

Administrative leave may be scheduled at any time after leave is earned, subject to ~~Management~~the Executive Director's approval and SBWMA's need for ~~your~~the employee's services. ~~In order to allow a well-coordinated schedule, you employees are requested to submit your their proposed leave plans at least one (1) month before you they would like to take your administrative leave.~~

Administrative leave hours must be used in total each calendar year or the balance of unused earned leave will be "cashed out" in lieu of taking the time off. The "cash out" will occur during the **first month of the new calendar year**. Any unused portion of Admin Leave as of December 31 may also be rolled into ~~your employees'~~ 401(a) plan in lieu of cashing out.

Employees will also be eligible to receive a maximum of three (3) days of paid leave per fiscal year in recognition of exemplary performance. Leave may be granted in any increment between one (1) day and three (3) days to employees for outstanding achievement, consistently above standard work performance, or other extraordinary efforts as ~~granted~~recommended by the Executive Director. This leave must be taken as paid time off in the fiscal year in which it was granted. This leave has no cash value and is not compensable upon termination of employment.

SICK LEAVE

Subject to the provisions of this policy, full-time employees may be eligible for sick leave benefits in accordance with the following sick leave schedule.

<u>Length of Service</u>	<u>Pay Period Accrual</u>	<u>Annual Accrual</u>
1 ST day and beyond	3.692 hours	96 hours (12 days)

Pursuant to the Healthy Workplaces, Healthy Families Act of 2014, effective July 1, 2015, part-time and temporary employees may also be entitled to three (3) days of paid sick leave each year.

Employees may request sick leave in two (2) hour increments, provided authorization is obtained in advance.

During ~~your employees'~~ first calendar year of employment, ~~your~~their sick day entitlement will be prorated based on ~~your~~their hire date. In certain circumstances a doctor's statement may be required ~~for you~~ to return to work.

Sick pay benefits are available beginning with the first hour away from the job due to doctor appointments, illness or injury.

All employees who terminate their employment in good standing shall receive compensation for the prescribed value of unused sick leave at a rate of 50% of the prescribed value of unused sick leave upon termination, to a maximum of 500 hours.

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GROUP INSURANCE - GENERAL

SBWMA strives to offer group insured plans for medical, dental, vision, life insurance, and long term disability insurance for the benefit of the employee and his/her family that are competitive with similar industry benefits. However, these plans and costs may be changed at the sole discretion of the SBWMA and enrollment may be subject to the insurance company enrollment criteria that the SBWMA has no control over. Therefore, the benefits listed below are what is intended to be offered but cannot be guaranteed and are subject to change at any time. Notice will be given of any changes.

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GROUP HEALTH INSURANCE (Blue Shield)

Eligible full-time employees may elect to participate in the group medical plans. Eligibility is determined by the insurance provider. **Enrollment begins on the first day of the first full month following the day of employment appointment.** Plan descriptions and costs can be obtained from the Office Manager. Employee contributions may be required depending on coverage and plan selected.

~~Employees can may choose from various plan options including a HMO and PPO plans. If the high deductible PPO plan is selected, a Health Savings Account (HSA) can be set up that is funded by the Agency SBWMA. The HSA account is used by the employee to pay for miscellaneous eligible medical expenses below the medical plan deductible. Funds in this account accrue to the employee and have similar characteristics to a 401k plan. The eEmployer contributions are federally tax exempt to the employee if used for qualified medical purposes.~~

Commented [MD8]: Is this accurate?

GROUP DENTAL INSURANCE (Guardian)

Eligible full-time employees may elect to participate in the group dental plans. Coverage begins on the first day of the month following the first day of hire. Plan descriptions and costs can be obtained from the Office Manager. ~~(yes)~~

VISION PLAN (Guardian)

~~The~~ A vision plan is provided to eligible fulltime employees by Guardian. Coverage begins on the first day of the month following the first day of hire. Plan descriptions and costs can be obtained from the Office Manager/HR Administrator. ~~(yes)~~

DEFERRED COMPENSATION (RETIREMENT)

~~The Agency SBWMA~~ has adopted a self-directed retirement plan under Section 401(a) of the Internal Revenue Service Code to which the Employer

EMPLOYEE PLAN

contributes an amount equal to 10 percent of the employee's base salary. The employee vests in the 401(a) retirement plan immediately.

~~The Agency~~SBWMA also has a 457b plan into which employees can contribute. ~~The Agency~~SBWMA matches the first 2% of employee contributions.

Employees may join both plans on the first of the month following the date of hire. The contribution amounts are subject to IRS limitations.

~~The Agency~~SBWMA does not participate in the federal Social Security system.

WORKER'S COMPENSATION

~~At no cost to employees to you, you e~~Employees are protected by ~~the Agency~~SBWMA's Workers' Compensation insurance policy while employed by ~~the Agency~~SBWMA. The policy covers ~~you employees~~ in case of occupational injury or illness.

STATE DISABILITY INSURANCE

~~The Agency~~SBWMA submits contributions to the State of California made through employee payroll deductions ~~to the State of California who then provides you withfor short term~~ disability insurance pursuant to the California Unemployment Insurance Code. Disability insurance is payable when ~~you employees~~ cannot work because of illness or injury not caused by employment at ~~the Agency~~SBWMA or when ~~you employees~~ are entitled to temporary Workers' Compensation at a rate less than the daily disability benefit amount. ~~Specific rules and regulations governing disability are available from Personnel Administrator.~~

Commented [MC9]: Marshall: Should the reference here be "Office Manager")

LONG TERM DISABILITY INSURANCE

~~The~~Long Term Disability Insurance is provided to employees by Guardian. Coverage begins on the first day of the month following the first day of hire. Plan descriptions and costs can be obtained from the Office Manager~~HR Administrator.~~ ~~(yes)~~

LIFE INSURANCE

Life Insurance is provided to employees by Guardian. Coverage begins on the first day of the month following the first day of hire and provides insurance of 100% of annual salary up to a maximum of \$175,000 for eligible employees. Plan descriptions and costs can be obtained from the Office Manager.

EMPLOYEE ASSISTANCE PLAN

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~~Our SBWMA's Guardian service provider offers employees and their family members with support services for a variety of issues associated with daily living. Employees have available unlimited phone consultation with an EAP counselor, may be referred to a local counselor with up to three free sessions, and a web site offering many articles on subjects such as wellness, training, legal and financial support, etc. Please ask the Office Manager for more information on this topic. ~~(yes)~~.~~

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AUTO ALLOWANCE / EXPENSE

Employees may ~~have be granted~~ a car allowance up to \$400 at the Executive Director's discretion.

If an employee is authorized in advance to use his or her own automobile for ~~Agency SBWMA~~ business ~~and does not have a car allowance~~, the employee will be ~~reimbursed for mileage~~ traveled on ~~Agency SBWMA~~ business. Mileage will be calculated based on the trip's origination, whichever is closer, from the office or home. ~~Certain employees may have a car allowance at agency SBWMA's discretion, in lieu of reimbursed mileage.~~ The reimbursement rate is the current IRS determined standard rate.

PROFESSIONAL DEVELOPMENT & EDUCATION

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Employees may be reimbursed up to a maximum of ~~\$1,250.00~~ per year for qualified educational ~~and job related~~ development activities, ~~and personal development and improvements~~ contingent upon advanced approval by the Executive Director.

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Employees shall be eligible for reimbursement of costs of tuition, registration fees, books and supplies, and other educational expenses incurred in connection with enrollment in and successful completion of courses of instruction related to the employee's position with ~~the Agency SBWMA~~. Employees shall be eligible to receive reimbursement provided that the courses of instruction require attendance at an accredited community college or university, are part of a curriculum leading to a degree or given by an accredited institution of learning, are approved in advance of enrollment by the Executive Director and the employee successfully completes such course submitted for reimbursement with a grade "C" or better. The Educational Expense Reimbursement Program may be used for professional development workshops or seminars.

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~~Examples of Reimbursement for authorized personal development and improvements include: may also be granted. The following items are examples:~~ Civic, community and professional organizations; professional development costs such as purchase of personal computer equipment's; tuition for job related seminars, conferences and educational work or other

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professional development memberships costs, ~~not included in the AgencySBWMA Budget.~~

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UNEMPLOYMENT INSURANCE

Each year ~~the AgencySBWMA~~ contributes to the California Unemployment Insurance Fund on ~~your~~ behalf of its employees.

EXPENSE REIMBURSEMENT

~~Certain e~~Employees may incur reasonable expenses, ~~within designated dollar limitations,~~ in connection with their normal duties for ~~the AgencySBWMA.~~ This may include such items as travel, food, and lodging ~~and entertainment.~~ All travel related expenses must be approved in advance by Executive Director. Authorized expenses must be itemized and submitted along with original receipts substantiating the expenditures, **within 60 days** following the date the expense was incurred. Expense reimbursements will not be made without proper ~~identifying~~ receipts. Expenses for alcohol are non-reimbursable. Every effort should be made to keep travel and entertainment expenses within a reasonable range since cost effectiveness may be factored in to employee performance evaluations.

Travel Expense Reimbursement

The following travel and expense guidelines apply to all ~~AgencySBWMA~~ employees who incur SBWMA business related expenses ~~while conducting AgencySBWMA business~~ and represent the general practices to be followed when ~~AgencySBWMA~~ business requires the use of air transportation, hotel accommodations, and transportation services or when an employee incurs other business-related expenses.

Business travel expenses required for conducting ~~AgencySBWMA~~ business are ~~AgencySBWMA~~ paid or reimbursable to the extent that they are reasonable and properly approved. ~~The AgencySBWMA encourages all employees to be cost-conscious in their travel and expense decisions since cost effectiveness may be factored into employee performance evaluations.~~ This policy cannot cover every possible travel occurrence; exceptions and/or omissions should be viewed with the same prudent, cost-conscious attitude used to develop the guidelines of this policy.

~~The purpose of these guidelines is~~SBWMA will reimburse employees for:

- ~~1. Provide satisfactory transportation and lodging accommodations for business travelers.~~
- ~~2. Provide a basis for the consistent application of travel policies and practices and identify acceptable expenses to be reimbursed by the Agency.~~

Revised ~~3/13/09~~February, 2015

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- ~~3. Facilitate the consolidation of business travel expenses for management reporting.~~
- ~~4. Conform to Internal Revenue Service requirements.~~
- ~~5. Normal fare class for travel is eCoach airfare on -~~
- ~~6.1. Business-related transportation is to be via commercial carriers. Therefore, a~~ir travel on a private plane is not reimbursable or allowable ~~(for insurance liability purposes).~~
- ~~7. Hotel/motel accommodations are to be in the moderate price range giving travelers an acceptable degree of comfort, security, and convenience. Travelers must select the most cost effective alternative and use~~ the AgencySBWMA's specified hotel/motels when identified by the travel agencySBWMA. The detailed hotel bill must be attached to the expense report.
- ~~8.2. Hotel room upgrades elected by the traveler employee~~ are not reimbursable unless there is a valid business reason documented on the expense report.
- ~~9. Cars should be rented when necessary for business purposes and/or when more cost effective than taxis. Travelers-Employees~~ are encouraged to use their personal vehicles (parking and mileage, to and from the airport, are reimbursable) unless a limousine/taxi/shuttle is more cost effective and less than the total costs of parking and mileage.
- ~~10. Standard m~~Mid-size cars ~~are the standard~~. Sharing is required for all common destinations. Full-size cars ~~are allowable only when there are special circumstances, e.g., transporting clients, and~~ must be pre-approved by the ~~manager~~Executive Director.
- ~~11.3. No employee may drive an automobile on AgencySBWMA business unless he/she is legally licensed and insured to drive.~~
- ~~12.4. Business-related mileage will be reimbursed at the standard IRS rate.~~
- ~~13.5. Business telephone calls are reimbursable and should be identified on the expense report.~~
- ~~14. Expense reports for trips outside the U.S. should be completed with U.S. dollar amounts on the expense report. The conversion rate and U.S. dollar equivalent should be marked on the receipts.~~

Expense Reporting

Expense reports must be completed in detail on a timely basis.

- Authorized expenses must be itemized and submitted along with original receipts sustaining the expenditures, **within 60 days** following the date the expense was incurred.
- Travel advances are discouraged. Incidental expenses should be paid by employees and submitted with expense reports.

Miscellaneous Allowable Expenses

EMPLOYEE PLAN

- Personal entertainment is not reimbursable (e.g., pay television, movies, health clubs, theater tickets, newspapers, etc.)
- Alcoholic beverages are not reimbursable.
- Spouse travel is not a reimbursable ~~business expense~~. This includes any additional meal expense and/or hotel/motel charge resulting from the spouse (e.g., double room rate vs. single room rate, etc.). ~~Spouse and other personal travel can be booked through the Agency travel agent at the employee's expense, and should be charged to the employee's personal credit card.~~
- Reasonable laundry charges are reimbursable when the length of absence from traveler's home is five (5) days or more. Items of a personal nature (i.e., magazines, toiletries, etc.) are not reimbursable.
- Parking tickets and other motor vehicle violations incurred while on ~~AgencySBWMA~~ business are not reimbursable.
- Personal property is not covered for loss or damage by ~~the AgencySBWMA~~. Employees are encouraged to refer to personal insurance policies if this coverage is needed.
- Expenses reimbursed using a per diem allowance will be in accordance with IRS regulations for such expenses.
- If an employee is authorized in advance to use his or her own automobile for ~~AgencySBWMA~~ business, the employee will be reimbursed for mileage traveled on ~~AgencySBWMA~~ business. Mileage will be calculated based on the trip's origination, whichever is closer, from the office, or home. Certain employees will have a car allowance at ~~AgencySBWMA's~~ discretion, in lieu of reimbursable mileage.

Revised ~~3/13/09~~February, 2015

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**EMPLOYEE PLAN
ACKNOWLEDGEMENT FORM**

This Plan was developed to outline the policies, programs and benefits available to all employees of ~~the AgencySBWMA~~.

I have received my copy of ~~the AgencySBWMA~~'s employee Plan. I understand and agree that it is my responsibility to read and familiarize myself with the policies and procedures contained in the Plan. I understand that I should consult Management regarding any questions I may have.

Since the information, policies and benefits described herein are necessarily subject to change, I acknowledge that revisions to the Plan will occur. I understand that this information supersedes and takes precedence over all earlier Plans, memoranda and oral descriptions of the terms and conditions of employment. Only ~~the AgencySBWMA~~'s Executive Director has the ability to adopt revisions to the policies in this Plan. Policies set forth in this Plan are not intended to create a contract, nor are they to be construed to constitute contractual obligations of any kind or a contract of employment between ~~the AgencySBWMA~~ and any of its employees. The provisions of the Plan have been developed at the discretion of Management and may be supplemented, revised or rescinded at any time, at ~~the AgencySBWMA~~'s sole and absolute discretion with or without notice.

I understand that acceptance of an offer of employment does not contractually obligate ~~the AgencySBWMA~~ to continue to employ me in the future and that any such offer is conditional upon, among other things, my submitting proof of my legal right to work in the United States of America. I further understand that any use, possession or distribution of alcohol or illegal drugs is strictly prohibited by ~~the AgencySBWMA~~.

I understand and agree that my relationship with ~~the AgencySBWMA~~ is "at-will," which means that my employment is for no definite period and may be terminated by me or by ~~the AgencySBWMA~~ at any time and for any reason, with or without cause or advance notice. I also understand that ~~the AgencySBWMA~~ may demote or discipline me or otherwise alter the terms of my employment at any time at its sole discretion, with or without cause or advance notice.

Furthermore, I acknowledge that this Plan and the policies contained in it are not a contract of employment. I understand that it is my responsibility to read and comply with the policies contained in this Plan and any subsequent revisions made to it.

Employee's Signature

Date

Employee's Name (Typed or printed)

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