

# ***Town of Kernersville***

## Personnel Policy Appendix



**APPENDIX A**

**CONSENT FOR DRUG AND/OR ALCOHOL SCREENING**

# TOWN OF KERNERSVILLE

## CONSENT FOR DRUG AND/OR ALCOHOL SCREENING

Name of Employee or Applicant (Please Print):

---

Last

First

Middle

I understand that in accordance with the Town of Kernersville's policy of providing and maintaining a safe and healthful working environment for all employees, that I will submit to a drug or alcohol screen test.

I hereby authorize the release of the results of the test to the management of the Town and its designated medical or professional representatives.

Nothing in this consent form is to be construed as a contract between the parties.

**I HAVE READ THE FOREGOING CONSENT AND KNOW THE CONTENTS THEREOF AND SIGNED THE SAME OF MY OWN FREE WILL.**

---

Signature

---

Witness

---

Date

---

Date

**APPENDIX B**  
**SUBSTANCE ABUSE**  
**TESTING REQUEST FORM**

**Town of Kernersville**

**TESTING REQUEST FORM**

Employee: Name: \_\_\_\_\_  
Company Name/Identification Number: \_\_\_\_\_  
Observation: Date: \_\_\_\_\_ Time: (From \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm)  
Location: \_\_\_\_\_

**CAUSE FOR SUSPICION**

1. **Presence of Drugs and/or Paraphernalia (specify):** \_\_\_\_\_

2. **Appearance:**

Normal	Flushed	Puncture Marks
Disheveled	Bloodshot Eyes	Profuse Sweating
Tremors	Runny Nose/Sores	Dry-Mouth Symptoms
Dilated/Constricted Pupils	Inappropriate Wearing of Sunglasses	
Other	_____	

3. **Behavior Speech:**

Normal	Incoherent	Slurred	Silent
Confused	Slowed	Whispering	
Other	_____		

**Awareness:**

Normal	Confused	Euphoria	Mood Swings
Lethargic	Paranoid	Disoriented	
Lack of Coordination	Other	_____	

4. **Motor Skills Balance:**

Normal	Swaying	Falling	Staggering
Other	_____		

**Walking & Turning:**

Normal	Swaying	Stumbling	Falling
Arms Raised for Balance	Reaching for Support		
Other	_____		

5. **Other Observed Actions or Behavior (Specify)** \_\_\_\_\_

\_\_\_\_\_

**Witnessed By:**

_____ (Signature)	_____ (Title)	_____ (Date)	_____ (Time)
----------------------	------------------	-----------------	-----------------

_____ (Signature)	_____ (Title)	_____ (Date)	_____ (Time)
----------------------	------------------	-----------------	-----------------

**APPENDIX C**

**SUBSTANCE ABUSE**

**ILLEGAL DRUG AND THRESHOLD VALUES**

## ILLEGAL DRUG AND THRESHOLD VALUES

Listed below are the illegal drugs for which the drug screening must test, and the threshold values to be used for the purpose of determining whether test results should be reported as positive.

The “threshold values” refer to how much of the drug must be present in the urine for the Drug Test to yield a positive result. “Screening Level” and “Confirmation Level” refer to the initial drug screening and the automatic confirmatory test will be performed should the initial test prove positive.

<b>Drug</b>	<b>Screening Level</b>	<b>Confirmation Level</b>
1) Barbiturates	300	300
2) Benzodiazepine	300	300
3) Cannabinoids (Marijuana)	50	15
4) Cocaine	300	150
5) Methadone	300	300
6) Phencyclidine (PCP)	25	25
7) Opiates	2000	2000
8) Amphetamines	1000	500
9) Propoxyphene	300	300
10) Alcohol	.025	.025

ng/ml = nanograms per milliliter

**APPENDIX D**

**SUBSTANCE ABUSE**

**LAST CHANCE ASSISTANCE AGREEMENT**



## TOWN OF KERNERSVILLE

### LAST CHANCE ASSISTANCE AGREEMENT

Name of Employee \_\_\_\_\_  
Last First Middle

1. I voluntarily acknowledge that I have a drug and/or alcohol problem and I wish to avail myself of treatment through the Town's counseling and/or rehabilitation program. I agree to submit to a Town administered drug and/or alcohol screening prior to my referral to the program to assist in assessment and treatment of my problem.
2. I promise to fully cooperate and participate in counseling and/or rehabilitation program in accordance with instructions and requirements of program administrators. I understand that any Town approved leave of absence to continue in a counseling or rehabilitation program may be reviewed on a weekly basis.
3. I authorize counseling or rehabilitation representatives to confer with the Human Resources Director (or designee) regarding my attendance, progress and suitability for continued employment or return to active employment, as the case may be, including the disclosure of medical/psychiatric evaluations and substance abuse testing of me.
4. I understand that as a pre-condition to my returning to work, I must test negative on a Town administered drug test. I also understand and agree that I will willingly submit to unannounced drug/or alcohol testing at any time after my return to work, and that if I test positive on any such test, or if I refuse to take a test as requested, I will be subject to immediate termination. I understand and agree that unannounced testing may be required of me for up to one year (12 months) following the date of the agreement.
5. If I have received treatment for drug abuse, I understand and agree that my future employment depends upon my remaining free of drug abuse for the entire duration of my continued employment, and that this 'LAST CHANCE' opportunity afforded me by the Town is conditioned accordingly. I further understand and agree that nothing herein alters my right and the Town's right to terminate or modify my employment relationship at any time and for any reason.
6. If I have received treatment for alcohol abuse, I understand and agree that for the entire duration of my continued employment, I will not use alcohol in a manner that violates Town policy. I further understand and agree that I will be held to the same attendance, performance, safety, behavioral, and other standards as every other employee of the Town, and if my alcohol use causes me to violate those

standards, I will be subject to discipline or discharge on the same basis as other employees who violate those standards for non-alcohol-related reasons. I further understand and agree that I may be tested for alcohol use based on reasonable cause; after an accident or incident which caused or reasonably could have caused personal injury or property damage in which my inaction or action was a contributing factor; or upon my request if the Town agrees. I further understand that nothing herein alters my right and the Town's right to terminate or modify my employment relationship at any time and for any reason.

7. I understand that upon my continued active employment or return to active employment, I must meet all established standards of conduct and job performance required of any other employee.

APPROVED:

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Date \_\_\_\_\_

## **APPENDIX E**

### **LEFT BLANK**

**APPENDIX F**

**POSITION REVIEW REQUEST**

## Date: \_\_\_\_\_

FROM: \_\_\_\_\_, \_\_\_\_\_  
 Name Department  
 \_\_\_\_\_, \_\_\_\_\_  
 Division Budget Account

(A)	_____ RECLASSIFICATION	(Existing classification with significant changes in the duties, responsibilities and/or working conditions.)
(B)	_____ NEW CLASSIFICATION	(Duties, responsibilities have never before been described or classified.)
(C)	_____ PAY ADJUSTMENT	(Although the duties have not changed, the Pay Range is considered too low or too high in relationship to current Labor Market conditions and to other Position Classes.)

(3) Name and Title of immediate supervisor of the classification to be review:

---

---

---

Recommended by:	_____	_____
	Department Head or Designee	Date
Approved by:	_____	_____
	Human Resources Director	Date
Approved by:	_____	_____
	Town Manager	Date

## **APPENDIX G**

### **PAY PLAN**

# The Pay Plan

Refer to Article II Classification and Pay.

## Merit Increases

The Town's annual budget will normally allocate money to each department for performance related salary increases. These performance related salary increases must be approved by the governing body in annual budget process. During each employee's annual performance evaluation, the Department Head will be responsible for devising a system of merit rewards consistent with the overall performance appraisal guidelines. An employee's salary cannot exceed the maximum of the range set for that position. When money is allocated, regular full-time and regular part-time employees who are rated "Needs Improvement", "Successful Work" or "Exceptional" will be eligible for annual merit increases according to the following schedule:

### Rating Scale and Definitions for Performance Evaluations

**Exceptional Work:** Means that the employee's overall performance consistently, during the review period, has significantly exceeded expected levels of performance considering the employee's previous experience, tenure in the job, and job duties and responsibilities.

**Successful Work:** Means that the employee's overall performance, during the review period, has been at or above the level expected considering the employee's previous experience, tenure in the job, and job duties and responsibilities. **Most employees perform at this level.**

**Improvement Needed:** Means that considering the employee's previous experience, tenure in the job, and job duties and responsibilities, the employee has, during the review period, performed some duties successfully and that the employee has the potential for successful performance.

**Unacceptable:** Means that on an overall basis the employee has, during the review period, performed in a manner significantly below the level to be expected considering the employee's previous experience, tenure in the job, and the employee's duties and responsibilities, and that it appears to be reasonably certain that the employee is either unwilling or unable to perform successfully.

**N/A:** This factor or criteria is Not Applicable to the employee's job and the expectations of the employee are not evaluated. When a factor or criteria is determined to be "not applicable," the N/A rating shall not benefit nor detract from the employee's overall rating.

## **APPENDIX H**

### **RETIREMENT GIFT AND RECOGNITION**



## **RETIREMENT GIFT AND RECOGNITION**

<b><u>YEARS OF SERVICE</u></b>	<b><u>AMOUNT</u></b>
10-14	\$450
15-19	\$750
20-24	\$1,100
25-30	\$1,500
30-34	\$2,000
35+	\$2,500

## **APPENDIX I**

### **EMPLOYEE DEVELOPMENT/EDUCATION ASSISTANCE PROGRAM APPLICATION**

NAME \_\_\_\_\_ ID# \_\_\_\_\_

JOB TITLE \_\_\_\_\_ DEPT/DIV \_\_\_\_\_

Grade School				High School				Trade or Bus. School				College			
5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Name of Institution								Major Subject				Name of Degree or Number of Credits Earned			

Name of Institution \_\_\_\_\_

a. \_\_\_\_\_ HSD/GED

b. \_\_\_\_\_ Degree      Name of Degree: \_\_\_\_\_

c. \_\_\_\_\_ Certificate      Name of Certificate: \_\_\_\_\_

d. \_\_\_\_\_ Credit Hours      Name of Course: \_\_\_\_\_  
Course Begins: \_\_\_\_\_ Ends: \_\_\_\_\_  
Course Fee Breakdown: \_\_\_\_\_

---

Total Estimated Charges: \_\_\_\_\_

Applicant's Signature: _____	_____
	Date
Recommended by: _____	_____
Department Head or Designee	Date
Approved by: _____	_____
Human Resources Analyst II	Date
Approved by: _____	_____
Human Resources Director	Date
Approved by: _____	_____
Town Manager	Date

## **APPENDIX J**

### **TAKE HOME VEHICLE AUTHORIZED POSITIONS**

## **TAKE HOME VEHICLES AUTHORIZED POSITIONS**

1. Chief Information Officer
2. Deputy Fire Rescue Chief
3. Director of Public Services
4. Fire Marshal/Assistant Fire Marshal
5. Fire Inspector I, II, Assistant Fire Marshal
6. Fire Rescue Chief
7. Fire Training Battalion Chief
8. Fleet Maintenance Supervisor
9. Police Department Personnel – in accordance with Departmental Policy
10. Public Services Crew Supervisors (Streets Division)

The following positions can take home vehicles for special events with the approval of Town Manager and/or Department Head:

1. Park Maintenance Superintendent
2. Recreation & Parks Director
3. Solid Waste Operations Supervisors
4. Street Superintendent

Revised: January 12, 2021

**APPENDIX K**

**SAFETY SENSITIVE POSITIONS**

## **SAFETY SENSITIVE POSITIONS**

- Employees required to have CDL certification as required by the Department of Transportation;
- All emergency services Telecommunicators (including supervisor and manager);
- All Sworn Law Enforcement Officers;  
All Firefighting Suppression personnel.
- All Code Inspectors (I, II, III, Senior, Master and Supervisor)
- All Park Maintenance personnel (PMW I, II III, Crew Leader, Superintendent)
- Athletic Coordinator
- Chief Construction Inspector
- Construction Inspectors
- Construction Maintenance Worker
- Police Property Technician
- Recreation Program Supervisor
- Solid Waste Collector
- Turf Maintenance Specialist

Revised: January 12, 2021

## **APPENDIX L**

### **ILLNESS/DEATH RECOGNITION PROCEDURE**



**Town of Kernersville**  
**ILLNESS/DEATH RECOGNITION PROCEDURE**

**Employee**      The Town will be responsible for the expense of sending flowers/gift to an employee, employee's spouse, or employee's child/step-child in the event of hospitalization and outpatient surgery. In these instances, it will be the responsibility of the employee's department head to contact Human Resources, and Human Resources will order the flowers/gift on behalf of "Employees of the Town of Kernersville." The bill will be directed to the Finance Department for Payment. If the employee, employee's spouse or employee's child/step-child should become hospitalized or receive outpatient surgery more than once during a 12-month period, the Town will send flowers/gift the first time and cards for subsequent outpatient surgery and/or hospitalization.

**Elected Officials and Town Attorney**      The Town will send flowers/gift in the event of hospitalization or outpatient surgery of a member of the Board of Alderman, Mayor, and Town Attorney, limited to one time per year.

**Prices**      Currently a limit of \$60.00 will be placed on flowers/gift sent to an employee, spouse, child, or any member of the Board of Alderman, Mayor, and Town Attorney for hospitalization, and a limit of \$40.00 for employee, spouse, child, Mayor, Town Attorney or any board member receiving outpatient surgery. These amounts shall be reviewed periodically.

**Death Recognition Procedure**

**Employee**      The Town will be responsible for sending flowers in the event of the death of an employee or his/her spouse, child/step-child, father/step-father, mother/step-mother, sister/step-sister, or brother/step-brother. It will be the department head's responsibility to notify Human Resources of such death, and Human Resources will order flowers on behalf of "Employees of the Town of Kernersville."

**Retiree**      The Town will send flowers in the event of a retiree's death. Human Resources should be notified and will be responsible for ordering the flowers.

<b>Elected Officials</b>	The Town will send flowers in the event of death of a member of the Board of Alderman, Mayor, or Town Attorney or spouse. Human Resources should be notified and will be responsible for ordering the flowers.
<b>Appointed Board Members</b>	The Town will send flowers in the event of death for any appointment Board or Commission member. Any employee hearing of the death of any appointed Board/Commission member should report it to the Human Resources Department so that flowers/memorials may be ordered.
<b>Prices</b>	The Town will spend up to \$150 for the following: Sister, Brother, Father, Mother, Child, Spouse, Employee, Retiree, Elected Officials, and Appointed Board/Commission Members. These amounts will be reviewed periodically.

## **Additional Notes**

1. Any department wishing to send flowers or gifts in addition to what is sent by the Town may do so, but will be required to collect the funds from within the department.
2. The Town will respect and abide by family requests for memorial gifts to churches, charities, libraries, etc., in lieu of flowers.
3. Out-of-town wiring charges will be an additional cost.

Revised: November 2020

## **APPENDIX M**

### **TOWN'S FINANCE POLICY FISCAL OPERATING POLICIES AND PRACTICES**