.

Labor costs will be calculated based on the following requirements:

- All labor costs will be estimated and charged in 15-minute increments, with all partial time increments rounded down. If the time involved is less than 15 minutes, there will be no charge.
- Labor costs will be charged at the hourly wage of the lowest-paid County employee capable of doing the work in the specific fee category, regardless of who actually performs work.
- Labor costs will also include a charge to cover or partially cover the cost of fringe benefits.
- The County may add up to 50% to the applicable labor charge amount to cover or partially cover the cost of fringe benefits, but in no case may it exceed the actual cost of fringe benefits.
- Overtime wages will not be included in labor costs unless agreed to by the requestor; overtime costs will not be used to calculate the fringe benefit cost.
- Contracted labor costs will be charged at the hourly rate of \$48.90 (6 times the state minimum hourly wage).

The cost to provide records on non-paper physical media when so requested will be based on the following requirements:

- Computer disks, computer tapes or other digital or similar media will be at the actual and most reasonably economical cost for the non-paper media.
- This cost will only be assessed if the County has the technological capability necessary to provide the public record in the requested non-paper physical media format.
- The County will procure any non-paper media and will not accept media from the requestor in order to ensure integrity of the County's technology infrastructure.

The cost to provide paper copies of records will be based on the following requirements:

- Paper copies of public records made on standard letter (8 ½ x 11) or legal (8 ½ x 14) sized paper will not exceed \$.10 per sheet of paper. Copies for non-standard sized sheets of paper will reflect the actual cost of reproduction.
- The County will provide records using double-sided printing, if it is cost-saving and available.

The cost to mail records to a requestor will be based on the following requirements:

- The actual cost to mail public records using a reasonably economical and justified means.
- The County may charge for the least expensive form of postal delivery confirmation.
- No cost will be made for expedited shipping or insurance unless specified by the requestor.

If the FOIA Coordinator does not respond to a written request in a timely manner, the County must:

- Reduce the labor costs by 5% for each day the County exceeds the time permitted under FOIA up to a 50% maximum reduction, if **any** of the following applies:
  - The County's late response was willful and intentional,
  - The written request conveyed a request for information within the first 250 words of the body of a letter facsimile, email or email attachment, or
  - The written request included the words, characters, or abbreviations for "freedom of information," "information," "FOIA," "copy" or a recognizable misspelling of such, or legal code reference to MCL 15. 231, et seq. or 1976 Public Act 442 on the front of an envelope or in the subject line of an email, letter or facsimile cover page.
- Fully note the charge reduction in the Detailed Itemization of Costs Form.

### **Section 6: Waiver of Fees**

The cost of the search for and copying of a public record may be waived or reduced if in the sole judgment of the FOIA Coordinator a waiver or reduced fee is in the public interest because it can be considered as primarily benefitting the general public. The County Board of Commissioners may identify specific records or types of records it deems should be made available for no charge or at a reduced cost.

### **Section 7: Discounted Fees**

#### **Indigence**

The FOIA Coordinator will discount the first \$20.00 of the processing fee for a request if the person requesting a public record submits an affidavit stating that they are:

- Indigent and receiving specific public assistance, or
- If not receiving public assistance, stating facts demonstrating an inability to pay because of indigence.

An individual is not eligible to receive the waiver if:

- The requestor has previously received discounted copies of public records from the County twice during the calendar year; or
- The requestor requests information in connection with other persons who are offering or providing payment to make the request.

An affidavit is sworn statement. The FOIA Coordinator may make a Fee Waiver Affidavit Form available for use by the public.

### ***Nonprofit organization advocating for developmentally disabled or mentally ill individuals***

The FOIA Coordinator will discount the first \$20.00 of the processing fee for a request from:

- A nonprofit organization formally designated by the state to carry out activities under subtitle C of the federal developmental disabilities assistance and bill of rights act of 2000, Public Law 106-402, and the protection and advocacy for individuals with mental illness act, Public Law 99-319, or their successors, if the request meets all of the following requirements:
  - Is made directly on behalf of the organization or its clients.
  - Is made for a reason wholly consistent with the mission and provisions of those laws under section 931 of the mental health code, 1974 PA 258, MCL 330.1931.
- Is accompanied by documentation of its designation by the state, if requested by the public body.

### **Section 8: Appeal of a Denial of a Public Record**

When a requestor believes that all or a portion of a public record has not been disclosed or has been improperly exempted from disclosure, he or she may appeal to the County Board of Commissioners by filing an appeal of the denial with the office of the County Commissioners.

The appeal must be in writing, specifically state the word "appeal" and identify the reason or reasons the requestor is seeking a reversal of the denial. The County FOIA Appeal Form (To Appeal a Denial of Records), may be used.

The County Board of Commissioners is not considered to have received a written appeal until the first regularly scheduled County Board of Commissioners meeting following submission of the written appeal.

Within 10 business days of receiving the appeal the County Board of Commissioners will respond in writing by:

- Reversing the disclosure denial;
- Upholding the disclosure denial; or
- Reverse the disclosure denial in part and uphold the disclosure denial in part; or
- Under unusual circumstances, issue a notice extending for not more than 10 business days the period during which the County Board of Commissioners shall respond to the written appeal. The County Board of Commissioners shall not issue more than 1 notice of extension for a particular written appeal.

If the County Board of Commissioners fails to respond to a written appeal, or if the County Board of Commissioners upholds all or a portion of the disclosure denial that is the subject of the written appeal, the requesting person may seek judicial review of the nondisclosure by commencing a civil action in Circuit Court.

Whether or not a requestor submitted an appeal of a denial to the County Board, he or she may file a civil action in 26th County Circuit Court within 180 days after the County's final determination to deny the request.

If a court that determines a public record is not exempt from disclosure, it shall order the County to cease withholding or to produce all or a portion of a public record wrongfully withheld, regardless of the location of the public record. Failure to comply with an order of the court may be punished as contempt of court.

If a person asserting the right to inspect, copy, or receive a copy of all or a portion of a public record prevails in such an action, the court shall award reasonable attorneys' fees, costs, and disbursements. If the person or County prevails in part, the court may, in its discretion, award all or an appropriate portion of reasonable attorneys' fees, costs, and disbursements.

If the court determines that the County has arbitrarily and capriciously violated this act by refusal or delay in disclosing or providing copies of a public record, the court shall order the County to pay a civil fine of \$1,000.00, which shall be deposited into the general fund of the state treasury. The court shall award, in addition to any actual or compensatory damages, punitive damages in the amount of \$1,000.00 to the person seeking the right to inspect or receive a copy of a public record. The damages shall not be assessed against an individual, but shall be assessed against the next succeeding public body that is not an individual and that kept or maintained the public record as part of its public function.

### **Section 9: Appeal of an Excessive FOIA Processing Fee**

"Fee" means the total fee or any component of the total fee calculated under section 4 of the FOIA, including any deposit.

If a requestor believes that the fee charged by the County to process a FOIA request exceeds the amount permitted by state law or under this policy, he or she must first appeal to the County Board of Commissioners by submitting a written appeal for a fee reduction to the office of the County Commissioners.

The appeal must be in writing, specifically state the word "appeal" and identify how the required fee exceeds the amount permitted. The County FOIA Appeal Form (To Appeal an Excess Fee) may be used.

The County Board of Commissioners is not considered to have received a written appeal until the first regularly scheduled County Board of Commissioners meeting following submission of the written appeal.

Within 10 business days after receiving the appeal, the County Board of Commissioners will respond in writing by:

- Waiving the fee;
- Reducing the fee and issuing a written determination indicating the specific basis that supports the remaining fee;
- Upholding the fee and issuing a written determination indicating the specific basis that supports the required fee; or
- Issuing a notice detailing the reason or reasons for extending for not more than 10 business days the period during which the County Board of Commissioners will respond to the written appeal.

The County Board of Commissioners shall not issue more than 1 notice of extension for a particular written appeal.

Where the County Board of Commissioners reduces or upholds the fee, the determination must include a certification from the County Board of Commissioners that the statements in the determination are accurate and that the reduced fee amount complies with its publicly available procedures and guidelines and Section 4 of the FOIA.

Within 45 days after receiving notice of the County Board's determination of an appeal, the requesting person may commence a civil action in 26th County Circuit Court for a fee reduction.

If a civil action is commenced against the County for an excess fee, the County is not obligated to complete the processing of the written request for the public record at issue until the court resolves the fee dispute.

An action shall not be filed in circuit court unless **one** of the following applies:

- The County does not provide for appeals of fees,
- The County Board of Commissioners failed to respond to a written appeal as required, or
- The County Board of Commissioners issued a determination to a written appeal.

If a court determines that the County required a fee that exceeds the amount permitted under its publicly available procedures and guidelines or Section 4 of the FOIA, the court shall reduce the fee to a permissible amount. Failure to comply with an order of the court may be punished as contempt of court.

If the requesting person prevails in court by receiving a reduction of 50% or more of the total fee, the court may, in its discretion, award all or an appropriate portion of reasonable attorneys' fees, costs, and disbursements. The award shall be assessed against the public body liable for damages.

If the court determines that the County has arbitrarily and capriciously violated the FOIA by charging an excessive fee, the court shall order the County to pay a civil fine of \$500.00, which shall be deposited in the general fund of the state treasury. The court may also award, in addition to any actual or compensatory damages, punitive damages in the amount of \$500.00 to the person seeking the fee reduction. The fine and any damages shall not be assessed against an individual, but shall be assessed against the next succeeding public body that is not an individual and that kept or maintained the public record as part of its public function.

### **Section 10: Conflict with Prior FOIA Policies and Procedures; Effective Date**

To the extent that these Procedures and Guidelines conflict with previous FOIA policies promulgated by County Board of Commissioners or the County Administration these Procedures and Guidelines are controlling. To the extent that any administrative rule promulgated by the FOIA Coordinator subsequent to the adoption of this resolution is found to be in conflict with any previous policy promulgated by the County Board of Commissioners or the County Administration, the administrative rule promulgated by the FOIA Coordinator is controlling.

To the extent that any provision of these Procedures and Guidelines or any administrative rule promulgated by the FOIA Coordinator pertaining to the release of public records is found to be in conflict with any State statute, the applicable statute shall control. The FOIA Coordinator is authorized to modify this policy and all previous policies adopted by the County Board of Commissioners or the County Administration, and to adopt such administrative rules as he or she may deem necessary, to facilitate the legal review and processing of requests for public records made pursuant to Michigan's FOIA statute, provided that such modifications and rules are consistent with State law. The FOIA Coordinator shall inform the County Board of Commissioners of any change these Policies and Guidelines.

These FOIA Policies and Guidelines become effective July 1, 2015.

### **Section 11: Appendix of Alpena County FOIA Forms**

- Request for Public Records Form
- Notice to Extend Response Time Form
- Notice of Denial Form
- Detailed Cost Itemization Form
- Appeal of Denial of Records Form
- Appeal of Excess Fee Form