



SISTERS *of* CHARITY HEALTH SYSTEM

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# Employee Handbook

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## TABLE OF CONTENTS

Introduction	3	Unauthorized visits	18
History of the Sisters of Charity	3	Violence in the workplace	18
Welcome	8	Weapons	19
Mission	8	Workspace	19
Vision	8	Workers' Compensation/Injuries	19
Commitment to diversity	8		
Disclaimer	9	<b><u>Section IV - Attendance/Leave:</u></b>	
Equal Opportunity Employer	9	Attendance	20
		FMLA	20
<b><u>Section I - Employment Practices:</u></b>		Bereavement	21
Conflict of interest	10	Jury duty	21
Corrective action	10	Leave of absence	21
Education	10		
Employment of minors	10	<b><u>Section V - Payroll:</u></b>	
Employment of relatives	10	Garnishments/Liens/Child support	22
Exit interviews	11	Pay checks	22
Background checks	11		
Complaint resolution	11	<b><u>Section VI - General Policies:</u></b>	
Orientation and missioning	11	Access to personnel files	23
Introductory period	11	Change in personal status	23
Performance evaluations	11	Computer software	23
Job posting	12	Electronic communications	23
Re-employment	12	Employment verification/reference	23
Resignation	12	Gratuities	23
		Licensure/Certifications/Credentials	24
<b><u>Section II - Conduct/Performance:</u></b>		Meal and rest breaks	24
Communication	13	Media inquiries	24
Conduct	13	Solicitation	24
Confidentiality	13	Off duty visitation	25
Dress code	14	Telephones	25
Harassment	14		
Non-work related activities	15	<b><u>Section VII - Compensation and Benefits:</u></b>	
Performance standards	15	Compensation	26
Reporting compliance concerns	15	Benefits	26
		COBRA	26
<b><u>Section III - Health, Safety and Security:</u></b>		Employee classification	27
Damaging property or facilities	17	Hourly employees	27
Substance abuse testing	17	Salaried employees	28
EAP program	17	PTO	28
Parcel Inspection	18	Tuition assistance	29
Parking	18		
Safety	18	<b><u>Section VIII – Acknowledgment of Receipt:</u></b>	
Searches, tests and investigations	18	Acknowledgement	31
Smoking	18		

## **Introduction**

This handbook has been prepared to provide you, a valued member of the Sisters of Charity Health System (The Health System) staff, with information about the Health System, its programs and policies. This handbook applies to all ministries/organizations within the Sisters of Charity Health System and associated personnel. We hope that you will find this information helpful and that it will answer many of your questions. Neither this handbook nor any provision of this handbook is an employment contract or any other type of contract.

Like any material of this nature, it has certain limitations. Because we are unique individuals, and in view of our various roles and responsibilities within the organization, it is possible that you will require information beyond what is presented in this handbook. In such situations, you should speak directly with your immediate supervisor or the director of human resources. In all situations, the actual Health System policy in effect takes precedent over the information contained in this Handbook. While the Health System intends to continue the policies described in this handbook and the Human Resources policy manual, it reserves the right to rescind, modify or deviate from them without notice when such action is deemed necessary by the Health System. A complete listing of all Health System human resources policies are available for review in the Sisters of Charity Health System Policy Manual.

The Health System makes every effort to form a team of individuals who possess a deep sense of caring and concern for one another, as well as those we serve. We continue to be impressed with the spirit that exists among our staff members and their commitment to the ministry of service entrusted to the profession of health care.

### **A Brief History of the Sisters of Charity of St. Augustine**

“Surely I can do this for God. I am free. No earthly tie binds me. Yes, I will go to America and care for the little Indians” reasoned 24-year old Mademoiselle Louise Brulois, a postulant in the Augustinian Sisters at Saint Louis Hospital, Boulogne-sur-Mer, France. No matter that Cleveland, Ohio in 1851 was nearly as devoid of Indians to convert as it was full of immigrants with ship fever and forgotten orphans to be cared for, Louise had finally decided to leave her beloved country and go with her superior to America.

The Most Reverend Amadeus Rappe, first Bishop of Cleveland, long aware of the need for establishing a hospital staffed by Sisters, had tried unsuccessfully in his native France to obtain Sisters. Finally directed to Sister Bernardine Cabaret, superior of Saint Louis Hospital, he found her an enthusiastic volunteer.

Though the Sisters at the hospital were reluctant to let her go, they responded to Sister Bernardine’s spirit of sacrifice and unanimously remitted the remainder of her term as superior. Having earlier secured the assistance of Sister Françoise Guillement, she had now convinced Louise Brulois and another postulant, 20-year-old Cornélie Muselet, to join in the missionary venture.

Beginning their two-week trip across the Atlantic on the Feast of Our Lady of Mercy, September 24, 1851, the four missionaries, with little more than chapel furnishings and boxes of linen destined to be made into sheets and bandages, spent their stormy trip learning the rudiments of English.

Bishop Rappe, eagerly awaiting the Sisters arrival, had written in the spring, "Come, my children, I have now prepared a place for you. On it is good spring water and good fresh air." The house on the eight acres, though, was still occupied on October 10 when the Sisters came to Cleveland. However, the Ursuline Nuns, who had come to the city from Boulogne just the year before, received them as guests and provided religious training for the postulants.

Within two weeks, Sister Bernardine and Sister Françoise, advised by the Bishop, began living with individual families so that they could better visit the sick and poor in their homes. Cleveland's first public health nurses were soon a familiar sight in the city and people called them "angels" because of their white habits.

By March, 1852, the Sisters were able to move into their small, two-story frame house in the fresh air of the country, Ohio City. In August, they opened Saint Joseph's on the same site, the first public hospital in what later became part of the city of Cleveland.

The encounter with the hardships of a pioneer land, an unfamiliar language, a historically severe winter, and failing health were perhaps the reasons why Sisters Bernardine and Françoise obtained permission to return to France in September, 1852. Cornélie and Louise, who had become Sister Saint Joseph and Sister Augustine, strengthened themselves with the Scriptural injunction, "He that puts his hand to the plow and looks back, is not fit for the kingdom of Heaven" and decided to remain in Cleveland.

Bishop Rappe then turned to Sister Ursula Bissonette, an Ursuline novice, for assistance in continuing, the work he had begun, which had already attracted two more young women. As a laywoman, Sister Ursula was well-known to Bishop Rappe from her work in the Sandusky area, particularly instructing First Communion classes. In addition, she had worked with the cholera victims in the epidemic of 1849, gathering orphans and widows and caring for them in an abandoned house until the disease passed. Sister Ursula made her profession as a Sister of Charity in the chapel of the Ursuline convent on October 21, 1852, -adding a fourth vow to devote herself to works of charity- and in the afternoon became, at age 35, the superior of the new American Community.

Under her direction, the Sisters continued their work with the sick and, in order to care for children left by deceased patients, built an addition to the hospital. To support the orphanage, the boys were taught tailoring and carpentry and, with the Sisters, weekly pulled their wagon to deliver suits and cassocks for the clergy and furniture to the West Side Market.

By 1856, a number of considerations forced the closing of Saint Joseph Hospital and the entire building was used by the orphans until Saint Vincent Orphanage was completed in 1859. Later, additional room was again needed for the orphans and 100 boys and several Sisters moved to St. Louis Orphanage, Louisville, Ohio.

The original convent continued to house a few patients and the elderly remaining from the hospital until the present Saint Vincent Charity Hospital was opened in 1865. The hospital had long been discussed by Mother Ursula; Doctor Gustave E. Weber, a prominent retired Army surgeon; and Bishop Rappe, who finally purchased the property for \$10,000. Mother Ursula did not live to see the building completed, but her spirit of sacrifice remained with the Sisters who willingly gave their pillows to furnish the hospital while they slept on straw. "Charity towards the poor," said Bishop Rappe at the dedication, "was ever to be the motto of the hospital."

To continue this charitable service, the hospital added a school of nursing; to staff the pharmacy, two Sisters became the second and third women in Ohio to be certified by the State Board of Pharmacy. Sister Augustine, long since aware of more than Indians in America, headed the hospital while Sister Saint Joseph continued to direct the orphanage.

On a cold winter night in 1873, a widow about to deliver a child was taken in and the Sisters began Saint Ann Hospital and Infant Home, first near Charity Hospital and later on Woodland Avenue. Encouraged by Bishop Richard Gilmour, the Sisters cared particularly for unmarried mothers and neglected infants.

To the continual door-to-door begging trips of the Sisters were added "Donation Days" for this new work to which the people of Cleveland and the surrounding areas gave generously although the money never seemed quite enough to meet the growing demands for the care of the sick and needy.

Though by the turn of the century, Sister Saint Joseph, the last of the pioneer Sisters, had died, she had lived long enough to see a community of over one hundred Sisters of Charity of Saint Augustine established in a new motherhouse in Lakewood, Ohio. From this center, the expansion of the works of health, education, and welfare in Cleveland and other areas continued during the next fifty years with the requests for the Sisters service far exceeding their ability to respond.

Providence Hospital, Sandusky, and its nursing school were staffed by the Sisters from its beginnings in 1902 until 1922 when Sandusky became part of the Toledo diocese. A bequest from a wealthy woman and her brother, who had seen the need, led to the opening of Mercy Hospital in Canton in 1908. Later, another donor provided for the establishment of Little Flower Hospital for Children near Mercy.

In 1916, Bishop Ignatius Horstmann, desiring a school of nursing at Saint John Hospital on Cleveland's West side, requested the Sisters to assume administration and staffing of the 26-year-old hospital which had just been rebuilt.

Prior to the opening of Saint Thomas Hospital, made possible by the financial contributions of the people of the area, Akron was the largest city in the country without a Sisters' hospital. In addition to directing and staffing the hospital and nursing school in 1928, the willingness of the Sisters in 1939 to respond to a new need caused St. Thomas to be the first general hospital to open its doors to Doctor Bob Smith, co-founder of Alcoholics Anonymous, when he brought his first patient.

About the same time, Bishop Emmet M. Walsh of Charleston, South Carolina, had traveled over 120,000 miles trying to get Sisters to operate the sole Catholic hospital which was being built after much effort in Columbia. Circumstances led him to the Sisters of Charity who extended their service to South Carolina and Providence Hospital was opened in 1938.

Although the education of orphans had been undertaken from the early days and was under the supervision of the diocesan superintendent of schools, other elementary and high school education was not begun until 1922 when Bishop Joseph Schrembs formally requested the Sisters to prepare themselves to staff schools. Saint Augustine Academy, enrolling students from kindergarten to sixth grade, was established on the Motherhouse grounds in 1925 and classes extended to high school the next year. By the time the Sisters celebrated the seventy-fifth anniversary of their coming to Cleveland, grade schools in Cuyahoga Falls, Ashtabula, Amherst, Harrisburg, Maximo, and Cleveland were part of their apostolic ministry.

Established to organize the charitable services of the diocese on a sound financial basis, the Catholic Charities Corporation freed the Sisters from the constant struggle of both caring for the sick and unfortunate and raising sufficient funds. One of the first acts of Catholic Charities in 1925 was to relocate all the orphans cared for by the Sisters at Saint Vincent and at Saint Louis Orphanages on 180 acres which became known as Parmadale, the nation's first cottage-plan home for dependent children.

The years surrounding the centennial of the Community witnessed the expansion of Charity and Saint Thomas Hospitals; the building of Timken-Mercy Hospital and subsequent consolidation of Little Flower Hospital with Mercy; a new Saint Ann Hospital separate from De Paul Infant Home. In addition Sisters continued on the faculty of Saint John College; engaged in Confraternity of Christian Doctrine work in parishes and missions; and cared for pre-school children at Saint Edward Home, across from Parmadale. The growing needs of the Community were met by purchase of 350 acres in Richfield for a new Motherhouse, completed in 1957, to train the young sisters and care for the retired.

If the first fifty years of the Sisters of Charity of Saint Augustine were those of birth and beginnings, the second half century saw growth and expansion. The mid-point of these last fifty years seems marked by maturity and evaluation.

Pope John XXIII in opening the Second Vatican Council in the fall of 1962 called the whole Church to renew itself in order "to be found increasingly faithful to the gospel of Christ." The Sisters of Charity, like all religious communities, were to revitalize themselves by returning to the sources of all Christian life and to the original inspiration of their founders and then make the necessary adjustments in their living and service, adapting to the conditions of the times.

Through frequent prayer and countless meetings, the painful but oftentimes illuminating struggles of the Community brought forth changes in spirituality, internal governmental structure and policy, and life style designed to continue the ministry of Christ to His people.

"Nourished by a long tradition of meeting the charitable needs of the diocese of Cleveland," the Sisters in their philosophy re-committed themselves to works of health, education, and welfare, but sought "to direct their energies to those existing and emerging needs which are most critical."

In some cases, this re-commitment of Christian service to people demanded an evaluation and re-direction of institutions. Increasingly aware of the Community's responsibilities in sponsoring an institution and recognizing the role and competence of the laity, the code of regulations of the Boards of Trustees of most CSA institutions, beginning in 1969 were changed to include lay men and women. Lay people, too, began to be hired to fill administrative positions when qualified Sisters were not available.

Changing social patterns no longer required a large home for unwed mothers and in 1973 De Paul Home was donated to the Bishop of Cleveland to be used for continuation of social services. Now called DePaul Center, the institution serves an ever-widening group of children and adults.

The declining birth rate and consequent financial difficulties which caused the sale of Saint Ann Hospital in 1973 provided a unique way of preserving the original purposes of the founding Sisters while meeting new needs. Saint Ann Foundation, a public foundation, was created from the funds. All income generated from the original \$8,200,000 principal and from new donations and bequests is used for grants to support programs that improve the quality of human life, particularly in the Greater Cleveland area.

Seeking to maintain secondary education for girls on Cleveland's West side yet aware of limited Sister personnel, the Community in 1975 arranged a transfer of the operation and administration of Saint Augustine Academy to another religious community though some Sisters of Charity continue to teach there.

The Motherhouse, too, examined its purpose and beginning in 1971, Mount Augustine opened its facilities and grounds for religious, cultural, and intellectual activities and increased the Sister staff to serve these individuals and groups. A house of Prayer there offers additional spiritual opportunities for people in the diocese.

Expanding programs in existing institutions as well as new ventures were also the result of this critical re-evaluation of ways to make Christ present in the twentieth-century world.

The shift of students out of Catholic schools together with the recognition that children were not the only ones in need of religious instruction caused Sisters in the 1970's to begin to work full-time in both CCD programs and total parish religious education. In some places Sisters cooperate in a team-ministry approach to a parish's various needs. These greater demands on a limited number and other factors caused Sisters to be withdrawn from Divine Redeemer school in Hanahan, South Carolina in 1971 after seven years of service.

A request for Sisters of Charity to serve in the ghetto was answered in 1965 when Sisters went to Cleveland's Hough area where they continue to serve the poor at Our Lady of Fatima Mission Center. Augustine Manor, an extended nursing care facility built by Catholic Charities in 1970, has involved Sisters in the original planning and subsequent staffing.

An increase in the number of Sisters who minister directly to the spiritual and personal concerns of the patients attempts to keep pace with the physical expansion of the Community's hospital buildings.

In being faithful to the charism of charity exemplified by the founders, the Sisters of Charity have sought to balance Community commitments with individual Sisters' talents and concerns. Thus, Sisters today find new ways of serving the sick including various types of nursing and patient education as well as administrative and staff positions in national and local health organizations and clinics. Sisters who directly serve the Community as administrators, co-coordinators of programs for the retired and infirm Sisters and for young religious complement those who work at diocesan levels of education and social service.

Over One hundred and fifty-five years of history of the Sisters of Charity of Saint Augustine record founders' names, significant firsts, completed buildings; one hundred and twenty-five years of service reveal loving women, firmly committed, freely giving, who have attempted to extend the work of Christ on earth. Underlying both the history and the service have been the physical hardships of the beginning, the material sacrifices of the growth, and the spiritual struggles of the maturity of the Community. Yet, the call of the Father, which is reflected in Christ, and nourished by the Spirit, continues to find a response in the Sisters of Charity who out of the traditions of the past, find meaning for the present, and hope for the future.

### **Welcome to the Sisters of Charity Health System**

We extend a warm welcome to the Sisters of Charity of St. Augustine Health System ("SCHS" or the "Health System"). We hope and expect that your time with us will be a professionally rewarding experience. The Health System is a component of the CSA congregation that has been ministering to the needs of the communities they serve for more that one and a half centuries.

Currently, SCHS serves communities with ministries in health care, care for the homeless, early childhood health and education, care for the elderly, and philanthropy.

### **Our Mission**

In the spirit of the Sisters of Charity of St. Augustine, our mission is to extend the healing ministry of Jesus to God's people.

### **Our Vision**

The Sisters of Charity Health System is a beacon of hope devoted to healing and addressing the unmet needs of individuals, families, and communities through a network of innovative services.

### **Our Commitment to Diversity**

The Sisters of Charity Health System values and promotes diversity. Diversity refers to human differences, including those based on race, culture, ethnicity, gender, age, sexual orientation, and religious beliefs that exist in the workforce. The Health System is committed to enhancing our diversity and demonstrating that commitment to our employees, residents, customers, and the community at large.

The Health System believes that promoting diversity plays an important role in:

- Attracting the widest pool of qualified applicants and employees;
- Fostering greater innovation and creativity;
- Enhancing our communication and relationships with patients and the community;
- Building patient loyalty; and
- Helping us to appreciate, understand and respect our coworkers.

The Health System promotes diversity by developing policies, programs, and procedures that promote a work environment in which differences are respected, employees are treated fairly, and individual contributions are valued and rewarded. Diversity is one of the Health System's greatest strengths. We urge all employees to make an individual commitment to this initiative.

### **Disclaimer**

Employment with the Sisters of Charity Health System (the "Health System") is at-will and may be terminated by either party, at any time, with or without a reason. Any oral statements, promises or assurances to the contrary are not binding on the Health System and should not be relied upon by the employee or job applicant. The Health System is not responsible for and will not be bound by, any statements that are not reaffirmed in writing by the Health System.

Statements in or on the employment application, Employee Handbook, training materials or other Health System documents, do not constitute or imply an employment or any other type of contract and should not be relied upon by the employee or job applicant under any circumstances as assuring continued employment or superseding the Health System's at-will employment policy.

This Employee Handbook contains policies and procedures, which may be unilaterally changed by the Health System at any time with or without notice. This Handbook includes statements of policy covering procedures currently in effect. Changes are always underway in every organization and as new developments occur, policy changes may follow. The Health System retains the right to change any and all policies and procedures contained in this Employee Handbook or elsewhere at any time.

### **Equal Opportunity Employer**

The Sisters of Charity Health System is an equal opportunity employer and does not discriminate with regard to employment opportunities and/or employment decisions on the basis of one's race, color, gender, sexual orientation, religion, age, national origin, marital status, disability, or military status. This policy shall include, but is not limited to the following areas: work assignments, employment, placement, promotion, demotion, transfer, recruitment, referrals, layoff, recall, termination, training, educational and/or training assistance, wages, and other forms of compensation or job requirements. The Health System will provide reasonable accommodation to qualified individuals with known mental or physical disabilities. The Health System complies with all applicable federal, state and local laws prohibiting discrimination in employment and all employees are expected to comply with our equal opportunity employment policy.

## **SECTION I. EMPLOYMENT PRACTICES:**

1. **Conflict of Interest:** Employees in a position of management or in a position to influence decision making must disclose, in advance, any actual or potential conflict of interest to Health System Administration. All such persons are required to exercise the utmost good faith in all transactions touching upon their duties to the Health System and its property. No one shall use his or her position or knowledge gained there from in such a way that a conflict of interest might arise or in a manner so as to adversely effect decision-making concerning Health System. The Health System will solicit attestations of any conflict of interest from management and those in a position to influence decision making on an annual basis. Failure to disclose a conflict of interest can result in termination of employment.
2. **Corrective action:** When an employee's performance or conduct does not meet the standards set forth by the Health System, the employee will subject to corrective action. Depending on the nature and severity of the problem, the employee may be placed in a first written warning, a second written warning, a final warning (with or without suspension), or be terminated. The level of corrective action will be predicated on factors including whether or not the employee had any previous corrective actions, the time elapsed since the last corrective action and/or the severity of the problem. For further information on the corrective action process and the types of policy infractions that are subject to the process; please see the Corrective Action Policy (#4.4) in the Health System's Policy and Procedure Manual.
3. **Education:** The Health System is dedicated to improving service to its customers by developing better techniques and procedures for services we provide. An important element in maintaining this atmosphere of continuous improvement and learning is employee education and training. Employees will be given the opportunity to participate in job-related training programs during scheduled and unscheduled work hours. Mandatory programs are also identified and employees will be compensated to attend these programs. Failure to attend mandatory training programs may result in suspension and/or corrective action up to and including termination.
4. **Employment of minors:** Normally, candidates for regular full-time employment must have reached their 18<sup>th</sup> birthday and/or successfully graduated from high school or received a GED. Applicants who have reached their 16<sup>th</sup> birthday may be considered for part-time employment within the limits of state and federal law.
5. **Employment of relatives:** Natural relatives of an employee may not be considered for regular employment within the same department. Natural relatives would include parents, grandparents, spouse, brothers, sisters, children, uncles, aunts or first cousins. If one employee marries another, both may retain their position if they do not work within the same department, are not under the direct or indirect supervision of each other, and neither occupies a position which has influence over the other's employment, promotion, salary administration and other related management or personnel considerations.

6. **Exit interviews:** Any employee who terminates employment with the Health System, either voluntarily or involuntarily will have the opportunity to participate in an exit interview facilitated by the vice president of human resources or designee either in person or via mail.
7. **Background checks and Federal program exclusion checks:** Background checks are conducted on all prospective employees. Federal program exclusion checks are conducted on all prospective employees and annually for existing employees. Employees identified as excluded from participating in federal programs will be confirmed and validated by the director of human resources. Confirmed exclusions will result in termination.
8. **Grievances:** The Sisters of Charity Health System strives to maintain an atmosphere of trust, cooperation and open communications among all its employees. As such, the Health System will make every attempt to resolve a complaint and/or concern brought forth by an employee in a fair and equitable manner. An employee who has a concern, disagreement or complaint should first attempt to resolve the issue directly and on an informal level with the immediate supervisor. If necessary, the supervisor will consult with the management team regarding the issue and a timely response will be delivered to the employee. If the complaint or disagreement is not resolved at this level, a resolution may be pursued through the grievance procedure (see policy 9.9 in the Health System's Policy and Procedure Manual).
9. **Orientation and missioning:** Each new employee will be oriented and missioned into the Sisters of Charity Health System. This program helps to effectively integrate the new employee into the Health System introduce them to the operations, policies, mission, values, and vision of the Health System and the philosophy of the Sisters of Charity of St. Augustine.
10. **Introductory/Training period:** Newly hired full and part-time employees are considered to be in their "introductory/training period" during their first ninety (90) days of employment. The introductory period also applies to all rehired, transferred or recently promoted personnel. Completion of the introductory/training period does not guarantee continued employment and does not change the at-will nature of the employment relationship.

The Health System may, at its discretion, extend the introductory/training period if additional time is required to evaluate an employee. The introductory/training period may be extended once for up to three (3) additional months. An employee will receive written notice of any extension of his/her introductory/training period.

During and after the introductory/training period, the employee will be expected to adhere to all regulations of the Health System and perform his/her job in a satisfactory manner. While in the introductory/training, employees may accrue but may not use paid time off, except in unusual circumstances. The supervisor, with the President/CEO's authorization, has discretion to grant an employee unpaid time off.

12. **Performance evaluations:** The organization supports an environment where supervisors and employees are encouraged to discuss job performance and goals on an informal basis. Performance evaluations are performed annually, typically at end of each fiscal year. This provides the employee and his/her supervisor the opportunity to discuss job performance, identify opportunities for improvement, recognize strengths, set new performance goals, and develop action plans to achieve those new goals and/or performance improvement initiatives.

13. **Job posting:** The Sisters of Charity Health System is committed to providing opportunities for employees to progress in their present careers, or to pursue more satisfying and challenging occupations, in the belief that this will enable the Health System to recruit and retain a high quality work force. The intent of job posting is to call attention to opportunities that may be available throughout the System and provide a mechanism for job movement within departments and across the Health System. The Health System will give preference to current employees over external candidates in cases of similar qualifications and ability.

Any employee meeting the minimum qualifications of a posted position is eligible to bid on another position after six (6) months of service. Employees are limited to two (2) job changes in a two-year period (these restrictions do not apply to changes in status/shift within same cost center and job title). This limitation may be waived with the approval of both the sending and receiving departments and the Vice President of Human Resources only if the job change supports the best interests of the Health System. Employees who have been placed in corrective action within six (6) months prior to the posting date will be ineligible to apply for a posted position.

14. **Re-employment:** Employees who have resigned in good standing and wish to return to work at the Health System may apply for re-employment in the Human Resources Department. Former employees will not be given any special consideration in their application for re-employment and will be considered equally alongside other external applicants.
15. **Resignation:** Employees who voluntarily terminate their employment with the Health System are required to give their department head a minimum of two (2) weeks written notice (thirty [30] days for managers and directors) in order to leave the Health System in good standing and eligible for re-hire. Accrued and unused vacation balances are paid out after the final check assuming appropriate notice has been served.

## **SECTION II. CONDUCT/PERFORMANCE:**

1. **Communication:** The Sisters of Charity Health System is committed to promoting and enhancing communications between employees, administration, and management. This will ensure effective and efficient operations and will provide each employee with the necessary information to do his/her job.

It is the responsibility of each employee to notify his/her supervisor/department head of any concern or problems affecting his/her job.

The vice president of human resources is also available to assist employees with any questions or issues they may have relative to the Health System's policies, practices, benefits, and/or conditions of employment.

Regular communications to all employees are achieved through a variety of methods, including newsletters, department meetings, electronic mail systems, etc.

Employees will be expected to communicate in a professional manner at all times. The use of profane, abusive or offensive language will not be tolerated.

2. **Conduct:** Our conduct models our mission; as such, all employees are expected to conduct themselves in a manner that reflects and that is consistent with our core values and mission. Disparaging or negative comments about another employee, supervisor, patient, resident, or the Health System will not be tolerated. Comments of this nature only serve to deflate the morale of your coworkers and do not promote a healthy working environment. Employees are expected to be courteous and practice good customer service at all times. Disturbing or interfering with the ability of another employee to do his/her job is prohibited.

3. **Confidentiality:** It is the policy of the Health System to:

- Keep confidential all sensitive documents used in the course of one's employment
- Treat employee information confidentially and protect the privacy of employees
- Safeguard the Health System's financial information and its ideas, methods, programs, etc.
- Maintain the confidentiality of passwords and ID codes

Conversations, written communication and computer-based records regarding clients, employees or other Health System business information is to be kept confidential at all times. Gossiping by employees may be subject to corrective action, up to and including termination.

Disclosure or unauthorized access of confidential information, even if done inadvertently, carelessly or without malice will subject an employee to corrective action up to and including termination.

4. **Dress code:** One's personal hygiene and appearance are of the utmost importance. Employees are expected to report to work neat and well-groomed at all times. Departments may have certain standards in regard to dress and uniforms. These standards reflect the operational infection control and safety requirements of the departments and must be strictly adhered to. Proper footwear and hosiery must be worn at all times. Employees will be sent home to correct a situation of inappropriate attire or poor personal hygiene.
5. **Harassment:** The Health System is committed to maintaining a work environment in which all employees are free from harassment and discrimination. In furtherance of this policy, the Health System prohibits the unlawful harassment of any employee on account of race, religion, national origin, age, sex or gender, sexual orientation, and/or physical or mental disabilities.

Harassment consists of unwelcome conduct (physical, verbal or visual) which has the purpose or effect of substantially interfering with an individual's work performance, or creating an intimidating, hostile, or offensive working environment. Examples of prohibited conduct include: epithets, slurs, negative stereotyping, and written/graphic material or jokes, which show hostility or prejudice. Similarly prohibited is conduct, which degrades another person on account of: (1) race; (2) national origin; (3) sex/gender; (4) religious beliefs; (5) age; (6) sexual orientation; and/or (7) physical or mental disabilities. All employees are expected to abide by this policy. Engaging in deliberate or willful acts of insensitive or discriminatory behavior regarding one's race, color, religion, sex, national origin, age, sexual orientation, or disability will result in corrective action up to and including termination.

Sexual harassment is any unwelcome sexual advance. Requests for sexual favors and/or other verbal or physical conduct of a sexual nature will constitute sexual harassment when: (1) submission to sexual conduct is an explicit or implicit term or condition of an individual's employment; (2) submission to or rejection of sexual conduct by an individual is the basis for any employment decision affecting that individual; or (3) sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature having the purpose or effect of interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Sexual harassment can occur in a variety of circumstances including, but not limited to:

- The victim as well as the harassing party may be a woman or a man. The victim does not have to be of the opposite sex
- The harassing party can be the victim's supervisor, an agent of the employer, a supervisor from another area or department, a coworker, or non-employee
- The victim does not have to be the person being harassed. It could be anyone affected by the offensive conduct
- Unlawful sexual harassment may occur without economic injury to or the discharge of the victim
- The harassing party's conduct must be unwelcome

If you feel that you have been subjected to harassing conduct, be sure to communicate to the harassing party that their conduct is unwelcome and you would like it to cease. In any case, any employee who witnesses or feels that he or she has been the target of harassing conduct should report the matter to their supervisor or the Vice President of Human Resources.

Reports of harassing or discriminating activity will be promptly and thoroughly investigated and corrective action will be initiated. The complaint and subsequent investigation of such complaint will be documented. The Health System cannot guarantee the confidentiality of such complaints. The Health System will, however, make every effort to conduct the investigation of such complaints as confidentially as possible.

All employees are required to cooperate with the investigation of such complaints. Employees are expected to report incidents of harassing behavior, whether they are the target of or witness to the act. Failure to report incidents of offensive behavior or to cooperate with the investigation of a complaint of such behavior is a violation of this policy. The Health System will not condone or tolerate acts of harassment by any employee, under any circumstance. Any employee found to be in violation of this policy will be subject to disciplinary action, up to and including termination.

There will be no retaliation or threat of retaliation against any employee who has made a bona fide complaint of harassment.

6. **Non-work related activities:** Employees may not engage in non-work related activities while on Health System time without authorization from management.
7. **Performance standards:** All employees are expected to perform within the guidelines, standards and procedures specific to their position and department. Employees are also expected to perform the functions of their job with care and diligence. Repeated failures will result in corrective action, up to and including termination.
8. **Reporting compliance concerns/whistleblowing:** The Health System encourages employees to discuss with their supervisor, compliance officer, or the Vice President of Human Resources, all legal and ethical issues/concerns that arise during their employment. The Health System will not tolerate retaliation or retribution against any person, employee or other person who in good faith reports in a potential or actual violation of fraud or ethical behavior.

If an individual feels that internal reports have not resulted in the violation or compliance concern being addressed, the reporting party may make the same report to federal or local authorities.

A whistleblower, as defined by this policy, is an employee, contractor, vendor, or other member of the Health System's workforce, including but not limited to, residents, interns, student and volunteers of The Health System, who reports, in good faith, activity that he or she considers to be illegal or dishonest to one or more of the parties specified in this policy. The individual making the report is not responsible for investigating the activity or for determining fault or corrective measures; appropriate management officials are charged with these responsibilities. Examples of illegal or dishonest activities include, but are not limited to, violations of federal, state or local laws; billing for services not performed or for goods not delivered; and other fraudulent financial reporting.

Individual protections are provided to whistleblowers in two important areas: confidentiality and against retaliation. Circumstances permitting, the confidentiality of the reporting individual will be maintained. However, identity may have to be disclosed to conduct a thorough investigation, to comply with the law and to provide accused individuals their legal rights of defense. The Health System will not retaliate against an individual that makes a good faith report. This includes, but is not limited to, protection from retaliation in the form of an adverse employment action, such as termination, compensation decreases, or poor work assignments and/or threats of physical harm. Any individual who has made a report and believes he/she is being retaliated against must contact the Vice President of Human Resources immediately. The right of an individual to protection against retaliation does not include immunity for any personal wrongdoing that is alleged and investigated.

### **SECTION III. HEALTH, SAFETY AND SECURITY:**

1. **Damaging company property or facilities:** Deliberate defacing, damaging or destruction of property belonging to the Health System, a fellow employee, volunteer, or client will result in termination. No materials, equipment or tools are to be removed from Health System property without the direct permission of your supervisor or manager. Incidents of missing or damaged property should be reported to your supervisor or manager immediately. The Health System assumes no responsibility for the theft, damage or loss of any personal property of its employees.
2. **Substance abuse testing:** It is the policy of the Health System to provide a safe and comfortable work environment, free from drug and alcohol use. The Health System expects all employees to report to work as scheduled in a sober and reliable state, free of the influences of alcohol, drugs and other mood-altering substances and to remain free of the same while on the job. The Health System expects employees to refrain from the use, possession, influence, or sale of alcohol, drugs and any other mood-altering substances while at work.

The Health System recognizes alcohol and drug dependency as an illness and a health problem. The Health System will provide access to an Employee Assistance Program (EAP) for employees and their immediate families. The EAP offers confidential assistance/referral for a variety of personal and emotional problems including drug/alcohol related difficulties. This service provides a constructive way for employees to deal with their problems before these problems interfere with job performance or continued employment.

If it is determined through professional evaluation that the employee has a drug or alcohol problem, the employee may be granted a medical leave of absence for treatment. Conscientious efforts by an employee to seek and follow such treatment will not jeopardize the employee's employment and will not be noted in his/her personnel record.

All Health System employees are subject to drug testing prior to employment, immediately subsequent to being involved in an accident causing injury and in the event an employee displays symptoms and/or behaviors causing one to have reasonable suspicion of potential drug or alcohol use (see testing procedures referenced in policy 2.4 of the Health System's Policy and Procedure Manual).

3. **Employee Assistance Program:** An Employee Assistance Program ("EAP") is accessible by all employees and family members for the confidential counseling of life management problems. Services are provided by experienced counselors offering assistance with a wide range of concerns. There is no charge to the employee or the family member for initial counseling. On-going counseling or referrals to medical specialists may be covered by the employee's health insurance plans.

In some cases, a supervisor or the director of human resources may make a mandatory referral for an employee to the EAP subsequent to chronic late attendance, absenteeism, conduct, or performance problems. More information on the EAP may be obtained through the Vice President of Human Resources.

4. **Parcel inspection:** An authorized representative of the Health System may inspect any parcels belonging to employees, clients or visitors preparing to enter or leave the Health System's property.
5. **Parking:** To help ensure the safety of our employees and protect from loss, we require all employees to park their vehicles in designated parking areas and keep them locked. The Health System assumes no responsibility for the theft, loss or damage to an employee's vehicle while parked in a Health System lot. Employees found parking in restricted areas will be subject to corrective action, up to and including termination.
6. **Safety:** It is the policy of the Health System to provide clients, visitors and employees with a safe and healthy environment. All employees are expected to comply with all safety and health requirements (see policy 9.6 in the Health System's Policy and Procedure Manual). Supervisors will educate their employees on the safety precautions and regulations, which are applicable in their department. It is the responsibility of each employee to report any unsafe conditions or accident to their supervisor.
7. **Searches, tests and investigations:** The Health System respects the rights of its employees to be free of any unwarranted intrusions upon their privacy. However, to protect the well being of our workforce and the security of Health System premises, the Health System retains the right to enter and to conduct searches of all Health System property, including, but not limited to lockers, desks, vehicles, voice mail, and e-mail for legitimate business reasons. In addition, items belonging to employees such as lunch boxes, purses and briefcases are also subject to search when management considers such searches warranted.

Refusing to cooperate or submit to questioning, medical or physical test or examination, or an inspection or search of personal belongings or vehicle when requested or conducted by a authorized representative of the Health System's staff or its designate will result in corrective action, up to and including termination. Further, the presence of any substance forbidden by these rules of conduct in your body system, personal belonging, or vehicle, as indicated in such test, examination, inspection or search will result in corrective action, up to and including termination.

8. **Smoking:** Smoking is strictly prohibited anywhere within the property of the Health System. This includes the smoking of cigarettes, cigars, pipes, and the use of any other smoking or smokeless tobacco product.
9. **Unauthorized visits:** Loitering or engaging in unauthorized visits to Health System facilities or events either while at work or off duty is not permitted. Visits by friends, family members, and acquaintances are restricted. Only Health System employees and/or other personnel authorized by management are permitted in restricted work areas.
10. **Violence in the workplace:** The Health System is committed to provide its employees with a workplace free from the threat of violence. Any act or bona fide threat of violence by an employee against any other employee, client, customer, or visitor will not be tolerated and will result in termination.

All incidents of violent behavior, whether you are either the target of or witness to, must be reported to your supervisor or the Vice President of Human Resources. Failure to report incidents of violent behavior or to cooperate with the investigation of a complaint of such behavior is a violation of this policy. All reports of violent or potentially violent behavior will be thoroughly investigated and documented. Appropriate action will be initiated to ensure the safety of our employees.

There will be no retaliation or threat of retaliation against any employee reporting to have been the target of, or witness to the violent act of another employee.

11. **Weapons:** The possession or use of weapons (i.e., firearms, explosives, knives and other weapons that might be considered dangerous or that could cause harm) on or in any Health System property or facility is expressly prohibited. Any employee found to be in possession of a weapon will be subject to prompt disciplinary action, up to and including termination. This provision applies to all hospital employees, patients, visitors, vendors, contractors, and/or any other person entering Health System facilities or grounds with the exception of law enforcement personnel.
12. **Workspace:** An employee's workspace, locker, mailbox, etc. are not to be violated by another employee. The Health System reserves the right to inspect an employee's workspace and mailbox, including, but not limited to, voice mail and e-mail, when deemed necessary and appropriate. Any employee found removing, searching or invading the workspace of another employee without written authorization or consent will be subject to corrective action, up to and including termination.
13. **Workers' compensation/injury reporting:** All injuries sustained while at work must be reported to your supervisor by the end of your scheduled shift, regardless of severity or need for treatment. Employees may be entitled to benefits under the Ohio Worker's Compensation Law if they become ill or injured as a result of the work that they perform. Employees who fail to report a work-related injury or illness within the above time frame will be subject to corrective action. Employees who wish to review their worker's compensation file may do so by contacting the Vice President of Human Resources.

## **SECTION IV. ATTENDANCE/LEAVE:**

1. **Attendance:** Employees, who fail to report for a scheduled shift and/or show up late for a scheduled shift, place an undue hardship on their fellow employees and hinder our ability to provide the exceptional level of care our clients expect and deserve. Therefore, it is critical that all employees accept the responsibility of reporting for work as scheduled and in a timely manner. The Health System realizes that there are occasions when employees will be absent from work due to illness or personal emergencies. Excessive absenteeism or tardiness will result in corrective action up to and including termination.

When an employee is absent, it is his/her responsibility to notify his/her supervisor or the department head prior to the scheduled shift, according to the policy/procedure established by the department. Absent an extenuating circumstance, failure to do so will result in an occurrence of an unpaid absence.

Tardiness: Employees are expected to be at their work station prepared to begin work at their scheduled start time. Severe weather, transportation problems, or other unforeseen emergencies do not absolve an employee from his/her responsibility to report to work on time. If an employee is late, he/she will typically not be permitted to make up the time unless there is prior approval from the department head. If the Health System declares an Emergency Snow day, tardiness will not count against the employee for purposes of corrective action.

PTO: Employees are required to provide advance notice of PTO requests. Department policy will define the minimum period of advance notice required to schedule vacation. At the beginning of each year, departments may also require employees to schedule large blocks of PTO.

Unscheduled Time Off (UPTO): Employees are required to notify their supervisor in the event they are ill and unable to report to work. Employees will be able to receive UPTO for an unscheduled absence assuming they have PTO time available and are eligible for this benefit.

If an employee is scheduled to work on a holiday and is absent, they will not be eligible to receive holiday pay. Likewise, if an employee is absent from work on the scheduled shift(s) before or after a holiday, they will not be eligible to receive holiday pay. Exceptions may be made in extreme circumstances upon review by the Health System at its sole discretion.

2. **Family and Medical Leave Act (“FMLA”):** In the event of a personal or family illness requiring an employee to be off work for more than three days, you may qualify for a Family Medical Leave or Personal Leave of absence. Please refer to the Health System’s Family and Medical Leave of Absence Policy for a detailed description of the Health System’s FMLA and other leave policies. Contact Human Resources for a copy of the Health System’s Family and Medical Leave of Absence Policy (Policy 7.1 in the Health System’s Policy and Procedure Manual) or for additional information.

3. **Bereavement:** In order for employees to attend the funeral of a member of their immediate family, the hospital may grant full-time employees up to three (3) and part-time employees up to two (2) consecutively scheduled work days off with pay for the death of an immediate family member. For the purpose of this policy, “immediate family member” is defined as: Spouse, child, parent, brother, sister, mother-in-law, father-in-law, son-in-law, daughter-in-law, grandparent, grandchild, step parent, step child. An employee may be granted one paid day off in the event of the death of a sister-in-law or brother-in-law. An employee will be permitted to use two additional PTO days if traveling more than 250 miles from home to attend the funeral
4. **Jury Duty:** Employees who are called to jury duty will be paid at their regular rate for the hours they normally would have been scheduled to work. It is the employee’s responsibility to notify his/her supervisor as soon as they are called to serve on a jury and to furnish evidence that they did in fact appear at the court in order to receive pay for the day. Pay received for jury duty should be turned into the Health System.
5. **Leave of absence:** The Sisters of Charity Health System will provide a personal leave of absence for eligible employees for justifiable reasons at the sole discretion of the organization. A personal leave of absence is defined as any unpaid separation of employment which is expected to exceed thirty (30) consecutive calendar days.

A leave of absence may be approved for personal or educational reasons, or for other reasons as approved by the President/CEO. Leaves of absence for family, medical, military service, bereavement, and/or jury duty are covered by other policies.

For the purpose of this policy, an eligible employee is defined as a full-time employee who has completed at least six (6) months of continuous service with the Health System.

The total leave of absence may not exceed sixty (60) days. The employee requesting the leave must complete a leave of absence form at least two (2) weeks in advance of the start of his/her leave. While on an approved leave under this policy, an employee will not be paid and his /her time off will not be counted toward his/her seniority or any other benefits.

## **SECTION V. PAYROLL POLICIES:**

1. **Garnishments/Liens/Child support:** The laws of the State of Ohio require the Health System to accept legal wage attachments requiring the holding of part of an employee's earnings to be applied to the payment of his/her debts. If employees receive wage attachments, they are encouraged to make every attempt to arrange for release of the wage attachment as soon as possible.
2. **Pay checks:** Health System employees are paid bi-weekly. Electronic paystubs will be available online via the Health System's Inter/Intranet sites on the Friday that payroll is distributed. Questions related to payroll concerns should be directed to your immediate supervisor.

## **SECTION VI. GENERAL POLICIES:**

1. **Access to personnel files:** Employees, upon reasonable notice, may examine their own personnel file in the presence of the vice president of human resources or designee. Employees may not alter, remove or add information to their file without permission from their supervisor and the vice president of human resources.

Since these files hold personal information, employee files are strictly confidential and may not be reviewed by anyone other than authorized Health System personnel or pursuant to a court order.

2. **Change in personal status:** It is important that the Health System maintain an accurate record of each employee's personal status. It is the employee's responsibility to promptly report any change in address, telephone number, marital status, dependency status, licensure, etc., to his/her supervisor or Vice President of Human Resources. These changes are to be reported on a Personnel Action Request ("PAR").
3. **Computer software:** The use or installation of any unauthorized or unlicensed software on Health System computers is also prohibited.
4. **Electronic communications:** The electronic communication systems employed by the Health System including, but not limited to, computers, e-mail, Internet, cell phones, and voice mail systems are the property and domain of the Health System. These systems are subject to being monitored by the Health System. The Health System reserves the right to retrieve and review any message or file that is composed, sent or received. Employees should not assume or expect privacy on these systems.

Electronic data and voice communications are to be used appropriately and for business related communications only. Use of electronic signatures, usernames, and passwords by unauthorized personnel is expressly prohibited. Inappropriate use of electronic communications systems will not be tolerated and will result in corrective action, up to and including termination. This includes, but is not limited to the dissemination or printing of copyrighted materials; sending, receiving, printing or otherwise disseminating proprietary data, trade secrets, or other confidential information of the Health System in violation of hospital policy or proprietary agreements; offensive or harassing statements or language including, but not limited to, disparagement of others based on their race, national origin, sex, sexual orientation, age, disability, religious or political beliefs; sending or soliciting sexually oriented messages or images; operating a business, usurping business opportunities or soliciting money for personal gain, or searching for jobs and gambling or engaging in any other activity in violation of local state or federal law.

5. **Employment verification or references:** All inquiries for past or present employment verifications or references must be forwarded to the Vice President of Human Resources.
6. **Gratuities:** Employees are not permitted to accept tips, gratuities or gifts from patients, visitors, vendors, or contractors.

7. **Licensing/Certifications/Credentials:** All employees who perform work that requires licensure, registration, certification, or other credentialing by the Health System or regulatory agencies are solely responsible for maintaining their credentials. Failure to maintain credentials will result in suspension from duty and possible termination.
8. **Meal and rest breaks:** Employees may be granted two (2) fifteen (15) minute rest periods during a work day of eight (8) or more hours depending on the operational needs of their department. The first rest period should occur during the first half of the shift and the second rest period should occur during the second half of the shift. An unpaid lunch period of thirty (30) minutes is granted to employees scheduled to work a shift of six and one-half (6 ½) hours or more. Under no circumstance may rest periods be combined with the lunch period or be used as a basis to leave early. The scheduling of lunch or rest periods is done by the supervisor, taking into consideration the needs of the department's operations.
9. **Media inquiries:** The individual designated to speak to the media on the Health System's behalf are the CEO/President or his/her designee. No one else is authorized to represent the Health System's position to the media. Any employee, other than those listed in this policy, who attempts to represent the Health System's position to the media will be subject to corrective action, up to and including termination.
9. **Solicitation:** Health System employees may not solicit for any purpose during working time or in immediate patient-care areas. Employees may not distribute literature for any purpose in immediate patient-care areas, or in any other work areas during working time. Solicitation and distribution is prohibited by this policy if either the employee initiating the solicitation or distribution or the employee who is the target of the solicitation or distribution is on working time.

Under this policy "solicitation" includes, but is not limited to, asking for support, selling, seeking support for an issue or cause, selling memberships, or seeking contributions. Examples of solicitation include, but are not limited to, Tupperware sales, Avon sales, Girl Scout cookie sales, sales for school fundraisers, sponsorship requests, ticket sales, catalog sales, and sales for services or products.

"Literature" includes, but is not limited to, written materials such as fliers, tracts, handbills, letters, brochures, memoranda and pamphlets of any kind or for any purpose.

"Working time" means the period scheduled for the performance of job duties, not including mealtimes, break times or other periods when employees are properly not engaged in performing work-related duties. Employees on their meal times, break times, or other non-working time may not solicit or distribute literature to other employees during the working time of such other employees.

"Working areas" include all immediate patient care areas and all other locations on and off Hospital premises where employees perform work. Employee and public lounges, lobbies, parking lots and locker rooms are not considered to be working areas. In addition, the cafeteria and gift shop are generally considered not to be working areas except for those employees who perform work there.

Certain non-profit, charitable fund-raising solicitations that support the mission of the Health System are approved by the Health System on a limited basis.

Any questions regarding the meaning of “solicitation, literature, immediate patient care areas, working time, or working areas” are to be referred to the Vice President of Human Resources for clarification. Employees who violate the solicitation and/or distribution provisions of this policy will be subject to disciplinary action up to and including termination.

10. **Off duty visitation:** Visiting off-duty employees is subject to the same guidelines as noted above for Employee Solicitation and Distribution and employees, while off duty, should not be in work areas or immediate patient care areas unless specifically approved by the supervisor responsible for the area and shift in question.
11. **Telephones:** Incoming and outgoing personal phone calls are limited to emergencies and other unusual situations. Employees who need to make personal, non-emergency phone calls may do so during lunch and authorized break times.

Long distance: Making or accepting unauthorized or personal long distance calls is prohibited. Exceptions may be made in the event of an emergency.

Personal cell phones: The use of personal cell phones to make or receive personal calls, text messages, tweets or any other use should be limited to breaks and emergencies.

## **SECTION VII. COMPENSATION AND BENEFITS:**

1. **Compensation:** The Sisters of Charity Health System is committed to ensuring that pay levels for positions throughout the organization are fair and competitive in order to recruit, retain and reward employees. The Health System carefully coordinates its compensation and benefit programs to achieve a well balanced and competitive total compensation package.

The Health System is committed to delivering fair and equitable base pay rates for its employees through the use of its salary administration policy. Salary administration includes guidelines for new hire salaries, merit increases, promotions, salary reductions, and other adjustment in compensation.

2. **Benefits:** The Health System provides a comprehensive offering of health and welfare benefits for employees and their dependents. Complete terms of coverage are available through the vice president of human resources. After satisfying eligibility requirements, employees may elect to participate in the following programs:

- Medical/Dental/Prescription Medication
- Flexible spending account
- Basic Life
- Accidental Death & Dismemberment
- Short Term Disability
- Long-Term Disability
- Pension/403(b) retirement plan
- Supplemental Life
- Vision care

**Benefit Eligibility:** Regular full-time employees (those who work at least thirty-two (32) hours per week) and part-time employees (those who work a minimum of twenty (20) hours but less than thirty-two (32) hours per week) are eligible for benefits including healthcare; paid vacation, personal time, sick leave, and holidays. Benefits for part-time employees will be prorated based on the number of hours worked per week. Benefit effective date will vary based on place of employment.

Employees will contribute to the cost of certain benefits. The Health System reserves the right to amend or terminate any of these benefits at any time; this would include modification of employee co-payments, coinsurance, deductibles, and/or contribution levels.

3. **COBRA:** Pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1986 (“COBRA”), all terminating employees, with the exception of those terminated for gross misconduct, are eligible for continuation of their health insurance coverage for a period of up to eighteen (18) months following their termination. Dependents may be covered for a period of up to thirty-six (36) months, within the stated guidelines.

All employees terminating their employment with the Health System will receive the appropriate information from Vice President of Human Resources in regard to the insurance options available to them. At this time, the employee will also be provided with information regarding the amount of monthly premium that will be required to continue his/her health insurance; the premium will be equal to one hundred and two percent (102%) of the actual monthly premium for the coverage selected. Premium payments for continuing medical benefits must be received by the first of each month for which the premium is due (i.e. payment must be received by January 1 for coverage for the month of January).

4. **Employee Classifications:** For wage administration, eligibility for overtime premium and employee benefits the Health System classifies its employees as follows:
  - **Full-time:** Employees regularly scheduled to work thirty-two (32) hours or more per week on a regular basis. Regular full-time employees may be categorized as exempt or non-exempt. All regular full-time employees are eligible to participate in all the Health System's health and welfare benefit plans upon meeting eligibility requirements.
  - **Part-time (benefit eligible):** An employee who works less than thirty-two (32) but at least twenty (20) hours per week on a regular basis.
  - **Part-time (non-benefit eligible):** Employees scheduled to work less than twenty (20) hours per week.
  - **Sister in Services:** Any Sister of the Congregation of the Sisters of Charity of St. Augustine who are serving in either a full or part-time capacity. The Sister is subject to all the Health System's personnel policies and procedures unless otherwise specified in a written agreement between the Health System and the Congregation.
  - **Temporary:** Employees who are to work a pre-determined number of hours per week for a defined period of time to attend to a specific assignment, project or need. Temporary employees are not eligible for benefits.
  - **Volunteer:** An individual who freely gives his/her time and services to the Health System. A volunteer is expected to follow the Health System's policies and procedures. The organization assumes no responsibility or liability for the volunteer. The volunteer is not eligible for benefits.
5. **Hourly (non-exempt) employees:** Employees in this classification are compensated on the basis of an hourly rate for all hours worked. As required by the Federal Wage and Hour regulations, these employees are paid at one and one-half (1 ½) times their average hourly rate of pay for hours worked in excess of forty (40) in a workweek (as defined in policy 5.1 of the Health System's Policy and Procedure Manual).

6. **Salaried (exempt) employees:** Certain employees, by the nature of the work they perform, are classified as salaried exempt workers in accordance with the Federal Wage and Hour regulations. The work hours of a salaried employee may vary from pay period to pay period according to the needs of their department.
7. **Paid time off (“PTO”):** PTO is used for scheduled time off, such as vacations, Health System holidays and personal days (when approved in advance by a manager). At the beginning of each year, the manager may request that major blocks of PTO (i.e., one week or more) be pre-scheduled. Other scheduled time off must be requested in accordance with the entity’s policy. Entities must establish the minimum period of time acceptable for pre-scheduling PTO based on the operating needs of the entity. Employees may not request PTO in excess of their PTO balance at the time of the request.

PTO may be used for unscheduled time off; when this occurs, it is classified as “UPTO.” UPTO may be used for things such as personal illness or emergencies. Should the need to take UPTO arise, the employee will be required to report the pending absence as required by the entity’s attendance policy. An employee who fails to report a pending absence as prescribed will be charged with an unpaid absence. Exceptions may be made by the entity at its sole discretion with proof of extreme circumstances.

#### ELIGIBILITY:

All regular full-time and part-time employees are eligible for PTO benefits. Newly hired employees will accrue, but may not use PTO during their 90-day orientation period, except in the case of a Health System designated holiday. Employees changing from an ineligible status to full-time or part-time status will begin earning PTO effective the first full pay period following their change in status.

#### PREVIOUSLY BANKED SICK HOURS – Employees Hired Before 1/1/2011.

Effective December 31, 2010, any sick hours accrued by an employee and not used will be frozen and maintained in a “sick bank.” Hours from an employee’s sick bank may only be used in the event of an authorized Medical Leave of Absence for an employee’s own serious health condition. An employee can find their current PTO balance on their electronic pay record.

#### PTO ACCRUAL RATES

Paid sick time will cease to accrue as of January 1, 2011. In lieu of sick time accrual, employees of the Health System will accrue forty (40) hours of PTO. Maximum accrual rates are determined by job classification and adjusted length of service. The job classification determines the appropriate schedule, while length of service determines the steps within the schedule.

**The following schedules are based on full-time employment (80 hours per pay period). PTO accruals for part-time employees (working at least 20 hours per week) will be pro-rated.**

To calculate the PTO accrual rate, divide hours of PTO by total number of hours worked in a year, and then multiply by number of hours worked in a pay period (two-week period).

Example: At one year of service (assuming full-time status), 200 hours / 26 pays= 7.69 hours of PTO earned per pay period.

SCHEDULE A

<u>LENGTH OF SERVICE</u>	<u>HOURS OF PTO</u>
1 to 5 years	<b>200 hours (25 days)*</b>
6 to 15 years	240 hours (30 days)
16 to 19 years	280 hours (35 days)
20 years +	320 hours (40 days)

***\*200 PTO hours is equivalent to 80 vacation hours, 72 holiday hours, 8 personal hours, and 40 sick hours. Offices of the Health System will be closed on Good Friday and the Christmas Holiday; employees are required to use PTO on these days.***

SCHEDULE B

<u>LENGTH OF SERVICE</u>	<u>HOURS OF PTO</u>
1 to 7 years	240 hours (30 days)
8 to 19 years	280 hours (35 days)
20 years +	320 hours (40 days)

SCHEDULE C

<u>LENGTH OF SERVICE</u>	<u>HOURS OF PTO</u>
1 to 19 years	280 hours (35 days)
20 years +	320 hours (40 days)

Employees who transfer into a job with a new PTO schedule will earn PTO according to the new schedule effective the first full pay period following the job transfer.

PTO CARRY OVER

Employees may carry a maximum of 320 hours of PTO from one year to the next. Any PTO balance in excess of this allowance will be forfeited at year's end.

## PTO CASH-IN PROVISION

Employees, except vice presidents, may elect to trade PTO for cash during the calendar year. There will be two pay periods designated per year when the PTO cash-in will be made available. The maximum amount of PTO that can be cashed in during a single cash-in period is 60 hours or a total of 120 hours annually. (See attached form) A balance of 40 hours (after cash-in) is required in the PTO bank in order to take advantage of the “cash-in” provision. The hours will be paid at \$.80 on the dollar. The PTO cash-in amount will be in the employee’s regularly scheduled paycheck. Requests must be submitted to the employee’s manager. PTO CASH-IN forms are located in the Human Resources Department.

## PTO DONATION:

Anyone eligible for PTO benefits may donate their accrued and unused PTO hours to another employee providing that employee is on an approved leave of absence for their own serious health condition and their PTO has been exhausted.

Donated PTO will be paid at the receiving employee’s rate of pay. Employees donating PTO time must maintain a minimum balance of forty (40) hours at the time of the donation.

A PTO Donation Form must be completed and approved by Human Resources before the recipient can use the donated PTO.

All offices will close at noon on Christmas Eve and New Year’s Eve. When a holiday falls on a weekend day (Saturday or Sunday), the President/CEO will determine which day immediately preceding or following the holiday will be designated as the paid holiday.

8. **Tuition assistance:** The Health System supports and encourages its employees in their efforts to further develop their skills and knowledge through accredited education programs. All regular full-time and part-time employees who have completed one year of employment will be eligible for tuition assistance.

To qualify, courses must be selected from an accredited college or learning institution approved by the Health System. Courses selected must lead to a degree or certification in a field which is directly related to the position the employee currently holds or one in which there is a reasonable likelihood that he or she could be assigned to within the Health System. The maximum annual tuition benefit is \$2,500 for full-time employees and \$1,000 for part-time employees. This benefit will be applied to the cost of tuition only.

Attending class may not interfere with the employees regular work schedule. To qualify for reimbursement, the employee must receive a minimum grade of “C.” An employee who resigns his/her employment within one year of receiving tuition benefits will be required to refund the entire amount of tuition funds received within the past year upon his/her departure.

**SECTION VIII. ACKNOWLEDGEMENT OF RECEIPT:**

1. **Acknowledgement:** The undersigned employee acknowledges his or her receipt of the Sisters of Charity Health System Employee Handbook. Please return this page to the Human Resources Department.

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Employee's Signature

Date

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Employee's Name