

Approved 1/21/13 by  
Pers Comm.

## Clark County Health Department

517 Court St., Room 105 \* Neillsville, WI 54456-1972 \* (715)743-5105 \* Toll Free 1-877-743-5105 \* Fax (715)743-5115

**Public Health**  
Prevent. Promote. Protect.

### WORK RULES

These work rules have been prepared to set forth the privileges and responsibilities of Clark County Public Health Department employees while on duty. These work rules are in addition to and supplement the County Personnel Policy. They are not intended to limit the rights of employees but rather to define those rights so the Department can attain its' objectives in an orderly manner. Each employee represents this Department. Therefore, the manner in which each employee works, the manner in which they conduct themselves, and their general behavior and appearance reflect upon the Department. These work rules are intended to encourage all employees to perform an hour of work for each hour of pay.

Failure to obey any of the work rules listed shall be sufficient grounds for disciplinary action, which may involve a performance improvement plan but does not exclude consideration of dismissal. In all cases, the Department considers discipline as a corrective action necessary to the overall improvement of public health operations.

The following work rules shall be implemented effective January 28, 2013:

1. **Work Hours**

Normal hours of work during the 5 day work week for all workers shall be Monday through Friday 8:00 A.M. to 4:30 P.M. (with ½ hour lunch break).

**Compressed Schedule**

Normal hours of work during a compressed four (4), ten (10) hour day work week shall be Monday and/or Tuesday and/or Wednesday and/or Thursday and/or Friday 6:00 A.M. to 4:30 P.M (with ½ hour lunch break) with a specific day off approved by the Department Director. Hours of work may be altered, at any time, by the Department Director or designee.

**Flex Schedule**

A "flex" schedule may also be implemented at the discretion of the Health Department Director. The "flex" schedule allows for the forty (40) hour work week to be scheduled to best suit the operational needs of the department. Hours of work may be altered, at any time, by the Health Department Director or designee.

a. **Changing an Employee's Scheduled Day Off**

When the work situation (including field travel or training) requires, and the employee requests, the Department Director may approve a change in the scheduled day off during the pay period.

Example: An employee's day off is scheduled for each Tuesday of the pay period. On the first Wednesday, it is learned that field travel will be necessary from Thursday of the first week through Wednesday of the second week. The employee requests that the day off be changed from the second Tuesday to the second Thursday; the Director may approve the change even though it occurs after the pay period starts.

Changes to the day off will only be made in unusual circumstances and for the convenience of the agency.

There are three considerations for changing an employee's day off after the pay period has begun:

- The request is work-related;
- The employee requested it; and/or
- It is not a retroactive change.



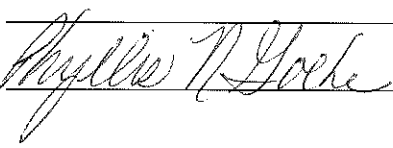
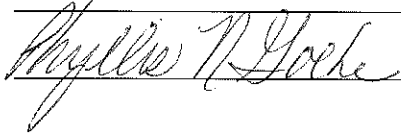


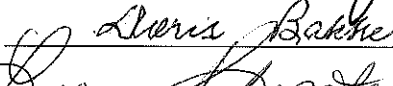
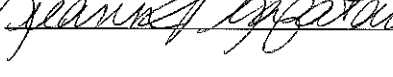
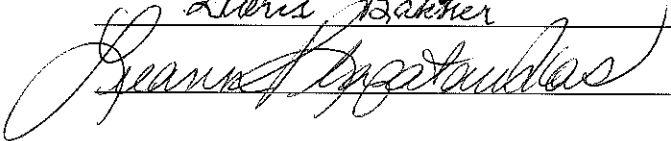
2. Usage of PTO and Banked Vacation Time
  - a. Employees wishing to schedule time off will have an option of using Banked Vacation time or PTO.
  - b. Requests may be denied based upon the operational needs of the department.
  - c. When a paid holiday is observed during a scheduled (4) four day work week, the work week will consist of (3) three, (10) ten hour days and one (8) eight hour paid holiday, with the employee having the option to use PTO time, banked vacation time, unpaid time or will flex to complete the 40 hour work week. Those approved to flex will do so the day before or after the scheduled holiday, or at earliest convenience.
3. Punctuality is expected and required. Each employee shall report each day in sufficient time to be ready to commence work promptly. If an employee is tardy or absent without permission, the employer shall exercise its judgment in the evaluation of given excuses and unexcused absences. Habitual tardiness and/or absence without permission are grounds for discharge.
4. Employees shall record their daily activity in the electronic "time track system". The Health Department Director or designee will review recorded time logs for accuracy and completeness.
5. Employees may be required to work overtime, but only as directed. Employees shall receive time and one-half (1½) pay for all time worked in excess of forty (40) hours per week.

**IMPLEMENTATION AND REGULATION**

All of the above work rules become effective immediately January 28, 2013. Application and implementation of these rules shall be uniform throughout the Department.

Approved this 17<sup>th</sup> day of January, 2013.

CLARK COUNTY BOARD OF HEALTH

|   |                       |
|---|-----------------------|
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CLARK COUNTY BOARD OF HEALTH (Approved 1/17/13)

CLARK COUNTY PERSONNEL COMMITTEE (Approved \_\_\_\_\_)

**EMPLOYEE ACKNOWLEDGEMENT**

**Clark County Public Health Department Work Rules**

**RECEIPT FORM**

I have received my copy of the Clark County Public Health Department Work Rules. It is my responsibility, as an employee-at-will, to read and understand the contents of these rules and to keep up-to-date with any subsequent changes. I understand that the county may add to, delete, modify, correct, or update any or all of the material in these work rules in order to respond to changing circumstances and conditions. I understand that it is my responsibility to ask the Public Health Department Director for clarification if I do not understand a particular section of these work rules.

No verbal representations may be deemed to alter or contravene the content or intent of these work rules and regulations. Only the Department Director with support of the Board of Health can waive or alter the provisions of these work rules.

By his or her signature, the employee hereby declares that they have read and understand the provisions within the work rules and agree to abide by the work rules.

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

\_\_\_\_\_  
Date