



**CITY OF OMAHA
NEW EMPLOYEE DATA FORM
BASIC HIRE INFORMATION**

1. **SOCIAL SECURITY NUMBER:** _____ **Today's Date** _____

2. **NAME:** _____
Last First Middle

3. **HOME TELEPHONE:** (____) _____

4. **HOME ADDRESS:**

Street City State Zip

5. **DATE OF BIRTH:** _____

6. **US CITIZEN (circle one):** YES NO _____
If no, indicate country of citizenship

7. **SEX (circle one):** FEMALE MALE

8. **RACE (check one):**
____ American Indian or Alaskan Native (E)
____ Asian or Pacific Islander (D)
____ Black (not Hispanic origin) (B)
____ Hispanic (C)
____ White (A)

9. **VETERAN STATUS (check one):**
____ 1. **Non-Veteran**
____ 2. **Special Disabled Veteran**
Rated 30% or more disability (10-20% disability if determined to have a serious employment handicap) by the Veterans Administration, or released from active duty because of a service-connected disability.
____ 3. **Other Veterans**
____ 4. **Vietnam Era Veteran** Served FROM: _____ TO: _____
Served on active duty for a period of more than 180 days between August 5, 1964 and May 7, 1975 and was discharged other than dishonorable; or was discharged from active duty between the above dates for a service-connected disability.
____ 5. **Other Special Disabled Veteran**
Served on active duty in the U.S. military ground, naval, or air service: (1) is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to disability compensation) under laws administered by the Secretary of Veterans Affairs, or (2) was discharged or released from active duty because of a service-connected disability.
____ 6. **Vietnam Era Special Disabled Veteran** Served FROM: _____ TO: _____
And meets the conditions of paragraph 5 (Other Special Disabled Veteran) above

EDUCATION/CAREER – FORMAL EDUCATION

10. EDUCATION LEVEL (enter information on all schooling completed):

LEVEL	MAJOR SUBJECT	SCHOOL NAME	YEAR FINISHED
08 Grade School	N/A	N/A	
13 GED	N/A	N/A	
14 High School	N/A	N/A	
15 Vocational/Business			
44 Associate Degree			
66 Bachelors Degree			
86 Masters Degree			
94 Law Degree			
97 Doctorate			

Continue on the back.

EDUCATION/CAREER – PROFESSIONAL LICENSES

11. DRIVER'S LICENSE

License Number _____	Expiration Date _____	YES NO CDL ? (circle one)	Class(es) _____	Issuing State _____
Endorsements (list all – letter codes only) _____		Restrictions (list all – letter codes only) _____		

12. Professional/Other Licenses (list):

License Number	Expiration Date	Issuing State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MARITAL/EMERGENCY INFORMATION

13. MARITAL STATUS (circle one):

SINGLE MARRIED WIDOWED SEPARATED DIVORCED

14. SPOUSE DATA (if married):

NAME: _____ **DATE OF MARRIAGE:** _____

PHONE: _____ **DATE OF BIRTH:** _____

SOCIAL SECURITY#: _____

15. EMERGENCY CONTACT:

NAME: _____ **RELATIONSHIP:** _____

(Mother, Father, Relative, Spouse, Friend, Etc.)

PHONE: _____

Form W-4 (2013)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

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

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

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

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$85,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child 	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>

For accuracy, **complete all worksheets that apply.** {

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2013</div>
1 Your first name and middle initial Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u> </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2013 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1949) of your income, and miscellaneous deductions. For 2013, you may have to reduce your itemized deductions if your income is over \$300,000 and you are married filing jointly or are a qualifying widow(er); \$275,000 if you are head of household; \$250,000 if you are single and not head of household or a qualifying widow(er); or \$150,000 if you are married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,200 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,950 \text{ if head of household} \\ \$6,100 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2013 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2013 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2013 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$3,900 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2013. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2013. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$72,000	\$590	\$0 - \$37,000	\$590
5,001 - 13,000	1	8,001 - 16,000	1	72,001 - 130,000	980	37,001 - 80,000	980
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,090	80,001 - 175,000	1,090
24,001 - 26,000	3	25,001 - 30,000	3	200,001 - 345,000	1,290	175,001 - 385,000	1,290
26,001 - 30,000	4	30,001 - 40,000	4	345,001 - 385,000	1,370	385,001 and over	1,540
30,001 - 42,000	5	40,001 - 50,000	5	385,001 and over	1,540		
42,001 - 48,000	6	50,001 - 70,000	6				
48,001 - 55,000	7	70,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 75,000	9	95,001 - 120,000	9				
75,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



CITY OF OMAHA AUTHORIZATION FOR DIRECT DEPOSIT OF PAY

I hereby authorize the **CITY OF OMAHA** to initiate credit/debit entries to the account indicated below, and the **DEPOSITORY FINANCIAL INSTITUTION** named below to credit/debit that account.

Employee Name _____ SSN _____
(Please Print)

Please indicate which of the following categories this Direct Deposit Authorization applies to:

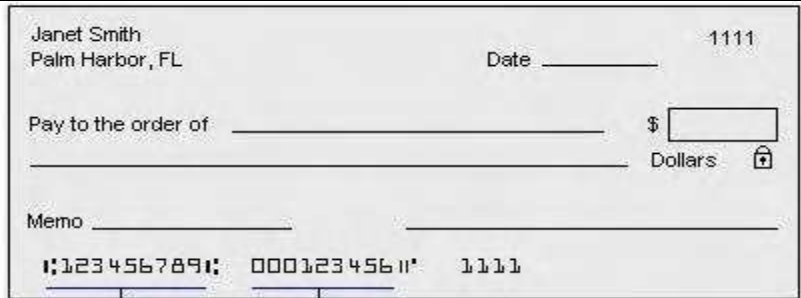
- Current City Employee – Regular Payroll (Full Time Part Time)
- Retired City Employee (or Beneficiary) – Pension Payroll
- Retired City Employee – Returning to Work Part-time – Regular Payroll
- Retired or Former City Employee – Worker’s Compensation Payroll

Bank Name _____ Bank Routing # _____
Account Type Checking or Savings Your Account# _____

This authority is to remain effective until the **CITY OF OMAHA** has received written notification from me of its termination in such time and in such manner as to afford the **CITY OF OMAHA** a reasonable opportunity to act on it. I understand that the **CITY OF OMAHA** may terminate this agreement upon notification from my bank, in the event of my death, or when final payment is made upon termination of employment.

Date _____ Signature _____

A VOIDED CHECK MUST ACCOMPANY THIS AGREEMENT (IF DEPOSITING INTO A CHECKING ACCOUNT) FOR VERIFICATION OF BANK ROUTING NUMBERS AND ACCOUNT NUMBERS.



↓ Bank Routing Number ↓ Bank Account Number

Sample Check

**Attach Voided or Photocopied
Check Here

(No Deposit Slip)**

Form I-9 Simplified Instructions
Effective May 7, 2013 - 3/31/2016

If you would like to review the detailed instructions, read pgs 1-6.

New employee will complete Section 1:

- Name: Last Name, First Name, Middle Initial
- Other Names Used: Maiden name, if any. Otherwise, write N/A.
- Address, Apt Number, City, State, Zip Code: (no PO Box #)
- Date of Birth: mm/dd/yyyy format
- Social Security Number: 9 digit number
- Email Address: Optional
- Telephone Number: Optional
- Check the box regarding citizenship
- Sign form on line indicating Signature of Employee and use current date (mm/dd/yyyy format)

Preparer and/or Translator Certification – only need to complete if a translator is required.

Employer will complete Section 2:

Employee Last Name, First Name and Middle Initial

If the employee has a passport for List A, that is the only ID required. Otherwise, two pieces of ID are required for Lists B & C.

- If employee has a passport, record that information under List A.
 - Document Title: Passport
 - Issuing Authority: US Gov't
 - Document Number: Passport #
 - Expiration Date: Date from Passport in mm/dd/yyyy format.
- **Please make a copy of the passport**

- If the employee has a driver's license or school ID, record that information under List B. If you are providing a document other than the above, refer to List B from Lists of Acceptable Documents.
 - Document Title: Driver's license/School ID
 - Issuing Authority: State/School
 - Document Number: DL #/School year
 - Expiration date: DL expiration date in mm/dd/yyyy format (please ensure this is current as of first day of work)
- **Please make a copy for our records.**

- Must also have either a social security card or birth certificate to record under List C. If you are providing a document other than the above, refer to List C from Lists of Acceptable Documents.
 - Document Title: Social Security/Birth Certificate
 - Issuing Authority: US Gov't/State or County
 - Document Number: SS#/Birth Certificate #
 - Expiration date: Leave blank
- **Please make a copy for our records.**

- Certification: Leave the first day of employment blank for the Human Resources Department to complete.
- Signature of Employer, Date in mm/dd/yyyy format, Title of Employer
- Last Name, First Name, Employer's Business (City of Omaha)
- Employer's Business Address: 1819 Farnam, Omaha, NE 68183.

Skip Section 3 – Updating and Reverification

Go to page 7-8 to begin filling out the form.



Instructions for Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/cert/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. A citizen of the United States

2. A noncitizen national of the United States: Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

3. A lawful permanent resident: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.

b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).

(1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).

(2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on www.uscis.gov/I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include **(1)** the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and **(2)** the employer writing "minor under age 18" or "special placement" under List B in Section 2.

Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

- a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
5. Sign and date the attestation on the date Section 2 is completed.
6. Record the employer's business name and address.
7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at www.uscis.gov/I-9Central for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
 - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
 - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
 - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

USCIS Privacy Act Statement

AUTHORITIES: The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

DISCLOSURE: Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

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

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number	

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

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

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

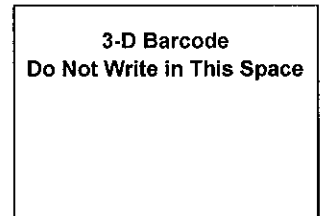
2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)



Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)			
Address (Street Number and Name)			City or Town	State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode
Do Not Write in This Space**

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
			City of Omaha	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code
1819 Farnam		Omaha	NE	68183

Section 3. Reverification and Rehires (To be completed and signed by Employer or authorized representative)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	<p style="text-align: center;">OR</p> <ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<p style="text-align: center;">AND</p> <ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

CITY OF OMAHA

(Department)

O A T H

"I, _____ do solemnly swear (affirm) that I will support the Constitution of the United States and the Constitution of the State of Nebraska, against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely and without mental reservation or purpose of evasion; and that I will faithfully and impartially perform the duties of the office of

according to law and to the best of my ability. And I do further swear (affirm) that I will not knowingly commit any act of treason against the government of the United States or of this state during such time as I am in this position. So help me God."

(Adopted by special election 11-6-84)

SIGNATURE OF EMPLOYEE

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____
Day Month Year

NOTARY PUBLIC

****ONLY FOR THOSE EMPLOYEES UNDERAGE 18****

CITY OF OMAHA

FAIR LABOR STANDARDS ACT CHILD LABOR AGREEMENT

HOURS OF WORK:

Ages 14-15:

- ✓ During non-school hours
- ✓ Between the hours of 7 a.m. and 7 p.m. Exception from June 1 through Labor day may work until 9 p.m .
- ✓ When school is in session:
 - o May work up to 3 hours a day on school days.
 - o May work up to 18 hours a week in school weeks .
- ✓ During school holidays:
 - o May work up to 8 hours a day on non-school days.
 - o May work up to 40 hours a week in non-school weeks
- ✓ Exceptions to hours regulations:
 - o Work experience and career exploration program (WECEP).
 - o Performance of sports-attending services at professional sporting events.

Ages 16-17:

- ✓ No limitation on the number of hours worked.

JOBS THAT I MAY NOT BE EMPLOYED IN:

Ages 14-15:

- ✓ Any manufacturing occupation
- ✓ Any mining occupation
- ✓ Processing occupations
- ✓ Any duties in workrooms or places engaged in manufacturing, mining or processing
- ✓ Public messenger service
- ✓ Operations or tending of hoisting apparatus or of any power-driven machinery other than machines which are specified such minors may operate in certain establishments
- ✓ Occupations in connection with:
 - o Transportation of persons or property by rail, highway, air, on water, pipeline, etc.
 - o Warehousing and public utilities.
 - o Communications and public utilities.
 - o Construction (including repairs)
- ✓ The following occupations in a retail, food service, or gasoline service establishment:
 - o Work performed in or about boiler or engine rooms.
 - o Maintenance or repair of the establishment, machines or equipment.
 - o Outside window washing involving working from windowsills, and all work requiring the use of ladders, scaffolds or their substitutes.
 - o Cooking and baking.
 - o Operating, setting up, adjusting, cleaning, oiling, or repairing, power-driven food slicers and grinders, food choppers and cutters, and bakery-type mixers.
 - o Work in freezers and meat coolers; preparing meats for sale (except wrapping, sealing, labeling, weighing, pricing, and stocking when performed in other areas).
 - o Loading and unloading goods to and from trucks, railroads cars, or conveyors.

Ages 14-15: (Continued)

- o All occupations in warehouses except office and clerical work.
- ✓ Other hazardous jobs:
 - o Manufacturing and storing explosives.
 - o Motor-vehicle driving and outside helper.
 - o Exposure to radioactive substance.
 - o Manufacturing brick, tile, and kindred products.
 - o Wrecking, demolition, and ship-breaking operations.
 - o Roofing operations.
 - o Excavation operations.

Ages 16-17:

- ✓ Manufacturing and storing explosives
- ✓ Motor-vehicle driving and outside helper
- ✓ Coal Mining and other mining
- ✓ Logging and sawmilling
- ✓ Power-driven woodworking machine
- ✓ Exposure to radioactive substance
- ✓ Power-driven hoisting apparatus
- ✓ Power-driven metal- forming, punching, and shearing machines
- ✓ Slaughtering, or meatpacking, processing or rendering
- ✓ Power-driven bakery machines
- ✓ Power-driven paper-products machines
- ✓ Manufacturing brick, tile, and kindred products
- ✓ Power-driven circular saws, band saws and guillotine shears
- ✓ Wrecking, demolition, and ship-breaking operations
- ✓ Roofing operations
- ✓ Excavation operations.

REPORTING (All ages):

- ✓ Shall be informed of the hours which they may *not* work and the types of jobs that they may *not* undertake, as outlined above
- ✓ Shall promptly report, to the Personnel Director in writing, any request or demand to perform prohibited duties, as outlined above.

EXEMPTIONS (All ges):

- ✓ Apprentices
- ✓ Student-learners

I, _____, have read and understand the information stated here. I also understand that it is the responsibility of my employer and me to comply with these regulations. However, it is my responsibility to tell a supervisor if at any time I am asked to perform work that is outside of the regulations stated above. Failure to either comply with the regulations or to inform a supervisor that any work I am ordered to perform is outside of said regulations may result in disciplinary action, up to and including termination.

By my signature below, I do hereby acknowledge accepting receipt of a copy of this document from the City of Omaha, so that I may then share this document with my parents/guardian.

Signature of Employee

Date

CITY OF OMAHA
**STATEMENT OF UNDERSTANDING
WEATHER CONDITIONS**

I hereby acknowledge, as a condition of employment, the following policy regarding absence from work resulting from inclement weather conditions:

Should I be released from my obligation to report to work due to inclement weather conditions, I understand and agree that the time missed from work will be covered by:

1. Utilization of vacation credits if sufficient credits have been established, or
2. Leave without pay.

Should the Mayor, by authority granted through the City Charter and Municipal Code, effectively close City offices due to the needs for public safety; the terms of Chapter 23 of the City Code on Personnel or the applicable Labor Agreement, depending on my status, will apply.

By: _____ Date: _____
Employee

Witness: _____ Date: _____



Human Resources Department Use Only Medical Evaluation Required YES _____ NO _____

City of Omaha Human Resources Department Civilian Employees Health Evaluation Report

Name (Last) (First) (Initial)	Address (Street)	City	State/Zip	Phone No.
Position	Department	Division		

SECTION A: PERSONAL MEDICAL HISTORY

For any of the below questions checked "YES", please provide the following information if applicable: DIAGNOSIS, DATE OF ONSET, HOSPITAL AND/OR, PHYSICIAN'S NAME/ADDRESS, AND YOUR PRESENT CONDITION, INCLUDING ANY CURRENT RESTRICTIONS OR LIMITATIONS ON PARTICIPATION IN PHYSICAL ACTIVITIES. Identify any permanent impairment rating(s) if known. If necessary you can continue on a 8 1/2 X 11 sheet of paper and attach.

1. Have you had an injury or other medical condition within the last ten (10) years that resulted in surgery or medical treatment for over 2 months that could impact your ability to perform in the position that you have been offered by the City of Omaha? **YES** **NO**
If so, please explain.

2. Have you ever applied and/or received long term disability, compensation, disability through social security or workers compensation? **YES** **NO**
If so, please explain.

3. Have you ever been deferred from military services for medical or emotional reasons? **YES** **NO**
If so, please explain.

4. Have you ever been denied employment, or refused insurance for medical or emotional reasons? **YES** **NO**
If so, please explain.

(Continue on page 2)

Page 2 – HEALTH EVALUATION REPORT

5. Have you ever been discharged or released from employment, or received any benefits from an employer, including the armed forces for any medical or emotional reason? **YES** **NO**
If so, please explain.

6. Are you presently under the care of a medical provider that could impact your ability to perform in the position you have been offered by the City of Omaha? **YES** **NO**
If so, please explain.

7. Are you taking any medication at the present time that could impact your ability to perform in the position that you have been offered by the City of Omaha? **YES** **NO**
If so, please explain.

8. Are there any other medical or emotional problems that you may have experienced or received treatment for, that are not identified above that could impact your ability to perform in the position you have been offered by the City of Omaha? **YES** **NO**
If so, please explain.

I certify that the answers given by me are full, complete and true, and I hereby give permission to the City of Omaha to use the information provided in this questionnaire, as well as securing any other necessary information from any physician for purposes of job placement.

I also hereby certify that this application contains no willful misrepresentations or falsification, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any such misrepresentation or falsification, my application will be rejected, and my name removed from consideration. Furthermore, I will be dismissed from employment with the City of Omaha, and I will be disqualified from making future application for employment with the City of Omaha.

Employee Signature

Date



ACKNOWLEDGEMENT OF POLICY **RECEIPT**

I hereby acknowledge having received a personal copy of the following City of Omaha policies/executive orders:

1. Personnel Policy #24 – Reasonable Accommodations in Employment
2. Personnel Policy #36 – Fair Labor Standards Act
3. Executive Order No. S-2-10 – City of Omaha Statement of Zero Tolerance For Racism And Discrimination
4. Executive Order No. S-5-10 – Harassment: Age, Ethnic, Disability, Race, Religion, Sex, or Sexual Orientation
5. Personnel Policy #35 – Drugs and Alcohol
6. City of Omaha Group Health Program Notice of Privacy Practices
7. Personnel Policy #22-00 – Outside Employment

I realize that I am obligated to read the policies/executive orders mentioned above and become familiar with them. I understand that after I sign this acknowledgement, it will be placed in my personnel file. I understand that the listing above contains a few of the City's Personnel Policies. As a City of Omaha employee I am required to comply with all established policies.

I understand that from time to time it may be necessary to update various personnel policies and executive orders to meet changes in personnel rules, standards, and/or state/federal guidelines. I understand that I may obtain any changes or amendments to these Personnel Policies (HR Policies) and/or Executive orders by looking on the City's Internet at <http://www.cityofomaha.org/humanresources/public-documents>. I can also obtain copies of policies/executive orders from my immediate supervisor or by contacting the Human Resources Department to have a copy of specific policies sent to me.

Employee Name (please print): _____

Employee Signature: _____ Date: _____

Title: _____ Dept/Division: _____



Personnel Policies and Executive Orders Informational Summary

I understand that from time to time it may be necessary to update various personnel policies and executive orders to meet changes in personnel rules, standards, and/or state/federal guidelines. Furthermore I understand:

- I may obtain any changes or amendments to these personnel policies and/or executive orders by looking in the City's Internet at: <http://www.cityofomaha.org/humanresources/public-documents>
- The packet of printed materials I have received today does not contain all of the policies that apply to me.
- Additional posted policies and executive orders cover areas that include: computer use, CDL, Military Leave, Discipline, Sick Leave, Casual Dress Day and more.
- I can also obtain copies of policies/executive orders from my immediate supervisor or by contacting the Human Resources Department to have a copy of specific policies sent to me.

CITY PERSONNEL POLICY

REASONABLE ACCOMMODATIONS IN EMPLOYMENT

Policy # 24-00

Approved by Personnel Board: 8/26/99

Michele Frost, Personnel Director

Approved by City Council: 4/4/00

Council President Paul Koneck

Pursuant to the Omaha City Code, Section 23-65, the following is declared to be the policy of the City of Omaha. Please check the City's e-mail system in the Public Folders under Personnel Department for the latest amendments to this policy. Additional information on the Americans with Disabilities Act (ADA) can be found on the websites of the U. S. Department of Justice (www.usdoj.gov/crt/ada) and the U. S. Equal Employment Opportunity Commission (www.eeoc.gov/policy/guidance).

Policy

The City of Omaha shall provide reasonable accommodation to ensure equal employment opportunity to any applicant or employee who is an individual with a disability and to any employee with permanent medical restrictions affecting the ability to perform the employee's essential job functions.

Definitions

An "individual with a disability" is a person who has:

1. a physical or mental impairment that substantially limits one or more major life activities;
2. a record of such an impairment; or
3. is regarded as having such an impairment.

"Reasonable accommodation" is a modification or adjustment to a hiring process, a job, the work environment, or the way things usually are done that enables a qualified individual with a disability to enjoy an equal employment opportunity. The City may not be able to offer an accommodation to every person who requests accommodation. For example, the City will not create new positions or disrupt the work environment through transfers in order to make an accommodation. Some examples of reasonable accommodations:

1. making facilities readily accessible to and usable by an individual with a disability;
2. restructuring a job by reallocating or redistributing marginal job functions;
3. altering when or how an essential job function is performed;
4. obtaining or modifying equipment or devices;
5. providing qualified readers or interpreters;

6. allowing an employee to provide equipment or devices that an employer is not required to provide.

Reasonable Accommodation for Applicants

1. Any applicant who is an individual with a disability and requires an accommodation for an employment examination, interview, or any part of an employment selection process, must advise the Personnel Department at the time of application. The request may be made on the Americans with Disabilities Act (ADA) Supplement to the employment application or in a separate written communication to the Personnel Director.
2. The Personnel Department will advise and assist the hiring department in providing any reasonable accommodations necessary for the employment interview when a qualified individual with a known disability is referred. The Personnel Department may be unable to pre-determine accommodation needs for some interviews. If, during the course of an interview, the need for accommodation becomes apparent and the conduct of the interview is adversely affected, the interviewer shall recess the interview and contact the Personnel Department for assistance in providing a reasonable accommodation, as appropriate, to facilitate the interview process. If the supervisor has any questions regarding job interview accommodations, he/she should contact the Personnel Director.
3. An applicant's need for reasonable accommodation for the performance of job duties may first become apparent during the employment interview. If the interviewer believes the applicant will need reasonable accommodation because of
 - a) an obvious disability; or
 - b) the applicant's voluntary disclosure of information about a hidden disability; or
 - c) the applicant's voluntary disclosure of the need for reasonable accommodation to perform the job,

the interviewer may inquire whether the applicant needs reasonable accommodation and what type of reasonable accommodation would allow performance of the job functions. This information should be communicated to the Personnel Director before a hiring decision is made so that compliance with this policy can be assured.

Reasonable Accommodation for Employees

1. Performance of Job Duties. An employee who is an individual with a disability, or who is placed on permanent medical restrictions that prohibit the normal performance of essential job functions, and who desires to maintain employment with the City of Omaha, must complete and submit to his/her supervisor a Request for Reasonable Accommodation form. (The form is available in the Personnel Department or on the City's e-mail system in the Public Folders. Submission of this form begins the process of determining whether implementation of a reasonable accommodation will allow the employee to maintain employment in his/her current classification. If no such reasonable accommodation can be identified and implemented in the employee's current

classification, the possibility of reassignment to a vacancy in a classification at a lateral or lower level of pay will be investigated to determine whether reasonable accommodation is possible.

2. Hiring Process for Promotional Opportunities. An employee who is an individual with a disability, or who has permanent medical restrictions, who believes he/she requires reasonable accommodation for an employment examination, or any part of an employment selection process, or for the performance of duties of the position sought, is expected to make the accommodation request, in writing, to the Personnel Director as soon as reasonably possible. If the need for accommodation is initially identified during an interview with the hiring department, the interviewer shall provide information regarding all discussions of reasonable accommodation to the Personnel Director prior to completing the selection process. This information should be communicated to the Personnel Director before a hiring decision is made so that compliance with this policy can be assured.
3. Prior to completion of a personnel action which in any way affects an employee who is an individual with a disability, or who has permanent medical restrictions, the department head must contact the Personnel Director for approval.

Accommodations Committee

The purpose of the Accommodations Committee is to consider the facts surrounding an accommodation request and to determine whether a reasonable accommodation can be implemented.

1. An Accommodations Committee will be convened by the Personnel Director to lend decision-making support on all Request for Reasonable Accommodation cases referred by a supervisor to the Personnel Department for further action.
2. An Accommodations Committee may be convened at the discretion of the Personnel Director to lend decision-making support on requests for accommodation in the employment selection process for applicants and employees competing for promotion.
3. The Accommodations Committee shall consist of the applicant or employee requesting accommodation, the appropriate supervisor, division manger and/or department director, and the Personnel Director or his/her designee. The Personnel Director may also appoint additional members to this committee, including outside consultants, as deemed appropriate.
4. Accommodations Committee members shall consider the particular job involved, as well as the applicant's/employee's specific physical and mental abilities and limitations, noting that the process of identifying a reasonable accommodation relies on dialogue with the applicant/employee and an understanding of his/her particular needs and proposals. Potential accommodations are then evaluated to assess their effectiveness and impact on the operation of business. Accommodations are deemed to be reasonable

and shall be granted when the needs of the individual and the City of Omaha are served and no undue hardship is imposed on the operation of business.

5. Accommodations Committee discussion may occur in person, by phone or by e-mail.
6. Reasonable accommodations granted shall be documented on the Request for Reasonable Accommodation form to ensure a clear understanding by all parties. The confidential Request for Reasonable Accommodation form shall be disseminated on a strict need-to-know basis.
7. The granting of a reasonable accommodation does not infer nor deny that the person being accommodated is covered by the ADA, nor that the person is regarded as having an impairment that substantially limits a major life function.

Policy Limitations

1. The City of Omaha will not grant an accommodation request if doing so would impose an undue hardship on the operation of business (i.e., result in significant difficulty or expense).
2. The City of Omaha will not create a new job or promote an employee based on the employee's request for accommodation. The City of Omaha will not bump another employee to a lower classification, terminate or lay off another employee in order to create a vacancy for an employee requesting accommodation.
3. In making a decision as to what is a reasonable accommodation, the City will consider the requirements of Chapter 23 of the Omaha Municipal Code and applicable bargaining agreements.
4. This policy does not apply to individuals with temporary medical restrictions. Employees with temporary medical restrictions are covered by leave provisions and temporary light duty assignments (See, City Personnel Policy - Limited Duty: Return to Work After Injury or Illness).

CITY PERSONNEL POLICY

FAIR LABOR STANDARDS ACT

Policy # 36

Approved by Personnel Board: 2/28/02

Cecil Hicks, Personnel Director

Approved by City Council: 8/27/02

Council President Chuck Sigerson

Pursuant to the Omaha Municipal Code, Section 23-65, the following is declared to be the policy of the City of Omaha. Please check the City's e-mail system in the Public Folders under Personnel Department for the latest amendments to this policy.

It is the expressed intent of the City of Omaha to comply with the Fair Labor Standard Act. In order to accomplish this goal, the following Policy is issued to guide City employees in their compliance. Appendix A, incorporated herein by this reference, sets forth certain policies and procedures applicable to the Police Department and is provided to members of the Police Department. Appendix B, incorporated herein by this reference, sets forth procedures to audit and monitor compliance with the Policy and is provided to all City employees.

All other previously issued policies regarding FLSA practices are revoked by this Policy. Nothing contained in this Policy is intended to change or affect any rights employees may have under applicable labor agreements, nor is this Policy intended to define or determine hours worked for contract purposes.

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A. DEFINITIONS

For the purposes of this policy, the following definitions shall be applicable:

- “**Assigned Work Hours**” means the time and days which an employee regularly works or for which an employee has received supervisory approval to work.
- “**Compensatory Time**”, or “**Comp. Time**” shall be interchangeable terms which mean time earned and accrued by an employee in lieu of immediate cash payment required by the FLSA overtime provisions.
- “**Exempt Employee**” means an employee exempt from the maximum hour provisions of the FLSA, including any employee engaged in a bona fide executive, administrative, or professional capacity within the meaning of the FLSA and Chapter 29, Part 541, of the Code of Federal Regulations, as amended.
- “**FLSA**” means the Fair Labor Standard Act of 1938, codified as 29 U.S.C. § 201 et seq., and all amendments thereto.
- “**Hours Worked**” has the same meaning in this Policy as it does in the FLSA and Chapter 29, Part 785, of the Code of Federal Regulations, as amended. In general, this will mean time spent by an employee doing something for the City when the work is controlled, required, or permitted by the City, and generally shall not include, without limitation, annual, sick, birthday, Injured on Duty, Workers Compensation, military, funeral, jury duty, election duty, union and holiday leave; leave without pay; Comp. Time used, or any other time the employee is not actually working, such as hours compensated for under a union contract that are not actually worked.
- “**Non-exempt Employee**” shall mean an employee subject to the maximum hour provisions of the FLSA
- “**Regular Rate of Pay**” shall have the same meaning as the term is used in Chapter 29, Part 778, of the Code of Federal Regulations, as amended. In general, this is the hourly rate actually paid the employee for the usual non-overtime work week or work period, plus other payments to the employee which are included by the FLSA in overtime compensation. (see, Appendix A for Police)
- “**This Policy**” means the policies outlined herein and any other policies issued hereafter related to the FLSA.

B. COMPLIANCE WITH FLSA

- It is the policy of the City of Omaha to comply with the applicable provisions of the FLSA.
- It is also the policy of the City of Omaha to comply with state and federal child labor laws.

- Employees who engage in practices in violation of this Policy may be subject to disciplinary action, up to and including termination.
- The Personnel Department, in cooperation with the Law and Finance Departments, shall train supervisors about this Policy and the requirements of the FLSA . Employees are required to familiarize themselves with this Policy.
- Supervisors are required to monitor compliance with this Policy.
- Employees are required to immediately report to their supervisors any circumstances giving rise to a possible violation of this Policy. Supervisors shall promptly transmit such reports to the Personnel Director for investigation.

C. EXEMPT/NON-EXEMPT

- The Personnel Department shall classify employees as Exempt or Non-exempt pursuant to the requirements of the FLSA and shall review such positions on an ongoing basis.

D. WORK WEEK; WORK PERIOD

- Seven (7) calendar days (Sunday to Saturday) shall constitute a “work week” for employees in civilian classifications.
- Twenty eight (28) calendar days shall constitute the “work period” for “fire protection” and “law enforcement” personnel as defined by Section 207 (k) of the FLSA.

E. HOURS WORKED

a) **General**

- Non-exempt employees shall not, without the prior approval of their supervisor, engage in work (either at the work site or away from the work site) for the primary benefit of the City at any time other than during their Assigned Work Hours, except in an emergency. Employees are not permitted to unilaterally extend their work hours.

a) **Reporting Hours Worked**

- Any activity performed outside of a Non-exempt Employee’s Assigned Work Hours which the Non-exempt employee believes constitutes Work Hours must be reported to the employee’s supervisor by the end of the next shift after the activity is performed.
- Time Worked of less than 8 minutes shall be considered “de minimus” and shall not be considered Hours Worked nor should such time be reported on approved Time and Attendance Reports.

- Timekeepers shall keep track of Hours Worked in excess of 8 minutes to the nearest minute. Such time shall be recorded on approved Time and Attendance Forms to the nearest quarter (.25) hour. At such time as Time and Attendance Forms are fully computerized, Time Worked in excess of 8 minutes shall be recorded on approved Time and Attendance Forms to the nearest minute and overtime shall be computed to the nearest minute.
- Supervisors are required to take the necessary steps to ensure that all reported Hours Worked are accurately recorded and paid in compliance with this Policy.
- Supervisors are required to recommend such disciplinary actions as are deemed appropriate for violation of this Policy.
- Employees are required to honestly and accurately record actual Hours Worked.

a) **Present at Work Station**

- Non-exempt Employees who are required to utilize a time clock shall not perform any work before clocking in or after clocking out. Non-exempt Employees shall not clock in earlier than five minutes prior to their Assigned Work Hours or clock out later than five minutes after their Assigned Work Hours, unless such time is pre-approved overtime. Such five-minute periods are considered “de minimus.”
- Non-exempt Employees who are not required to utilize a time clock shall not perform any work before their Assigned Hours or after their Assigned Work Hours. Non-exempt Employees shall not be at their work station more than five minutes before or five minutes after their Assigned Work Hours, unless such work is pre-approved overtime. Such five-minute periods are considered “de minimus.”

a) **Meal Period**

- Non-exempt Employees shall not be permitted to eat at their work station during their assigned meal period, unless such employees are compensated for such meal period under an applicable union contract (i.e. police officers). Nothing herein is intended to prohibit employees from eating or drinking at their work stations during paid periods, such as breaks.
- To the extent possible, break areas shall be separate from work areas. If break areas cannot be separated from work areas, Non-exempt Employees may be permitted to be in such work areas outside of Assigned Work Hours. However, such Non-exempt Employees shall not be permitted to engage in any work during unpaid meal breaks or before or after such employees' Assigned Work Hours. Supervisors are required to monitor compliance with this paragraph.

a) **Volunteers**

- Non-exempt Employees shall not volunteer (agree to perform the work without pay) to perform work for the City (or for another employer at a City-

owned or operated facility) that involves the same or similar duties as the employee's regular duties.

a) **Subpoenas**

- For FLSA purposes, time spent responding to subpoenas for court proceedings, which are issued by anyone other than a representative of the City, shall not be considered Hours Worked, unless specifically authorized by the Department.

a) **Doctor Appointments**

- Doctor appointments attended by employees with Workers Compensation or Injured on Duty claims outside of Assigned Work Hours shall not be considered Hours Worked. Personal appointments with a health care provider either within or outside of Assigned Work Hours are not considered Hours Worked. Any time a Non-exempt Employee is directed by his or her supervisor to see any health care provider for any purpose, such time shall be considered Hours Worked.

a) **Outside Agency Requirements**

- Time spent to comply with requirements by other outside agencies (e.g., OSHA, FAA) shall not be considered Hours Worked, even if such requirements are mandatory to maintain City employment status.

a) **On Call**

- Being "on call" in and of itself shall not be considered Hours Worked.

a) **Phone Calls; Pagers**

- Non-exempt Employees shall not be contacted by telephone or otherwise for work related purposes outside of Assigned Work Hours, except in an emergency or as directed by an employee's supervisor.
- Any work-related off-duty telephone calls of 8 minutes or more or a series of related calls totaling 8 minutes or more within the 24-hour period (0001 through 2400), engaged in by Non-exempt Employees are required to be reported to the employee's supervisor by the end of the next shift after the phone call. Such telephone calls will be reviewed to determine whether the call is considered Hours Worked as outlined herein or under the applicable union contract.
- Carrying of a cellular phone, portable radio, beeper or similar pager outside of Assigned Work Hours shall not constitute Hours Worked.

F. OVERTIME

- For civilian Non-exempt Employees, the City shall pay overtime for all Hours Worked over 40 hours in a work week.

- For sworn police personnel, the City shall pay overtime for all Hours Worked over 171 hours per the 28-day work period.
- For sworn fire personnel, the City shall pay overtime for all Hours Worked over 212 hours per the 28-day work period.
- The City shall also comply with overtime requirements under applicable labor agreements.
- Overtime pay required by the FLSA shall be paid at the rate of time and one half of the Non-exempt Employee's Regular Rate of Pay.
- If a Non-exempt Employee engages in unauthorized overtime, disciplinary action may ensue, up to and including termination. Any such disciplinary action shall follow requirements of any applicable union contracts and shall be based upon cause or causes listed in such contract.

G. COMP. TIME

- a) **Union Contract:** Certain employees are allowed, pursuant to their union contract, to use Comp. Time in lieu of cash payment for overtime Hours Worked. Those rules generally provide:
- Comp. Time shall accrue at a rate of one-and-one-half times the Hours Worked as overtime.
 - Employees may accrue a maximum of 120 hours of Comp. Time.
 - Comp. Time may be taken at a time mutually agreed upon by the employee and his/her supervisor, but must be taken within three months after the end of the calendar year in which it is earned. Comp. time may be taken within a reasonable period after a request is made, if it does not unduly disrupt City operations.
 - Any Comp. Time for the prior year remaining 90 days past year end shall be paid in the usual payroll manner.
 - The employee retains the right to cash out his/her Comp. Time at any time.
 - Any specific questions with regard to the availability of interpretation of Comp. Time under union contracts should be directed to the Labor Relations Director.
- a) **Other Employees:** As to Non-exempt employees who are not a member of a collective bargaining unit, the FLSA provides that such employees may use Comp. Time in lieu of the cash payment of overtime, so long as there is an agreement between the employer and employee permitting such use. This Policy is intended to memorialize such an agreement and will affect the following employees: Administrative and Executive employees who are Non-Exempt; any full-time unclassified employees who are Non-Exempt. These non-bargaining unit employees shall be permitted to use Comp. Time in lieu of the payment of overtime consistent with the provisions of the union contracts identified above.

b) **Administration:**

- The Finance Department shall provide supervisors with approved forms (Time and Attendance forms) to record Comp. Time accrued and used.
- Supervisors are required to report Comp. Time accrued and used on such forms. The Finance Department shall administer and track Comp. Time.
- Comp. Time submitted for pay in excess of the current accrued Comp. Time balance will be adjusted by the Finance Department to a different leave type (e.g., first to annual leave if a balance exists; if not, to leave without pay).
- Since it is an employee's responsibility to know his or her leave balances, including Comp. Time balance, requesting any leave not accrued may be grounds for disciplinary action.

H. RECORD KEEPING

- The Finance Department and/or Personnel Department of the City of Omaha shall maintain at least the following records for each employee:
 - Employees name and identification number
 - Home address, or last known address
 - Birth date of employee if under 19 years of age
 - Classification of employee
 - Work week or work period of employee
 - Regular Rate of Pay
 - Hours Worked per work week or work period
 - Hours Worked per day
 - Total earnings during the work week or work period, exclusive of overtime pay
 - Total overtime earnings
 - Total addition or deductions of Hours Worked from work week or work period
 - Total wages paid per pay period
 - Date paid and pay period covered by payment
- Payroll records shall be maintained for three years. Backup material to the pay records shall be maintained for two years.
- Payroll records shall include computations under the applicable union contracts and the FLSA.

I. TRAINING

- Any training (i.e. seminars, classes, lectures) engaged in by Non-exempt Employees shall be considered Hours Worked if directed and approved by his/her supervisor; however, time spent by Non-exempt Employees in pre-approved training will not be considered Hours Worked if:

- Time is outside of Assigned Work Hours; and.
 - The course subject is unrelated to the employee's regular job (such as learning the requirement of a new or higher rated job); and.
 - Attendance is truly voluntary; and.
 - No production work is performed
- Voluntary attendance by a Non-exempt Employee at programs of instruction offered by bona fide institutions of higher learning (or programs of instruction offered by the City which correspond to courses offered by bona fide institutions of higher learning) outside of an employee's Assigned Work Hours, shall not be considered Hours Worked even if these courses are directly related to an employee's job or paid for by the City.
 - Training to obtain or maintain a license, or for refresher courses, engaged in by a Non-exempt Employee outside of an employee's Assigned Work Hours shall not be considered Hours Worked.
 - Any other time spent outside the classroom, lecture or seminar, such as study time, group discussions and social events, shall not be considered Hours Worked, unless pre-approved by the employee's supervisor.

J. TRAVEL TIME

In general:

- Any travel time on a work-related trip which occurs during a Non-exempt Employee's Assigned Work Hours is Hours worked.
- Meal time occurring during any travel time on a work-related trip is not Hours Worked unless such time is compensated pursuant to the applicable union contract.
- Any work actually performed by a Non-exempt Employee for the benefit of, and at the direction of, the City during any travel time is Hours Worked.

Particularly:

Travel time INSIDE THE Omaha metropolitan area ...

- From job site to job site, when required as part of the Non-exempt Employee's principal work activity is Hours Worked.
- To commute to and from work is not Hours Worked.

- Between a Non-exempt Employee's home and an airport or other public conveyance terminal so that the employee may travel on such public conveyance for work-related purposes is not Hours Worked.

Travel time OUTSIDE THE Omaha metropolitan area ...

- On a work-related trip lasting one day or less on any public conveyance or in a private automobile is Hours Worked.
- On any public conveyance on a work-related trip which involves an overnight stay is not Hours Worked.
- In an automobile on a work-related trip which involves an overnight stay is Hours Worked if the Non-exempt Employee drives the automobile at the City's request; such time is not Hours Worked if the Non-exempt Employee is a passenger in such automobile.
- If the City offers public transportation for such trip and the Non-exempt Employee is permitted to drive an automobile, the only time considered Hours Worked would be the time for such public transportation.

K. DRUG TESTING

- Drug and alcohol testing shall be conducted during Assigned Work Hours, except as directed by an employee's supervisor.
- The time spent for City-ordered drug and alcohol testing outside of Assigned Work Hours shall be considered Hours Worked.

L. CITY OWNED VEHICLES

- Non-exempt Employees are required to engage in all repair, maintenance and cleaning of City-owned vehicles or other City-owned property entrusted to the employee during the employee's Assigned Work Hours. Such activities outside of the Assigned Work Hours shall not be permitted, except in an emergency.

M. DISCIPLINE OF EXEMPT EMPLOYEES

- Exempt Employees shall not be subject to disciplinary action resulting in a suspension without pay for a period of less than a work week, except for safety violations of major significance.

N. ADJUSTED WORK SCHEDULE.

- Consistent with applicable labor agreements, supervisors may change an employee's Assigned Work Hours within a work week or work period.

O. OUTSIDE EMPLOYMENT

- Classified employees are expected to comply with existing procedures for the approval of outside employment.
- Any request for approval of outside employment from classified employees will be denied if the Non-exempt Employee is proposing to work at a City facility (i.e., Rosenblatt, Auditorium, Orpheum) for another employer in the same capacity as he or she works for the City.
- Non-exempt unclassified employees are not permitted to engage in any other employment at a City facility (i.e., Rosenblatt, Auditorium and Orpheum) for another employer in the same capacity as he or she works for the City.
- Supervisors shall notify all outside contractors of this policy and ensure that such outside contractors comply with this policy.

P. AUDIT

- The Personnel, Finance, or Law Departments shall regularly conduct audits or investigations to evaluate whether the City is in compliance with this Policy and/or the FLSA by reviewing payroll records, interviewing a random sample of employees and such other activities as are deemed necessary.
- Any noncompliance discovered shall be documented and reported to the FLSA Compliance Committee for the implementation of appropriate policies, procedures and/or disciplinary action to rectify the situation.

Q. FLSA COMPLIANCE COMMITTEE

- An FLSA Compliance Committee shall monitor, investigate and develop policies and procedures relative to FLSA practices within the City. Such committee shall be made up of representatives from Personnel, Finance, Law, Police, Fire and such other Departments as are deemed necessary to appropriately address the FLSA issues raised.

EXECUTIVE ORDER NO. S-2-10

**CITY OF OMAHA STATEMENT OF ZERO TOLERANCE
FOR RACISM AND DISCRIMINATION**

PURPOSE:

To ensure that the City of Omaha is committed to treating all employees, customers, and the citizens we serve with respect and fairness without the biases of racism or discrimination.

STATEMENT:

The City of Omaha is committed to treating all people equally and fairly. Discrimination due to race, creed, color, religion, political affiliation, sex, sexual orientation, national origin, age, marital status, or disability will not be tolerated.

Therefore, I, Jim Suttle, as Mayor of Omaha, pledge to adopt and fulfill the City of Omaha Statement of Zero Tolerance for Racism and Discrimination, personally, and on behalf of all city departments by:

- ensuring equal opportunity in employment
- encouraging and valuing diversity by ensuring that all employees are given opportunities to reach their full potential
- supporting diversity training and ensuring its effectiveness
- investigating and resolving diversity related issues in a timely manner
- treating all people the City of Omaha serves with respect and fairness.

Omaha is a pluralistic community. It is imperative that the City of Omaha reflect the diversity of the community it serves. And, it is my hope that all organizations in the public and private sectors will embrace zero tolerance for racism and discrimination by adopting this statement as part of their commitment to this City.

BY THE POWER VESTED IN ME AS MAYOR BY SECTION 3.04 OF THE HOME RULE CHARTER OF THE CITY OF OMAHA 1956, AS AMENDED, I HEREBY PROCLAIM THIS TO BE THE EXECUTIVE ORDER ESTABLISHING AND GOVERNING THE CITY OF OMAHA STATEMENT OF ZERO TOLERANCE FOR RACISM AND DISCRIMINATION.

WITNESS my hand as Mayor of the City of Omaha this 26th day of January, 2010.



Jim Suttle, Mayor
City of Omaha

EXECUTIVE ORDER NO. S-5-10

HARASSMENT: AGE, ETHNIC, DISABILITY, RACE, RELIGION, SEX, OR SEXUAL ORIENTATION

PURPOSE:

To declare and reaffirm a policy of “zero tolerance” for **any** form of harassment by **any** City of Omaha employee toward **any** person.

All City employees are reminded that Title VII of the 1964 Civil Rights Act and the City of Omaha Anti-Discrimination Ordinance, Section 13-88, *et. seq.*, provide that employees shall have the right to work in an environment free from discrimination, which encompasses freedom from unlawful harassment. Nothing in this policy is meant or intended to preclude any rights that employees may have under State or Federal law.

Specifically, the City expects all employees to accomplish their work in a businesslike manner with a concern for the well-being of their co-workers. Any harassment of employees, whether sexual, racial, ethnic, age-related, sexual orientation-related, disability-related, or religious in nature, by supervisors and co-workers, is strictly prohibited.

POLICY AND PROCEDURES:

It is not the intent of the City of Omaha to regulate the social interactions nor relationships freely entered into by employees; however, the City strictly prohibits unlawful harassment of its employees. Appropriate action, including termination of employment or other discipline, will be taken whenever:

- **any** employee harasses **any** person; or
- **any** supervisor allows harassment to occur on the job when the supervisor knows or should have known about the harassment.

A. Definition of Harassment:

Harassment shall include, but not be limited to, the following actions or circumstances:

1. Deliberate or repeated jokes, remarks, stories, gestures, or conversations based upon gender, sexual orientation, ethnic or racial considerations, religion, age, or disability which are considered derogatory or offensive to those groups or individuals.

Executive Order

Harassment: Age, Ethnic, Disability, Race, Religion, Sex, or Sexual Orientation

Page 2

2. The display or circulation of printed or written material or pictures based upon gender, sexual orientation, ethnic or racial considerations, religion, age, or disability which are considered derogatory or offensive to those groups or individuals.
3. Any conduct in the workplace based upon gender, sexual orientation, ethnic or racial considerations, religion, age, or disability, whether committed by supervisory or non-supervisory personnel, which creates an intimidating, hostile, or offensive work environment and/or interferes with an individual's performance.
4. Sexual harassment is defined as unwelcomed sexual advances, requests for sexual favors, and other verbal or physical conduct when:
 - a. submission to such conduct is made, either explicitly or implicitly, a term or condition of an individual's employment;
 - b. submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
 - c. such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.
5. **Any** retaliation by **any** employee against **any** person because such person has complained of harassment, or offered evidence, or assisted in any fashion in the investigation of a harassment complaint.

B. Procedure: Responsibility to Take Action:

Taking timely and effective action is the key to eliminating harassment in the workplace. Should an employee believe that an instance of unlawful harassment has occurred, both the employee and the City of Omaha play a role in correcting the harassment.

1. Employee Role:
 - a. An employee is responsible for pointing out the harassment.
 - 1) **Any** employee who believes that he or she is being harassed has the responsibility to:

Executive Order

Harassment: Age, Ethnic, Disability, Race, Religion, Sex, or Sexual Orientation

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- i) point out the offensive behavior to the person responsible for the behavior;
 - ii) request that the offensive behavior stop.
 - 2) No further action is required if the offensive behavior stops.
- b. Any employee who is not comfortable with approaching the person who is responsible for the offensive behavior, or whose request to stop the offensive behavior was unsuccessful, should notify any or all of the following:
 - 1) The employee's immediate supervisor.
 - 2) The supervisor of the person responsible for the offensive behavior.
 - 3) The division manager.
 - 4) The department director.
 - 5) The Human Resources director.
- c. Any employee who believes that he or she is being harassed by a department director should notify the Mayor.
- d. No employee will be retaliated against for complaining of harassment, or for offering evidence, or for assisting in any fashion in the investigation of a harassment complaint.

It is the intent of the City by defining the employee's role (above) to provide a mechanism by which an employee can seek the assistance of any responsible party of the employee's choosing in solving any harassment problem.

2. City of Omaha's Role:

The City of Omaha is morally and legally responsible for promptly correcting any harassment.

- a. When one of the supervisory individuals mentioned above is notified or becomes aware of possible harassment, he or she shall take immediate corrective action. Such supervisory individual shall promptly notify the Human Resources Director, who shall cause the alleged offensive behavior to be investigated. The nature and extent of the investigation depends on the nature and extent of the problem presented.

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- b. Such investigation will be done under the direction of the Labor Relations Director. In so doing, the Labor Relations Director may seek the assistance of the Human Relations Director and/or the director(s) of the department(s) of the affected employee(s).
- c. If such investigation determines that:
 - 1) any harassment has occurred; and/or
 - 2) a supervisor has tolerated the harassment;

the normal disciplinary process will be followed. Corrective action may include disciplinary action, including termination, and/or required employee counseling or training. AT ALL STAGES OF THIS PROCESS, TO THE EXTENT POSSIBLE, EMPLOYEES' RIGHTS TO CONFIDENTIALITY WILL BE RESPECTED.

- d. Regardless of whether or not any complaint results in disciplinary/corrective action, the Labor Relations Director shall report, in writing, the results of every investigation to the Human Resources Director and to the affected employee. The Human Resources Director shall keep a file of all such complaints and the results of the ensuing investigation.

OVERSIGHT:

The Human Resources Department shall have oversight over the maintenance and enforcement of this policy. The Human Resources Department and the Human Relations Department shall collaborate to provide employee training, as needed.

BY THE POWER VESTED IN ME AS MAYOR BY SECTION 3.04 OF THE HOME RULE CHARTER OF THE CITY OF OMAHA, 1956, AS AMENDED, I HEREBY PROCLAIM THIS TO BE THE EXECUTIVE ORDER ESTABLISHING AND GOVERNING HARASSMENT: AGE, ETHNIC, DISABILITY, RACE, RELIGION, OR SEX.

WITNESS my hand as Mayor of the City of Omaha this 26th day of January, 2010.



Jim Suttle, Mayor
City of Omaha

CITY PERSONNEL POLICY

DRUGS AND ALCOHOL

Policy # 35

Approved by Personnel Board: 5/26/2011 Richard O'Gara, Human Resources Director

Approved by City Council: 6/28/2011 Council President Tom Mulligan

Pursuant to the Omaha Municipal Code, Section 23-65, the following is declared to be the policy of the City of Omaha. Please check the City's website <http://www.cityofomaha.org/humanresources/public-documents/hr-policies> for the latest amendments to this policy.

Purpose

The City of Omaha recognizes its responsibilities toward the maintenance of the physical and emotional well-being of its employees. We recognize that employee drug/alcohol problems are inherent in any workforce, and that this, in turn, impacts on the personal life of employees and their families. Since these problems not only affect the employee's personal life, but generally can also result in deteriorating job performance, the City believes that it is in the best interest of its employees, their families, and the City to provide the opportunity to deal with these personal problems.

There is no intent to intrude upon the private lives of employees. The City recognizes that employees with drug and alcohol abuse problems make up only a fraction of the workforce, and the City understands that inconveniences may be caused to the many non-abusers by the problems of the few. It is believed, however, that the benefits to be derived will more than make up for any inconvenience to the majority of the employees.

The purpose of this Policy is as follows:

- A. To establish and maintain a safe and healthy working environment for all employees.
- B. To ensure the reputation of City of Omaha employees as good, responsible citizens worthy of public trust.
- C. To reduce the incidents of accidental injury to persons and/or property.
- D. To reduce absenteeism, tardiness, and indifferent job performance.

- E. To provide assistance toward rehabilitation for any employee who seeks the City's help in overcoming any addiction to, dependence upon, or problem with alcohol or drugs.

The City is committed to maintaining a safe, healthful, and productive work environment for all employees and ensuring the safe and efficient delivery of services to the citizens of the City of Omaha. To that end, the City will attempt to eliminate the abuse of alcohol, illegal drugs, prescription drugs, or any other substance that could impair an employee's ability to perform safely and effectively the functions of any given job. Drug and alcohol abuse of any nature by employees of the City of Omaha cannot be tolerated. City Policy shall be ZERO tolerance for such abuse. All City of Omaha employees are covered by this Policy and should be aware that violation of this Policy can result in discipline up to and including discharge.

Definitions

Alcohol shall mean any product of distillation of any fermented liquid, whether rectified or diluted, whatever the origin thereof, and includes synthetic ethyl alcohol and alcohol processed or sold in a gaseous form; any alcoholic liquor including alcohol, spirits, wine, beer, and any liquid or solid, patented or not, containing alcohol, spirits, wine, or beer and capable of being consumed as a beverage by a human being, any confections or candy that contains more than one-half of one percent alcohol, and any variety of alcohol or liquor defined under Nebraska State Statute Section 53-103.

Drug shall mean any substance, chemical, or compound as described, defined, or delineated in Chapter 28 of the Nebraska State Statutes, including but not limited to Section 28-405 Nebraska R.R.S., or any metabolite or conjugated form thereof, except that any substance, chemical, or compound containing any product as defined in #1 of this Section may also be defined as alcohol.

Alcohol or Drug Abuse, for purposes of this Policy, shall be defined as an employee's dependence or addiction to sufficient severity to have the effect of impairing the performance of his/her official duties or his/her job behavior.

Reasonable Suspicion is a belief based on objective facts sufficient to lead a reasonable, prudent person to suspect that an employee is under the influence of a substance so that the employee's ability to perform the functions of the job is impaired or so that the employee's ability to perform his/her job safely is reduced. Reasonable suspicion may result from actual observation of the use or ingestion of a substance by an employee. It may be based on reliable information that the employee is currently or has recently used or possessed a controlled substance or open container with alcohol on the job. Reasonable suspicion may result from an observation of physical symptoms, such as slurred speech, red watery eyes, unsteady gait, dilated pupils, drowsiness, or actual sleeping on the job. In addition, reasonable suspicion may result from the observation of behavioral symptoms, such as severe mood swings, unexplained personality changes, inattention to personal hygiene, and frequent accidents.

Reasonable Suspicion is also the belief based on objective facts sufficient to lead a reasonable, prudent person to suspect that an employee's urine sample is a diluted sample. Reasonable suspicion may result from actual observation of an employee deliberately tampering with the urine sample. It may be based on reliable information that the employee has ingested enough liquids so that his/her urine sample will result in a diluted result.

Reasonable Suspicion is also the belief based on objective facts sufficient to lead a reasonable, prudent person to suspect that an employee's urine sample has been tampered with or is a sample that is not a genuine sample taken from the employee's body. Reasonable suspicion may result from actual observation of an employee deliberately tampering with the urine sample. It may be based on reliable information that the employee has used means to attempt to falsify the urine testing. Reasonable suspicion can be based on all facts and circumstances observed or known by a reasonably prudent person to analyze the situation, sample and employee taking the urine test.

Employee Assistance Program (EAP) is a benefit program offered by the City with the intent to help its employees deal with personal problems that might adversely impact their work performance, health, and well-being. The contact information and location of the City's EAP program is provided in Appendix "B" of this policy (such appendix may be updated periodically during the pendency of this policy).

Also the services of designated Police/Fire mental health professionals are provided to those uniform employees for their assistance with any psychological problem, including drug/alcohol problems.

Impaired is the inability of an employee to perform his/her usual and normal work assignments with normal effectiveness and efficiency.

Policy

Abuse of alcohol and drugs by City employees will not be tolerated.

A. Drugs

Employees of the City of Omaha shall not:

- a) Report to work impaired by any drug;
- b) Whether on or off duty, illegally use, manufacture, possess, sell, or provide to another any drug.

Use or possession of medically prescribed drugs or medications which have been legally prescribed to the employee by a person licensed to do so is not a violation of this Policy. However, no prescription medication of any sort shall be brought upon City property by any person other than the person for whom the medication is prescribed and shall be used only in the manner, combination, and quantity prescribed. It is a violation of the law for any employee to use, acquire, or possess any prescribed medication not in his/her own name. Such violations of the law shall be considered grounds for discipline up to and including termination of employment.

A City employee who is taking any medication, whether prescribed or non-prescribed, which may interfere with the safe and effective performance of duties or operation of City equipment is required to advise his/her supervisor of that fact before beginning work. In the event that there is a question regarding an employee's ability to safely and effectively perform assigned duties while using such medication, clearance from a physician shall be required. Failure to advise a supervisor of the use of any medication which may interfere with the safe and effective performance of duties or operation of City equipment may result in discipline.

Any employee who is arrested on a violation of any criminal drug statute for an incident occurring either in the workplace or outside of the workplace shall notify his/her City supervisor of the arrest as soon as reasonably possible. Any employee who is convicted of a violation of any criminal drug statute for an incident occurring either in the workplace or outside of the workplace shall notify his/her City supervisor of the conviction within five calendar days of the conviction. Failure to properly notify the City of such a situation may result in disciplinary action, up to and including termination.

B. Alcohol

Employees of the City of Omaha shall not:

- a) Report to work impaired by the use of alcohol;
- b) While on duty, use, possess, sell, or provide alcohol to another;
- c) While on duty **or** on call, be impaired by the use of alcohol.

In certain situations, Civilian employees are individually placed "on call." For those employees, "on call" as above shall mean those situations where an employee has been specifically and personally notified that he/she is on stand-by for a specific period of time (not to exceed 72 hours) and subject to being called in for City work on an emergency basis. Such notification must occur either at the end of an employee's work shift before the employee leaves work or eight hours before any call-in would occur.

For the purposes of this Policy, an employee whose blood, breath, or urine, when tested, contains an alcohol concentration of .04 percent or above is presumptively deemed to be impaired by the use of alcohol. For the purposes of this Policy, an employee whose blood, breath, or urine, when tested, contains an alcohol concentration of less than .04 percent may be considered impaired depending on a consideration of all of the circumstances.

C. Education and Training of Employees

The City has developed and implemented a Drugfree Awareness Program to inform its employees of:

- a) The dangers of drug/alcohol abuse in the workplace.
- b) The City's Policy regarding drug and alcohol use.
- c) The availability of counseling, rehabilitation, etc., through the City's Employee Assistance Program.
- d) The penalties that may be imposed upon employees for substance abuse violations.

Additionally, educational activities focusing on stress, substance abuse, and other problem areas are provided. These activities are designed to promote early identification and self-referral, prevent problems from developing and/or becoming more severe, and enhance the quality of life.

Employees are encouraged to utilize the EAP programs provided by the City in seeking assistance with drug/alcohol problems. Employees' use of these services privately and on their own initiative will not jeopardize job security, promotional opportunity, and/or reputation. When such use is private and voluntary, no report of any kind will be made by the EAP to the City unless the employee freely and willingly chooses.

The City has a training program to assist supervisory personnel and the unions in the recognition of conduct and behavior that gives rise to suspicion that an employee may be a drug/alcohol abuser. The intent of this training is not to put the supervisor in a position to diagnose alcohol/drug problems, but simply to make such supervisor sufficiently aware of the causes and symptoms so that he/she may seek proper referral. The training program educates supervisors of the City's EAP program and policies, as well as encourages supervisors to seek proper consultation with other City officials and the EAP when attempting to deal with an employee's deteriorating job performance.

D. Drug/Alcohol Testing Procedures

Any time a supervisor has reasonable suspicion to believe that an on duty employee is impaired by alcohol or drugs, he/she shall immediately place such employee on special assignment in order to protect the employee, fellow employees, and the public from harm. The supervisor shall immediately notify his/her supervisor of such action and the particular employee's union representative, if applicable.

The two supervisors and the union representative, if available, will interview the employee. If both supervisors believe, based upon reasonable suspicion, that the employee is impaired by the use of alcohol or drugs, then said employee will be ordered, pursuant to this Policy, to submit to a test of his/her blood, breath, or urine.

In determining whether or not the employee is impaired, the supervisors may consult with the Labor Relations Director, Human Resources Director, the City Safety & Training Coordinator, City Safety Inspector(s) or Safety Division personnel, CDL Instructor, Law Department, or any other appropriate City official and utilize any reasonable means or procedures available to confirm or disprove such suspicion (such as breath alcohol pre-test and the Observed Behavior Form). Employees from the Human Resources Department Safety Division can be reached both during and after business hours at the phone numbers provided in Appendix "A" (such appendix may be updated periodically during the pendency of this policy).

A supervisor or Human Resources Department Safety Division representative shall transport the employee to that facility designated by the City for the performance of drug or alcohol tests. As soon as practically possible, each supervisor shall document, in writing, to the Department Head the reasons and causes which gave rise to the reasonable suspicion. Additionally, this documentation shall include a narrative of what steps were taken by the supervisor(s).

Before a drug or alcohol test is administered, employees will be ordered to sign a consent form authorizing the test and permitting the release of test results to a designated City official(s). The consent form shall provide space for employees and applicants to acknowledge that they have been notified of the City's Drug/Alcohol Testing Policy.

The consent form for drug/alcohol tests shall also set forth the following information:

- a) The procedure for confirming an initial positive test result.
- b) The consequences of a confirmed positive test result.
- c) The consequences of refusing to undergo a drug test.
- d) The procedure for retesting with a negative test result that is diluted.

All drug testing shall be of the employee's urine. All alcohol testing shall be of the employee's breath or saliva for screening tests and breath for confirmation tests.

The initial drug screening shall be the Enzyme Immunoassay Techniques (EMIT) test, which shall be administered at City expense. An employee or job applicant whose drug test indicates the presence of a drug group (listed further on in this Section) shall be given a second test, at City expense, using Gas Chromatography/Mass Spectrometry (GC/MS). The second test shall use a portion of the same test sample taken from the employee or applicant for use in the first test. The employee or job applicant shall pay for any additional testing on a urine sample that results from any false information given by the employee or job applicant.

If this GC/MS test confirms the drug group presence, a Medical Review Officer, who shall be a properly licensed and trained medical doctor, will review both tests. The purpose of this review is to see if the drug presence can be explained by the individual employee's medical history. In completing this review, the Medical Review Officer shall interview the employee and may perform a physical examination on such employee. Refusal to cooperate in such an interview, failing to consent to such physical examination, or any false or misleading information given in such interview shall be grounds for disciplinary action up to and including termination.

If the medical review confirms the presence of drugs in the employee's body fluids, then such test shall be considered "positive." The employee is required to meet within five (5) working days with the Labor Relations Director, his/her Department or Division head, a Union representative (if applicable), and a representative from the Human Resources Department. At this meeting, the employee will be notified of the test results, the particular substance found in such results, and updated on his/her working status with the City of Omaha. It is the employee's duty to ensure that the appropriate personnel can contact them regarding any drug test. Any attempt by an employee to avoid contact with personnel regarding his/her drug testing shall be considered grounds for discipline up to and including termination of employment. Should the Medical Review Officer fail to make contact with the employee, through no fault of the employee, then the Medical Review Officer should contact the appropriate Department Head or Human Resources Department designee and relay the drug testing information to that person.

An employee who tests positive for drugs may, at the employee's own expense, have a third test conducted on the same sample (split sample) at a laboratory pre-approved by the City that meets the minimum criteria for drug testing. If the test is for alcohol, and the City orders a breath test, the employee has the right to another test at his/her expense. That test may be of blood or breath.

The initial alcohol screening test shall be by using an evidential breath testing devices (EBT), a non-evidential breath alcohol screening device (ASD), a saliva ASD, or a breath tube ASD. The National Highway Traffic Safety Administration (NHTSA) must approve any device used under this policy for alcohol testing. If the result is less than 0.02 alcohol concentration, then this is a "negative" test. If the test result is an alcohol concentration of 0.02 or higher, the employee is directed to take a second test or confirmation test. Such confirmation test will be conducted using an EBT. If the confirmation test result is 0.02 or higher, the employee is required to sign the necessary DOT forms, if such testing was done under DOT regulations, and will be placed on administrative leave as detailed below.

If an employee refuses to consent to drug or alcohol testing, such refusal shall be considered grounds for discipline up to and including termination of employment. An employee who refuses shall be immediately and indefinitely suspended with pay pending disciplinary action. The supervisor shall make every reasonable effort to ensure that such employee does not operate a motor vehicle (i.e., provide transportation for employee to his/her home). Should the employee refuse to cooperate and attempt to operate a motor vehicle, the police shall be immediately notified.

If the medical review confirms the presence of drugs in a job applicant's body fluids, then such test shall be considered "positive." The job applicant will be contacted by the Human Resources Department designee and be informed of the positive drug test. This person will be eliminated from consideration for employment with the City of Omaha. The Human Resources Department will document this positive test result, in the appropriate fashion, within its records for six (6) months after the positive test result. This documentation is done to allow the City of Omaha to know that this applicant, in the past, tested positive in a drug test.

Should the Medical Review Officer and/or the test collector for the contracted testing facility have a reasonable suspicion that the urine sample taken from the employee or job applicant is a diluted sample, this person shall immediately require the employee to provide another sample. It will be the duty of the Medical Review Officer or testing collector to inform the employee that a second sample is being collected because this person has a reasonable suspicion that the first sample is diluted. A diluted urine sample shall not be deemed, automatically, a tampered sample. The Medical Review Officer or testing collector shall also contact either the Labor Relations Director or the appropriate Human Resources Department designee(s) to inform them that an employee or job applicant has provided, what is believed to be, a diluted sample and a second sample is being collected. If an employee refuses to consent to this second testing, such refusal shall be considered grounds for discipline up to and including termination of employment.

Should the Medical Review Officer and/or the test collector for the contracted testing facility have a reasonable suspicion that the urine sample taken from the employee or job applicant has been tampered in any way or that the sample provided is not urine taken from the employee, the suspected sample shall be immediately tested for creatinine levels, specific gravity, and Ph levels. The Medical Review Officer or testing collector shall immediately require the employee to provide another sample. It will be the duty of the Medical Review Officer or testing collector to inform the employee that a second sample is being collected because this person has a reasonable suspicion that the first sample has been tampered or is a false specimen. The Medical Review Officer or testing collector shall also contact either the Labor Relations Director or the appropriate Human Resources Department designee(s) to inform them that an employee or job applicant has provided, what is believed to be, a tampered or false sample and a second sample is being collected. If an employee refuses to consent to this second testing, such refusal shall be considered grounds for discipline up to and including termination of employment. The second sample shall go through all normal testing procedures but will also be tested for creatinine levels, specific gravity and Ph levels. The results of both tests will be submitted in a side-by-side analysis.

When an alcohol or drug test is administered, an employee under reasonable suspicion of drug/alcohol use shall continue on special assignment and/or suspended with pay until test results are available. In no event shall such employee be allowed to operate a motor vehicle or any City equipment during this period. Any employee that takes an alcohol or drug test but is not under reasonable suspicion of drug/alcohol use shall return to his/her regular City duties. Final test results shall be reported directly and immediately to the Labor Relations Director or any designated Human Resources Department designee(s). If the results and the facts of the particular case are positive for drugs or indicate impairment from alcohol, the employee shall be immediately and indefinitely suspended with pay. The City shall make every reasonable effort to ensure that such employee does not operate a motor vehicle (i.e., provide transportation for employee to his/her home). Should the employee refuse to cooperate and attempt to operate a motor vehicle, the police shall be immediately notified.

At all stages of this drug/alcohol testing process, the employee's right to confidentiality will be respected and maintained as much as reasonably possible. Only those persons with a need to know are to be informed of the test results. Disclosure of test results to any other person, agency, or organization is prohibited unless written authorization is obtained from the employee. All records relating to the taking of a drug/alcohol test, or the order to take a drug/alcohol test, shall be deemed confidential unless written authorization has been obtained freely and willingly from the employee, or the records become the subject of a Personnel Board, arbitration hearing, or judicial proceeding. All records relating to the taking or ordering of a drug/ alcohol test shall be kept in a separate file. Each Department Head shall implement procedures to prevent the unauthorized distribution of the results of an order to take such a test.

The facility designated by the City will be licensed pursuant to the Clinical Laboratory Improvement Amendments of 1988, 42 U.S.C. 263a or be accredited by the College of American Pathologists. The above does not apply for breath tests. Any breath testing device shall conform to the rules and regulations of the Nebraska Department of Health, and the operators of such devices shall be persons who have obtained or been issued a permit to operate such device pursuant to the rules and regulations of the Nebraska Department of Health. If a test is performed under the Omnibus Transportation Employee Act of 1991, the facility and equipment shall be licensed and approved as required by that Act.

The facility designated by the City shall use strict chain of custody procedures, which ensure proper identification, labeling, and handling of test samples. Such samples (except for breath test specimens) which result in a finding of drugs or alcohol shall be refrigerated and preserved in a sufficient quantity for re-testing. Furthermore, such facility shall, in all respects, comply with Sections 48-1901 to 48-1910 Nebraska R.R.S. (1988) and all applicable State and Federal statutes, rules, and regulations.

When drug testing is required under the provisions of this Policy, a urinalysis test will be given to detect the presence of the following drug groups: (All cutoff concentrations are expressed in nanograms per milliliter (ng/mL)).

URINE DRUG TESTING COMPONENTS:

Initial Test Analyte	Initial Test Cutoff Concentration	Confirmatory Test Analyte	Confirmatory Test Cutoff Concentration
Marijuana metabolites	50 ng/mL	THCA ¹	15 ng/mL
Cocaine metabolites	150 ng/mL	Benzoylcegonine	100 ng/mL
Opiate metabolites			
Codeine/Morphine ²	2000 ng/mL	Codeine	2000 ng/mL
		Morphine	2000 ng/mL
6–Acetylmorphine	10 ng/mL	6–Acetylmorphine	10 ng/mL
Phencyclidine	25 ng/mL	Phencyclidine	25 ng/mL
Amphetamines ³			
AMP/MAMP ⁴	500 ng/mL	Amphetamine	250 ng/mL
		Methamphetamine ⁵	250 ng/mL
MDMA ⁶	500 ng/mL	MDMA	250 ng/mL
		MDA ⁷	250 ng/mL
		MDEA ⁸	250 ng/mL

¹Delta-9-tetrahydrocannabinol-9-carboxylic acid (THCA).

²Morphine is the target analyte for codeine/morphine testing.

³Either a single initial test kit or multiple initial test kits may be used provided the single test kit detects each target analyte independently at the specified cutoff.

⁴Methamphetamine is the target analyte for amphetamine/methamphetamine testing.

⁵To be reported positive for methamphetamine, a specimen must also contain amphetamine at a concentration equal to or greater than 100 ng/mL.

⁶Methylenedioxyamphetamine (MDMA).

⁷Methylenedioxyamphetamine (MDA).

⁸Methylenedioxyethylamphetamine (MDEA).

The above Urine Drug Testing Components are taken from the rules and regulations set forth by the Department of Transportation (DOT) on drug and alcohol testing in the workplace, effective October 1, 2010. It is the desire and intent of the City of Omaha and it shall be its policy to, at all times, follow the cutoff concentrations set by the DOT. Should the DOT change or modify the above cutoff concentrations, it shall be the policy of the City to comply with such modified cutoff concentrations until such changes can be placed into this personnel policy.

Any applicant for any City job may, at the discretion of the City, be required, as a part of his/her pre-employment physical, to undergo drug testing pursuant to Section D of this Policy. Any applicant who refuses such testing, or tests positive, shall have his/her hiring process terminated. Such person will not be allowed to re-apply for any City position for a period of one year.

Supervisors are responsible for consistent enforcement of this Policy. Any supervisor who knowingly permits a violation of this Policy shall be subject to disciplinary action. Any non-supervisory employee who believes that any other City employee (supervisor or non-supervisor) is in violation of this Policy may report that belief by contacting the Labor Relations Director or any Human Resources Department Safety Division personnel either during business hours or after business hours at the phone numbers listed in Appendix "A".

In addition to the above outlined testing based upon reasonable suspicion and for pre-employment purposes, this Policy shall be followed in random tests given pursuant to labor contracts or State or Federal law.

E. Positive Test Results

Pursuant to the above procedure, an employee who tests positive for drugs or who is determined, based upon the test or circumstances, to be impaired by alcohol may be subject to disciplinary action up to and including termination. Generally speaking, an employee who tests positive pursuant to this policy will not be terminated from City employment for a first-time positive drug test unless one or more of these circumstances occur:

- a) The facts and circumstances surrounding the positive drug test are so in conflict with the principles and policies of the City of Omaha that a reasonably prudent person would terminate the employee;
- b) The employee refuses to attend a mandatory EAP referral or refuses subsequent directions from such EAP;
- c) The employee refuses to agree to subject himself/herself to drug testing with or without suspicion pursuant to this policy;
- d) Refuses to take any such subsequent drug test;
- e) Lies, misleads, refuses to cooperate or provide requested information to appropriate City and medical personnel during any part of the drug testing process or in any post-drug test investigation; or,
- f) Negative work history, including but not limited by the factors detailed as factors a) to g) below.

Any disciplinary action shall be in conformance with appropriate labor agreements, and any due process rights that employees have under those Agreements will be adhered to.

Factors to be considered in determining appropriate discipline, which may include termination, include but are not limited to the following:

- a) The position held by the employee and the resulting danger to the health and safety of the employee or the public by such an employee's use of controlled substances or alcohol.
- b) The impact of an employee's use of controlled substances or alcohol on the employee's ability to perform his or her job in the future.
- c) The employee's past job performance.
- d) The length of employment with the City.
- e) The employee's current job performance.
- f) The extent and nature of past disciplinary actions. A second violation of the City's Policy regarding alcohol or controlled substances will generally result in termination.
- g) Whether the employee's conduct is scandalous to the service.

Pursuant to this Policy, any sworn Police Officer who tests positive for drugs, other than alcohol, shall be terminated. When any other employee tests positive for drugs or is impaired by alcohol, if the employee is not terminated but is either not disciplined or disciplined in some lesser manner, the employee shall be referred to the City's Employee Assistance Program (EAP) for assessment, counseling, treatment, and rehabilitation. This shall be a management referral, and, as such, the employee shall be required to execute the necessary medical releases so that the EAP may communicate to the City whether or not such employee is in compliance with directed treatment.

In addition, employees holding a Commercial Drivers License (CDL) whose test results under this policy violate the Department of Transportation (DOT) drug and alcohol regulations, cannot perform any DOT safety-sensitive duties for the City until and unless such employee completes the Substance Abuse Professional (SAP) evaluation, referral, and education/treatment process. The City or any of its service agents, including EAP, shall provide the employee with a listing of approved and readily available SAPs. Pursuant to DOT regulations, the City is not required to provide a SAP evaluation or any subsequent recommended education or treatment for an employee who has violated DOT drug and alcohol regulations. Payment for SAP evaluations and services for employees shall be the employee's responsibility. However, the City shall maintain the discretion, based on the circumstances of each individual case, to allow any SAP evaluations and/or services to be covered under the City's health insurance plan. It is mandatory that employees comply and complete all SAP requirements, including any necessary evaluations, referred education and/or treatment options, follow-up evaluations, and any SAP-directed follow-up treatment, aftercare or support group services. Any employee failing or refusing to comply with SAP recommendations and requirements will be subject to disciplinary action, up to and including termination.

Failure of the employee to comply with such directives shall be considered insubordination and, as such, shall subject the employee to new and separate grounds for disciplinary action up to and including termination.

In addition, such employees shall be required, in order to maintain their employment with the City, to submit to random testing with or without reasonable suspicion for the consumption of alcohol or drugs for a period of time reasonably determined based upon the circumstances of the case. Any employee who tests positive for drugs or is shown to be impaired by alcohol, pursuant to this random test, shall be terminated.

CITY OF OMAHA
Consent To Take Drug/Alcohol Test

I, the undersigned employee/prospective employee of the City of Omaha, hereby consent to the taking of a sample of my blood, breath, or urine by personnel from the current third party Drug and Alcohol testing vendor approved by the City of Omaha and authorize the testing of such sample for the presence of drugs or alcohol. I agree to cooperate fully in the process of giving the necessary sample. It is understood that a City Supervisor or Human Resources Department Representative has given me a direct order to provide such sample, and to sign this consent form and any other consent form that the current third party Drug and Alcohol testing vendor approved by the City of Omaha may require. This order was given to me pursuant to the City Personnel Policies "Drug and Alcohol Policy," and/or the "CDL Drug Testing" and I hereby acknowledge receipt of a copy of that Policy pertains to my testing requirements or acknowledge that I may obtain a copy of that policy by contacting the City Labor Relations Director or Human Resources Director.

I understand that if the test administered is a urine test for drugs, any preliminary tests will be confirmed by using a gas chromatography/mass spectrometry (GC / MS) test. Further, I may be required to submit to a physical examination and interview by a medical doctor pursuant to the above City policy. I authorize the current third party Drug and Alcohol testing vendor approved by the City of Omaha to release the results of such test to my Department Director, the City Labor Relations Director, and/or personnel previously designated by the City of Omaha to the current third party Drug and Alcohol testing vendor approved by the City of Omaha to receive such results. I also understand that officials of the current third party Drug and Alcohol testing vendor approved by the City of Omaha, if upon reasonable suspicion, believe the sample I provide is either diluted, tampered, or in some way improper, can require me to provide a second urine sample immediately.

If the test indicates the presence of drugs listed in the above policy or indicates impairment by alcohol under the terms of that policy, I understand that I could be subject to disciplinary action up to, and including, termination of employment, or in the case of pre-employment testing may be eliminated from consideration for employment with the City of Omaha. If I refuse to cooperate or agree to any such testing, I could be subject to disciplinary action up to, and including, termination of employment, or in the case of pre-employment testing may be eliminated from consideration for employment with the City of Omaha.

Dated this _____ day of _____, _____
(Year)

Employee or Applicant

Witness:

OBSERVED BEHAVIOR – REASONABLE SUSPICION/CAUSE RECORD

Employee:	Name: _____			
	Identification Number : _____			
Observation:	Date: _____	Time: (from) _____	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.:	(to) _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
	Location: _____			
	<i>(Street)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>

Record employee observed behavior for reasonable suspicion for the use of alcohol or controlled substances. According to 49 CFR 382.307 - Reasonable Suspicion Testing, the employer shall require the driver to submit to a controlled substance or alcohol test if a supervisor or company official trained in accordance with 382. 603 determines that reasonable suspicion exists.

CAUSE FOR SUSPICION

1. **Presence of Alcohol, Drugs and/or Drug Paraphernalia (specify):** _____
2. **Appearance:**

<input type="checkbox"/> Normal	<input type="checkbox"/> Flushed	<input type="checkbox"/> Puncture Marks
<input type="checkbox"/> Disheveled	<input type="checkbox"/> Bloodshot Eyes	<input type="checkbox"/> Body Odor
<input type="checkbox"/> Dilated/Constricted Pupils	<input type="checkbox"/> Profuse Sweating	<input type="checkbox"/> Tremors
<input type="checkbox"/> Smell of Alcohol on Body/Breath	<input type="checkbox"/> Runny Nose/Sores	<input type="checkbox"/> Dry-mouth Symptoms
<input type="checkbox"/> Inappropriate wearing of sunglasses	<input type="checkbox"/> Droopy Eyes	
<input type="checkbox"/> Other: _____		
3. **Behavior**

Speech	<input type="checkbox"/> Normal	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Slurred	<input type="checkbox"/> Silent
	<input type="checkbox"/> Confused	<input type="checkbox"/> Slowed	<input type="checkbox"/> Whispering	<input type="checkbox"/> Shouting
	<input type="checkbox"/> Rambling	<input type="checkbox"/> Mute	<input type="checkbox"/> Slobbering	
<input type="checkbox"/> Other: _____				
Awareness:	<input type="checkbox"/> Normal	<input type="checkbox"/> Confused	<input type="checkbox"/> Mood Swings	<input type="checkbox"/> Euphoria
	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Lack of Coordination	<input type="checkbox"/> Paranoid	<input type="checkbox"/> Disoriented
	<input type="checkbox"/> Erratic	<input type="checkbox"/> Irritable	<input type="checkbox"/> Inappropriate gaiety	<input type="checkbox"/> Angry
	<input type="checkbox"/> Polite	<input type="checkbox"/> Crying	<input type="checkbox"/> Nervous	<input type="checkbox"/> Hyperactive
<input type="checkbox"/> Other: _____				
4. **Motor Skills**

Balance:	<input type="checkbox"/> Normal	<input type="checkbox"/> Unsteady	<input type="checkbox"/> Sagging at knees	<input type="checkbox"/> Staggering
<input type="checkbox"/> Other: _____				
Walking & Turning:	<input type="checkbox"/> Normal	<input type="checkbox"/> Swaying	<input type="checkbox"/> Rigid Stance	<input type="checkbox"/> Arms Raised for Balance
	<input type="checkbox"/> Stumbling	<input type="checkbox"/> Falling	<input type="checkbox"/> Holding on	<input type="checkbox"/> Reaching for Support
5. Indications of the chronic and withdrawal effects of controlled substances: Yes No
 Explain: _____
6. Other Observed Actions or Behavior (specify): _____

Witnessed by:

Signature	Title	Preparation	Date	Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Signature	Title	Preparation	Date	Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

The alcohol test must be administered within eight (8) hours following a reasonable suspicion determination. This document must be prepared and signed by the witnesses within twenty-four (24) hours of the observed behavior or before the results of the test are released, whichever is earlier (49 CFR 391.99).

THE HUMAN RESOURCES DEPARTMENT WILL RETAIN SUCH FORM IN THE EMPLOYEE'S CONFIDENTIAL ALCOHOL AND CONTROLLED SUBSTANCES FILE.

APPENDIX “A”

HUMAN RESOURCES DEPARTMENT CONTACT PERSONNEL
IN REGARD TO
THE CITY’S DRUG & ALCOHOL POLICY

(as of Mar 12, 2012)

- A. LABOR RELATIONS DIRECTOR** STEVE KERRIGAN
- PHONE NUMBERS**
 DURING BUSINESS HOURS (402) 444-5315
 AFTER BUSINESS HOURS -----
E-MAIL Steve.Kerrigan@ci.omaha.ne.us
- B. SAFETY & TRAINING COORDINATOR** KIMBALL KINNERSLEY
- PHONE NUMBERS**
 DURING BUSINESS HOURS (402) 444-4329
 AFTER BUSINESS HOURS (402) 957-3569 (Cell)
E-MAIL Kimball.Kinnersley@ci.omaha.ne.us
- C. SAFETY & TRAINING COORDINATOR** MARVIN “DEACON” HAYES
(PART-TIME)
- PHONE NUMBERS**
 DURING BUSINESS HOURS (402) 444-5014
 AFTER BUSINESS HOURS (402) 515-8459 (Cell)
E-MAIL Marvin.Hayes@ci.omaha.ne.us

APPENDIX “B”

CITY OF OMAHA’S EMPLOYEE
ASSISTANCE PROGRAM (EAP)

(as of Mar 12, 2012)

Lincoln Financial Group/
Besinger, Dupont & Associates
(866) 757-3271

CITY OF OMAHA GROUP HEALTH PROGRAM NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

PLEASE REVIEW THIS NOTICE CAREFULLY.

I. GENERAL INFORMATION

This Notice describes the practices that the City of Omaha Group Health Program (the "Plan," "us" or "we") will follow with regard to your "protected health information" ("PHI").

PHI is a special term, defined by the Health Insurance Portability and Accountability Act ("HIPAA") and its regulations (the "Privacy Rule"). PHI means individually identifiable health information (including demographic information) that is created or received by a health care provider, a health plan, your employer, or a health care clearinghouse and relates to: (i) your past, present, or future physical or mental health or condition; (ii) the delivery of health care to you; or (iii) the past, present, or future payment for the delivery of health care to you. For purposes of this Plan and this Notice, PHI includes information related to the medical claims that are submitted to the Plan about you, and information about the payment of those claims. It does not include most of the information that is kept in your personnel file. For example, it does not include the doctor's notes that you give to your manager in order to obtain leave under the Family Medical Leave Act or to obtain a disability accommodation.

This Notice applies to all of the PHI we maintain. Your personal doctor or health care provider may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic. The insurance company who provides your medical insurance may also have different policies or notices.

You may have additional rights under state law. State laws that provide greater privacy protection or broader privacy rights will continue to apply.

II. OUR RIGHTS AND OBLIGATIONS

- A.** We are required by law to maintain the privacy of your PHI.
- B.** We are required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your PHI.
- C.** We are required to follow the privacy practices described in this Notice. These privacy practices will remain in effect until we replace or modify them.

- D.** We reserve the right to change our privacy practices and the terms of this Notice at any time, provided that the change is permitted by law. We reserve the right to have such a change affect all of the PHI that we maintain, including PHI that we received or created before the change. When we make a significant change in our privacy practices, we will revise this Notice and send it to you.

III. HOW THE PLAN MAY USE AND DISCLOSE YOUR PHI.

A. Disclosures for Treatment, Payment, and Health Care Operations

- 1. For Treatment.** We do not provide treatment. However, we may disclose your PHI to health care providers who requires it in connection with your treatment. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is contraindicative with prior prescriptions.
- 2. For Payment.** We may use and disclose your PHI for all activities that are included within the definition of "payment" set out in the Privacy Rule. For example, we may use and disclose your PHI to determine eligibility for Plan benefits, to facilitate or make payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. The definition of "payment" includes many more items, so please refer to the Privacy Rule for a complete list.
- 3. For Health Care Operations.** We may use and disclose your PHI for all activities that are included within the definition of "health care operations" set out in the Privacy Rule. For example, we may use and disclose your PHI for purposes of: conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. The definition of "health care operation" includes many more items, so please refer to the Privacy Rule for a complete list.

B. Uses & Disclosures to Other Entities

- 1. Business Associates.** We may disclose your PHI to a "business associate." Our business associates are the individuals and entities we engage to perform various duties on behalf of the Plan, or to provide services to the Plan. For example, our business associates might provide claims management services or utilization reviews. Business associates are permitted to receive, create, maintain, use, or disclose PHI, but only as provided in the Privacy Rule, and only after agreeing in writing to

appropriately safeguard your PHI.

2. **Other Covered Entities.** We may use or disclose your PHI to a HIPAA-covered health care provider, health plan, or health care clearinghouse, in connection with their treatment, payment, or health care operations.

C. Uses and Disclosures for Which Your Permission May Be Sought.

For purposes of this subsection only, the following conditions apply: If you are present and able to give your verbal permission, we will only use or disclose your PHI with your permission. This verbal permission will only cover a single encounter, and is not a substitute for a written authorization. If you are not present or are unable to give your permission, we will use or disclose your PHI only if we determine (based on our professional judgment) that the use or disclosure is in your best interest.

1. **To Others Involved in Your Care.** We may use or disclose your PHI to a relative or other individual who you have identified as being involved in your health care. If you are not present, our disclosure will be limited to the PHI that directly relates to the individual's involvement in your health care.
2. **For Limited Notification Purposes.** We may use or disclose your PHI to help notify a relative or other individual who is responsible for your health care, of your location, general condition or death.
3. **To Assist in Disaster Relief.** We may disclose your PHI to an authorized public or private entity in order to assist in disaster relief efforts, or to coordinate uses and disclosures to family or other individuals involved in your health care.

D. Other Permitted Uses and Disclosures

1. **To the Secretary.** We will disclose your PHI to the Secretary of the Department of Health and Human Services, when required to do so, to enable the Secretary to investigate or determine our compliance with HIPAA and the Privacy Rule.
2. **As Required By Law.** We will disclose your PHI when required to do so by federal, state or local law.
3. **For Public Health Activities.** We may use or disclose your PHI for public health activities that are permitted or required by law. For example, we may disclose your PHI to a public health entity that is authorized by law to collect information for the purpose of reporting diseases, illnesses, births, or deaths.

4. **Disclosures About Abuse, Neglect, and Domestic Violence.** We may disclose your PHI, consistent with applicable federal and state laws, if we believe that you have been a victim of abuse, neglect, or domestic violence. Such disclosure will be made to the governmental entity or agency authorized to receive such information.
5. **Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities authorized by law. The relevant agencies include governmental units that oversee or monitor the health care system, government benefit and regulatory programs, and compliance with civil rights laws. The relevant activities include, for example, audits, investigations, inspections, and licensure.
6. **Legal Proceedings.** We may disclose your PHI in the course of a judicial or administrative proceeding.
7. **Law Enforcement.** Under limited circumstances (such as required reporting laws or in response to a grand jury subpoena), we may disclose your PHI to law enforcement officials.
8. **Coroners, Medical Examiners, and Funeral Directors.** We may disclose your PHI to a coroner, medical examiner, or funeral director as necessary for them to carry out their duties.
9. **Organ and Tissue Donation.** If you are an organ donor, we may disclose your PHI to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
10. **Research.** We may disclose your PHI to researchers when an institutional review board or a privacy board has (a) reviewed the research proposal and established protocols to ensure the privacy of the information; and (b) approved the research.
11. **Serious Threat to Health or Safety.** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or to the health and safety of others. Any such disclosure will be made to someone who would be able to help prevent the threat.
12. **Specialized Government Functions.** We may disclose your PHI, if you are in the Armed Forces, for activities deemed necessary by appropriate military command authorities, for determination of benefit eligibility by the Department of Veterans Affairs, or to foreign military authorities if you are a member of that foreign military service. We may disclose your PHI to authorized federal officials for conducting national security and intelligence activities (including for the provision of protective services to the President of the United States) or to the Department of State to make medical suitability determinations. If you are an inmate at a correctional

institution, then under certain circumstances we may disclose your PHI to the correctional institution.

13. **Workers' Compensation.** We may disclose your PHI to the extent necessary to comply with laws concerning workers' compensation or to comply with similar programs that are established by law and provide benefits for work-related injuries or illness.
14. **Reminders.** We may use and disclose your PHI by sending you a reminder for important services, such as annual checkups.
15. **Additional Services.** We may use or disclose your PHI to send you information about alternative medical treatments and programs, or about health-related products and services that may be of interest to you.
16. **Disclosure to Health Plan Sponsor.** We may disclose your PHI to designated personnel at the City of Omaha so that they may carry out their Plan-related administrative functions. These individuals will protect the privacy of your PHI and will ensure that it is only used as described in this Notice and as permitted by law. Your PHI will not be used by the City of Omaha for any employment-related actions or decisions or in connection with any other benefit plan offered by the City of Omaha.

E. Uses and Disclosures with an Authorization.

Before we can use or disclose your PHI for a reason that is not listed in this Section III, we are required to obtain your written authorization. You may revoke your authorization at any time, but you must do so in writing. You can obtain an authorization form by contacting us at the address or phone number listed at the end of this Notice.

IV. YOUR RIGHTS REGARDING YOUR PHI

Some of your PHI is maintained by our business associates, particularly the ones who handle claims administration. In order to help you exercise the rights discussed below, we may ask you to contact our business associates directly.

A. Right to Inspect and Copy.

You have the right to inspect and copy your PHI that may be used to make decisions about your Plan benefits. To inspect and copy the PHI that may be used to make decisions about you, you must submit your request in writing to the Contact Office listed at the end of this Notice. If you request a copy of your PHI, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances; if we deny you access to your PHI, you may request that the denial be reviewed.

The Privacy Rule contains a few exceptions to this right. You do not have the right to inspect or copy, among other things, psychotherapy notes or materials that are compiled in anticipation of litigation or similar proceedings.

B. Right to Request an Amendment.

If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the PHI. You have the right to request an amendment for as long as the PHI is kept by or for the Plan. Your request must be in writing and must include a reason or explanation that supports your request. Request forms are available from and must be submitted to the Contact Office listed at the end of this Notice.

If we approve your request, we will include the amendment in any future disclosures of the relevant PHI. If we deny your request for an amendment, you may file a written statement of disagreement, which we may rebut in writing. The denial, statement of disagreement, and rebuttal will be included in any future disclosures of the relevant PHI.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend PHI that: is not part of the PHI kept by or for the Plan; was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete. All denials will be made in writing.

C. Right to an Accounting of Disclosures.

You have the right to request an "accounting" of the instances in which we disclosed your PHI for any purpose other than treatment, payment, or health care operations. The accounting will not include any disclosures we made before April 14, 2003.

Your request must be in writing. Your request must include the time frame that you would like us to cover (this may be no more than six years before the date of the request. Request forms are available from and must be submitted to the Contact Office listed at the end of this Notice. We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

D. Right to Request Restrictions.

You have the right to request a restriction or limitation on the PHI about you that we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on the PHI about you that we disclose to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request.

Your request must be in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosure to your spouse. Request forms are available from and must be submitted to the Contact Office listed at the end of this Notice. Again, we are not required to agree to your request.

E. Right to Request Confidential Communications.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request.

Your request must be in writing. In your request, you must tell us how or where you wish to be contacted. Request forms are available from and must be submitted to the Contact Office listed at the end of this Notice. We will make reasonable efforts accommodate your request.

F. Right to a Paper Copy of This Notice.

You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice through the e-mail public folder system. You may also obtain a paper copy of this Notice from the Contact Office listed at the end of this Notice.

V. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us, or with the Secretary of the Department of Health and Human Services. To file a complaint with us, send a written complaint to the Contact Office listed at the end of this Notice. We will not retaliate against you for filing a complaint, and you will not be penalized in any other way for filing a complaint.

VI. CONTACT OFFICE

Human Resources Department, Rm #506
Omaha/Douglas Civic Center
Attn: Stephanie Unger, Benefits Manager
(402) 444-5306

Effective Date: January 3, 2011

CITY PERSONNEL POLICY

OUTSIDE EMPLOYMENT

Policy # 22-00

Approved by Personnel Board: 8/26/99

Michele Frost, Personnel Director

Approved by City Council: 4/4/00

Council President Paul Koneck

Pursuant to the Omaha Municipal Code, Section 23-65, the following is declared to be the policy of the City of Omaha. Please check the City's e-mail system in the Public Folders under Personnel Department for the latest amendments to this policy.

Policy

No employee in the classified service of the City of Omaha shall engage in any other business or occupation or be employed in any other capacity unless and until such outside employment is approved by the City. Sworn police and fire employees' approval process is outlined in the labor agreements and administered by the respective chiefs pursuant to departmental policy. All other employees are governed by Section 23-99 of the Omaha City Code:

“No employee in the classified service shall engage in any other business or occupation or be employed in any capacity other than his or her position in the city service unless permission for such outside activity shall be first obtained in writing from the department head and approved by the personnel director. Application for such outside activity shall be made in such form as the personnel director may require and a copy filed with the personnel department. Permission for outside employment or activity shall be subject to review and approval by the personnel board. The department head, personnel director or personnel board shall withhold permission for outside employment or activity when the nature of said employment or activity conflicts with the interests of the city or when it affects the performance of the employee's duties. Attorneys in the law department shall be prohibited from engaging in private practice effective January 1, 1969.”

Procedure

In determining whether to approve or deny outside employment requests, department directors and the Personnel Director shall consider any and all relevant information. In general, department directors and the Personnel Director should be governed by the same general

principles contained in City policy, Conflicts of Interests. The following general guidelines should be considered:

1. "... conflicts with the interests of the City..."
 - a) Does the employee have a financial interest or employment interest with a firm that does business with the City? Is such interest sufficient to likely cause a conflict with the employee's City duties?
 - b) Will the employment reflect discredit upon the service as a City employee?
 - c) Is there a possibility of commingling City job interests and responsibilities with private employer or interests?

2. "...affects the performance of the employee's duties."
 - a) Does the gross number of hours of City employment (including overtime) and outside employment constitute, in and of itself, an unacceptable number?
 - b) Does the scheduling of the outside employment impact upon the employee's City work schedule?
 - c) Does the outside employment actually adversely affect the employee's City job performance?

Approval of outside employment shall continue so long as the outside employment remains substantially the same, unless revoked by the department director. If such outside employment substantially changes, it is the employee's responsibility to submit a new application for approval pursuant to the procedures set forth in Section 23-99.

The application process shall be administered by the Personnel Department, which shall provide approved forms to requesting employees. Employees are, of course, expected to complete the forms honestly and completely.

Recognizing that an employee's supervisor is in the best position to determine whether the proposed employment or activity conflicts with the interests of the City or when it affects the performance of the employee's duties, the Personnel Director, in reviewing a Request for Approval of Outside Employment, will generally defer to the recommendation of the employee's supervisor(s). The department director must approve all requests for outside employment before the request is forwarded to the Personnel Director for review. As required by Section 23-99, requests for outside employment must also be reviewed and approved by the Personnel Board. The requesting employee and supervisor may want to appear before the Personnel Board to answer any questions the Board might have about the application.

Employees Unable to Work

Employees who are temporarily unable to perform their City job duties due to injury or illness must at all times adhere to medical restrictions placed by health care professionals. For example,

if a physician restricts an employee to lifting no more than 20 pounds on his/her City job, that restriction must also be followed during approved outside employment, while at home, and in all other activities outside City employment. Moreover, such employee is required to cease approved outside employment and activities which conflict with the physical limitations directed by health care professionals until the employee is released to return to work with or without restrictions.

Employees Working Limited Duty

If an employee is working in his/her City job with medical restrictions, any approved outside employment or other activities must not exceed the limitations in place for the City employment.

If medical restrictions continue for ten (10) working days or more following an employee's return to work from injury/illness, the Benefits Manager will review the case to determine if outside employment or activities are negatively impacting the employee's recovery. If such a determination is made, the employee will be instructed to cease such approved outside employment or activity until return to work without restrictions is possible.

Noncompliance

Violation of this policy may result in termination of benefits under the Injured On Duty/Workers' Compensation provisions, and/or disciplinary action up to and including termination of employment.

Oversight

This policy will be enforced by the Personnel Department. Questions may be directed to the Benefits Manager (444-5306) or the Labor Relations Director (444-5974).