

**APPENDIX A**

**EMPLOYEE NOTIFICATION OF PERSONNEL CODE  
DRUG FREE WORKPLACE POLICY, SEXUAL MISCONDUCT POLICY AND DISCLAIMER OF  
EMPLOYMENT**

The Employee Code of the Village is not intended to create any employment relationship with any employees that is contractual in nature. All employees are employed at the will of the Village, and employees can be terminated at will. All employment policies of the Village are subject to change without notice and/or approval of any employee. Any and all discipline and/or discharge procedures contained in this Code are illustrative in nature, and only provide examples of the manner in which employees may be disciplined or terminated. Any and all such procedures are not meant to be the sole or exclusive way in which discipline or discharge could occur.

By signing this disclaimer, the employee understands that the employment relationship between the employee and the Village is NOT contractual in nature; that employment can be terminated at the will of the Village, that all employment policies are subject to change without notice and/or approval of the employee; and that any and all discipline and/or discharge procedures contained in the Code are merely illustrative in nature, and are not meant to be the sole or exclusive manner in which discipline and/or discharge could occur.

I have been given a copy of the Village's Employee Code, originally adopted \_\_\_\_\_  
\_\_\_\_\_, 20\_\_\_\_.

I understand that contained within the Employee Code is the Drug Free Workplace Policy. I have read and understood the Drug Free Workplace Policy and agree to abide by its terms and conditions.

Name \_\_\_\_\_

Date \_\_\_\_\_

This form is to be retained by the Village Clerk.

**APPENDIX B**

**EMPLOYEE CODE: DISCIPLINE FORM**

Date \_\_\_\_\_

Employee Name \_\_\_\_\_

Employee's Job Position \_\_\_\_\_

Village Department \_\_\_\_\_

Superintendent \_\_\_\_\_

Type of Discipline (Check One):

- \_\_\_\_\_ Verbal Reprimand
- \_\_\_\_\_ Written Reprimand
- \_\_\_\_\_ Probation
- \_\_\_\_\_ Suspension
- \_\_\_\_\_ Dismissal

State the Section of the Employee Code violated:

Section \_\_\_\_\_ Subsection \_\_\_\_\_ Page Number \_\_\_\_\_

State any Code of Conduct violation, listing the Code of Conduct Subparagraph Number

\_\_\_\_\_

State the facts which support the violation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_

Superintendent/Mayor

DATE \_\_\_\_\_

\_\_\_\_\_

(Signature of Employee)

## **APPENDIX C**

### **AMERICANS WITH DISABILITY ACT GRIEVANCE PROCEDURE**

1. All complaints regarding access or alleged discrimination should be submitted in writing to the American Disabilities Act Coordinator for resolution. A record of the complaint and action taken will be maintained. A decision by the ADA Coordinator will be rendered promptly.
2. If the complaints cannot be resolved to the satisfaction of the complainant by the ADA Coordinator, then for building accessibility issues, the matter shall be turned over to the Village Board for consideration. For employment and public service issues, the matter will be forwarded to the Village Board for consideration.
3. If the complaint cannot be resolved to the complainant's satisfaction by the Village Board, the complaint will be reviewed and decided upon by the Mayor. The decision of the Mayor shall be considered final.
4. A record of action taken on each request or complaint shall be maintained as a part of the records or minutes at each level of the grievance process.
5. The individual's right to prompt and equitable resolution of the complaint shall not be impaired by his/her pursuit of other remedies, such as the filing of a complaint with the U.S. Department of Justice or any other appropriate federal agency. Furthermore, the filing of a lawsuit in state or federal district court can occur at any time. The use of this grievance procedure is not a prerequisite to the pursuit of other remedies.

**APPENDIX D**

**REQUEST FOR FAMILY OR MEDICAL LEAVE**

Request for Family or Medical Leave must be made, if practical, at least **thirty (30) days** prior to the date the requested leave is to begin.

Name \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_ Title \_\_\_\_\_

Status         Full-Time         Part-Time         Temporary

Hire Date: \_\_\_\_\_ Length of Service \_\_\_\_\_

I request Family or Medical Leave for one or more of the following reasons:

Because of the birth of my child and in order to care for him or her\*

Expected date of birth \_\_\_\_\_ Actual date of birth \_\_\_\_\_

Leave start \_\_\_\_\_ Expected return date \_\_\_\_\_

Because of the placement of a child with me for adoption or foster care\*\*

Leave start \_\_\_\_\_ Expected return date \_\_\_\_\_

In order to care for my spouse, child, or parent who has a serious health condition\*

Leave start \_\_\_\_\_ Expected return date \_\_\_\_\_

For a serious health condition that makes me unable to perform my job\*

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Leave start \_\_\_\_\_ Expected return date \_\_\_\_\_

For other reasons. Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Leave start \_\_\_\_\_ Expected return date \_\_\_\_\_

Requested intermittent leave schedule (if applicable; subject to employer's approval).  
\_\_\_\_\_  
\_\_\_\_\_

\* A physician's certification will be required for leave due to a serious health condition.

\*\* Certification will be required for leave due to adoption or foster care.

Have you taken a Family or Medical Leave in the past **twelve (12) months**?  
[ ] Yes [ ] No If yes, how many workdays? \_\_\_\_\_

I understand and agree to the following provisions:

I have worked for the Village of \_\_\_\_\_ at least **one (1) year** and at least **one thousand two hundred fifty (1,250) hours** in the previous **twelve (12) months**.

If I fail to return to work after the leave for reasons other than the continuation, recurrence, or onset of a serious health condition that would entitle me to Medical Leave or other circumstances beyond my control, I may be financially responsible for the medical insurance premiums the Village paid while I was on leave.

This leave will be unpaid, unless under the Village Policy, I would be eligible for sick leave or have accrued vacation or comp time; or in the case of my own disability, payment will occur under a disability program with IMRF, if I am so covered.

I may be required to exhaust my vacation, comp time, or sick leave as part of my **twelve (12) weeks** of leave.

After **twelve (12) weeks** of leave, if I do not return to work or contact my supervisor or Mayor on the date intended, it will be considered that I abandoned my job.

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

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

### LEAVE APPROVAL

For full day leave:

Superintendent/Mayor \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

For intermittent or reduced day leave:

Superintendent/Mayor \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PAYROLL INSTRUCTIONS

[ ] With pay from \_\_\_\_\_ to \_\_\_\_\_ Employee # \_\_\_\_\_

[ ] Without pay from \_\_\_\_\_ to \_\_\_\_\_

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

**PLEASE FORWARD COMPLETED REQUEST TO THE VILLAGE CLERK FOR FURTHER PROCESSING.**

**APPENDIX E**

**REQUEST FOR SPECIAL LEAVE**

Request for Special Leave must be made at least **thirty (30) days** prior to the date the requested leave is to begin.

Name \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_ Title \_\_\_\_\_

Hire Date: \_\_\_\_\_ Length of Service \_\_\_\_\_

All full-time and salary exempt employees who have completed **one (1) full year** of continuous service may request a special leave. Special leave will only be granted for personal reasons, and shall be recommended by employee's Superintendent and approved by the corporate authorities. Special leave shall be granted without pay. The period for special leave shall not exceed **six (6) months**. An extension may be granted up to a maximum of **six (6) months** for a total of **one (1) year**. In order to continue to receive medical and insurance benefits during a special leave, the employee shall contribute both the employee and the employer's share of IMRF and insurance costs.

I wish to request a Special Leave for the following reasons:

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

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

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

**LEAVE APPROVAL**

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

**PLEASE FORWARD COMPLETED REQUEST TO THE MUNICIPAL CLERK FOR FURTHER PROCESSING.**