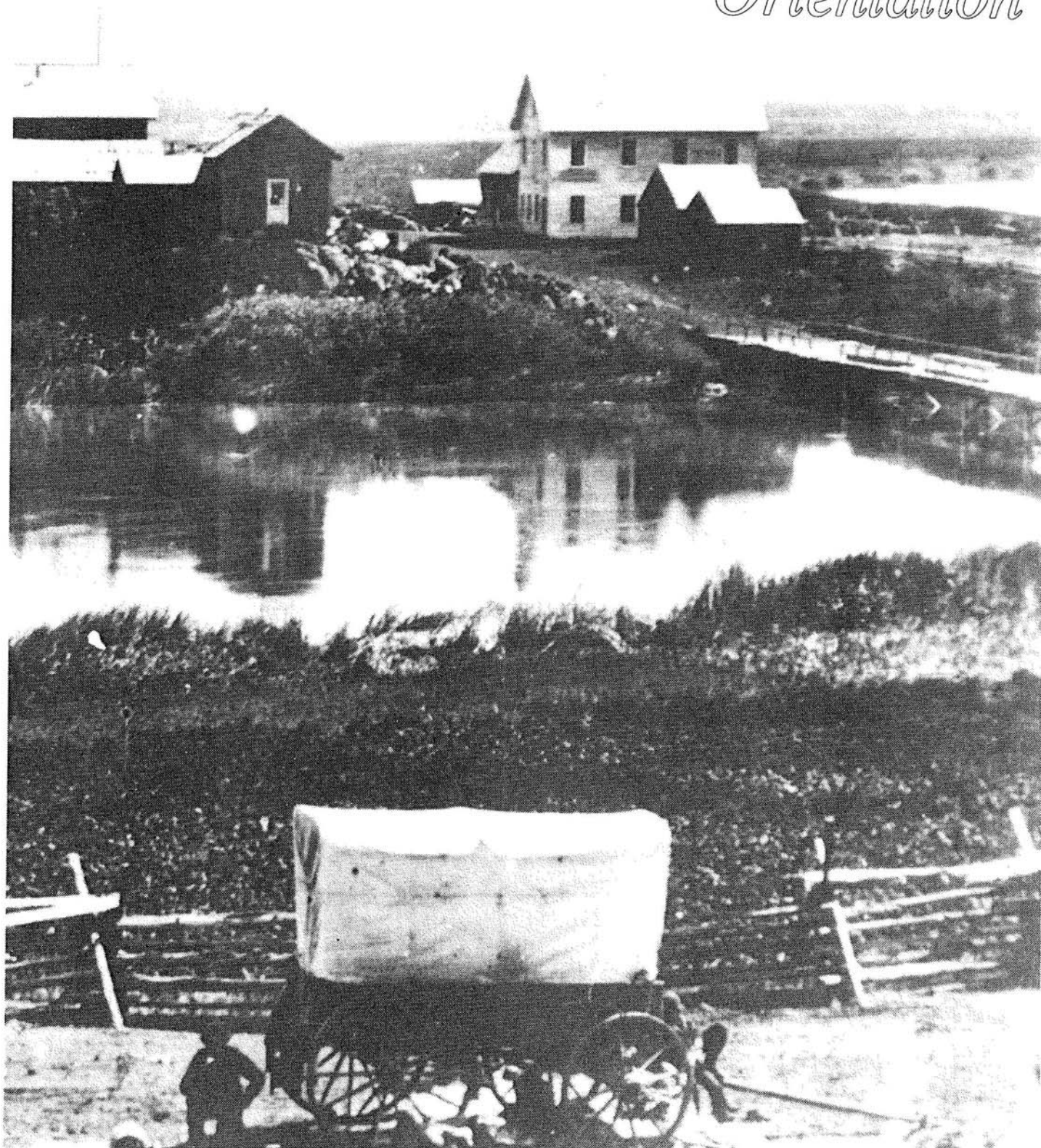


Section 1
Orientation



Earliest Known Photograph of Klamath Falls - 1894

SECTION 1: ORIENTATION

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JOB DESCRIPTION

City of Klamath Falls
PAYROLL ORIENTATION CHECKLIST

Name: _____

Date: _____

1. **Payroll Forms** ✓
- Employee Address & Emergency Information _____
 - W-4 _____
 - I-9 _____
 - Personnel Action Form (PAF) _____

2. **Probationary Status**
- A. AFSCME - 6 months
 - B. Police Non Sworn - 12 months
 - C. Police Sworn – 18 months
 - D. Exempt/Other - 6 months to 1 year

The probationary period is an integral part of the hiring process. During this time you will be evaluated on your ability to accomplish the job. Your supervisor can decide to terminate your employment at any time during the probationary period.

3. **Union Dues**

AFSCME

Initiation Fee \$0.00 _____
Monthly Dues 1.350% of base wage
Min \$15, Max \$60

Form: _____

4. **Pay Days**

Regular: Last working day of each month; first check is calculated at an hourly rate through cutoff.

Draws: 15th or last working day prior to the 15th; employee may draw up to 1/3 of gross salary.

Form: _____

5. **Direct Deposit – Required for all new employees as of 3-1-09**

Form: _____

6. **Overtime**

Overtime is paid in accordance with applicable State/Federal Wage & Hour laws with supervisor approval. Refer to Employee Handbook and Collective Bargaining Agreement.

7. Sick Leave

Accrue 8 hours per month
Maximum sick leave accrual: 960 hours

8. Paid Holidays (12)

- New Year's Day (January 1)
- Dr. Martin Luther King, Jr. Day (3rd Monday in January)
- President's Day (3rd Monday in February)
- Memorial Day (Last Monday in May)
- Independence Day (July 4)
- Labor Day (1st Monday in September)
- Veteran's Day (November 11)
- Thanksgiving Day (4th Thursday in November)
- Day After Thanksgiving
- Christmas Eve (December 24)
- Christmas Day (December 25)
- One Floating Holiday

Plus: One Administrative Day - FLSA Exempt Employees only

Plus: One Executive Day - Supervisory Employees only

Floating holidays are accrued on July 1st of each year for employees employed as of that date, and must be taken by June 30th of the following year, or are forfeited by the employee.

9. Vacation

- Accrues at 8 hours per month; increases with longevity - refer to appropriate contract/policy.
- During the probationary period, vacation is accrued but may not be used (except for Police employees - see Teamsters contract).
- Maximum accrual = 1 total year accrual amount.

10. Health Insurance – Medical, Dental, Vision and Prescription

Pacificsource

- COBRA – Fact Sheet provided _____
- Effective date: _____
- Employee Assistance Program – Solutions EAP

Enrollment Form: _____

11. City-paid Life Insurance \$20,000

Form: _____

Voluntary employee-paid Life Insurance is available in increments of \$10,000 up to \$300,000.

Application Form: _____

12. Retirement Plan - Public Employees Retirement System (P.E.R.S.)

Enrollment Form: _____

Six month membership waiting period
If member previously, refer to PERS website

Designation of Beneficiary for Death Benefits – In the event of the employee’s death while employed by the City, PERS pays twice the amount of the member’s account balance.

Form: _____

13. Deferred Compensation

A variety of options:
Employees are eligible to participate with no waiting period.

<u>401(k)</u>	<u>457 Plans</u>
ICMA-RC	ICMA-RC
	AIG Valic

Request information from Human Resources

**14. IRS Section 125 - Flexible Spending Account
QVI Risk Services, Inc.**

Employees may become eligible to participate in the Health Related Premium Conversion or the Dependent Care Plan on their date of hire.

Employees may become eligible to participate in the Health Expense Reimbursement Plan at the completion of their probationary period, which is the first of the month following six months of continuous employment.

Request information from Human Resources.

15. AFLAC

Supplemental coverage. Request brochure from Human Resources.

EMPLOYEE HANDBOOK

You have been issued a City Employee Handbook containing policies and procedures that you need to be aware of, and follow. Please take the time to read through the handbook.

After completion of your orientation, you will be asked to sign an Employee Acknowledgment form, which will be forwarded to your personnel file.

For departmental policies and procedures, please see your supervisor.

Acknowledgement Form: _____
Due back to Human Resources by: _____

SAFETY

We have provided an overview of the City's safety policies. You will receive training and information specific to your work location and position from your immediate supervisor over the next few weeks.

Acknowledgement Form: _____
Forwarded to supervisor for additional training.

EMPLOYEE STATEMENT - RECEIPT OF PAYROLL INFORMATION

I understand it is my responsibility to inform H.R. of any change in status, (i.e., marital, dependents, address, telephone, etc.).

I also understand that all enrollment forms need to be submitted to H.R. in a timely manner in order to commence benefit coverage.

I have received the verbal explanation and handouts of the above items.

Employee Signature

Date

Orientation Completed by: _____

cc: Personnel File

City of Klamath Falls
EMPLOYEE ACKNOWLEDGMENT
SAFETY ORIENTATION

I _____ hereby state that:
 (Print name)

1) I have received an **Employee Handbook** which contains the policies and procedures listed below. I have received training on the following policies & procedures:

New Employee Orientation

First Day:

- Overview of policies/programs listed below.
- Videos

	Date Watched or N/A		Date Watched or N/A
<input type="checkbox"/> Bloodborne Pathogens	_____	<input type="checkbox"/> 10 Commandments of Communicating with People with Disabilities	_____
<input type="checkbox"/> Hearing Protection	_____	<input type="checkbox"/> Red Flag Policy	_____
<input type="checkbox"/> Back Safety and Lifting Techniques	_____	<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Driving Safety	_____	<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> General Safety	_____	<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Office Ergonomics	_____	<input type="checkbox"/> Other _____	_____

First Week:

Employee needs to read the following:

- | | |
|---|--|
| <input type="checkbox"/> General Safety Rules (Section 5) | <input type="checkbox"/> Bloodborne Pathogens Plan (Section 6) |
| <input type="checkbox"/> Drug Free Workplace (Section 5) | <input type="checkbox"/> Personal Protective Equipment (Section 6) |
| <input type="checkbox"/> Loss Prevention Program (Section 5) | <input type="checkbox"/> Hearing Conservation Program (Section 6) |
| <input type="checkbox"/> Reporting Accidents and Injuries (Section 5) | <input type="checkbox"/> Hazard Communications Program (Section 6) |

2) I agree to abide by the above rules set forth in the **Employee Handbook**.

3) I acknowledge that I am responsible to read all future policies and changes to policies and rules, participate in required training sessions, and to keep my handbook current with updated information.

Department Training (within first 2 weeks of hire)

	Date Trained or N/A	Trainer
<input type="checkbox"/> Emergency Action Plan	_____	_____
<input type="checkbox"/> Lock Out Tag Out Procedures	_____	_____
<input type="checkbox"/> Confined Space	_____	_____
<input type="checkbox"/> MSDS (location & review)	_____	_____
<input type="checkbox"/> Flagger Safety	_____	_____
<input type="checkbox"/> Hearing Conservation	_____	_____
<input type="checkbox"/> Fall Protection	_____	_____
<input type="checkbox"/> Shoring & Trenching	_____	_____
<input type="checkbox"/> Respirator Protection Policy	_____	_____
<input type="checkbox"/> Fire Extinguisher safety	_____	_____
<input type="checkbox"/> Ladder Safety	_____	_____
<input type="checkbox"/> Emergency Medical Response	_____	_____
<input type="checkbox"/> Other: _____	_____	_____
<input type="checkbox"/> Personal Protective Equipment		
Item _____	_____	_____
Item _____	_____	_____
Item _____	_____	_____
Item _____	_____	_____
Item _____	_____	_____
Item _____	_____	_____
Item _____	_____	_____
Item _____	_____	_____

If there are more PPE that the employee has been trained on, please add to back of page.

I have received the above training and understand that I am responsible for following all safety policies and procedures.

Signature: _____ Date: _____

cc: Personnel File

City of Klamath Falls

**EMPLOYEE ACKNOWLEDGEMENT
Employee Handbook**

I _____ hereby state that:

- 1) I have received a copy of the City of Klamath Falls Employee Handbook.
- 2) I have read and am aware of the policies contained in the Employee Handbook.
- 3) I agree to abide by all of the rules set forth in the **Employee Handbook**.
- 4) I acknowledge that I am responsible to read all future policies and changes to policies and rules, and to keep my handbook current with them.

Signature: _____

Date: _____

Signed Acknowledgement due back to Human Resources by _____
(no more than 2 weeks after start date) date

cc: Personnel File

City of Klamath Falls

OVERVIEW OF EMPLOYEE BENEFITS

HEALTH INSURANCE

You and your dependents have comprehensive health insurance coverage through the City of Klamath Falls.

- Medical, dental, vision and prescription coverage

PERS RETIREMENT SYSTEM

You become a member of the Oregon Public Employees Retirement System (PERS) after six months of employment, and are vested after five years of covered service.

- City pays PERS employer contribution (6%) and employee contribution (6%)
- OPSRP General Service - full benefits at age 58 with 30 years of service or age 65
- OPSRP Police - full benefits at age 53 with 25 years of service or age 60
- Disability and death benefits

SOCIAL SECURITY

Federal Retirement program.

- City contributes 7.65% of your taxable earnings
- Retire with full benefits at age 65 (67 if born after 1959)
- Retire with reduced benefits at age 62

FLEXIBLE SPENDING ACCOUNTS

- Un-reimbursed Health Care Expenses or Dependent Care Account
- Reduces your taxable income and allows pre-tax payment of expenses

LIFE & ACCIDENT INSURANCE

You are enrolled in a group life and accidental death plan paid for by the City of Klamath Falls (\$10,000). You may purchase additional coverage.

- Health/accident/disability insurance plans also available through payroll deduction

DEFERRED COMPENSATION

A variety of investment options available. Reduce taxable income and defer taxes on interest and investment earnings.

- 401(k) and 457 Plans are available

ADDITIONAL BENEFITS

- Vacation, holidays and sick leave
- Employee Assistance Program
- Leave for Jury Duty and Military Duty
- Coordinated Training Programs and Tuition Assistance