Fire District #13, Inc.
Employee Handbook

SECTION 4 – BENEFITS ADMINISTRATION

Revision 07/2008

4.1 INSURANCE

Health and Dental Care Plan: A health and dental plan for full time employees and their dependents is available beginning at the time of employment, or during an "open enrollment" each year. A more detailed description of coverage is provided in a separate handout.

All full time employees are entitled to standard employee coverage, which is paid for by the department. Parent-child, Employee-spouse and family coverage is available with the department paying 80% of this coverage or the following rates, whichever is lower, in addition to standard employee coverage, which ever is lower:

Health	
Employee/Spouse	325.54 per month
Employee/Child	241.40 per month
Family	607.16 per month

Dental	
Employee/Spouse	20.58 per month
Employee/Child	27.66 per month
Family	55.15 per month

Health Deductibles

In 2009 the department increased the employee deductible from $250 individual and $500 family to $1,000 individual and $2,000 family. The department will pay $750 of the $1,000 deductible after the employee has paid the first $250. This was amended February 2010 to include the $1,000 family. The $750 will only be paid after the employee pays the $250 and the $750 the department pays will only be paid to the medical provider by submission of an invoice.

4.2 VACATION/HOLIDAY LEAVE

This department provides paid vacation and ten (10) paid holidays for rest and relaxation which we believe is important for employee's physical and mental health. Staff members may not take vacation days until after the first full month of employment.

Full-time employees accrue vacation time according to the following schedule:

Tenure	Monthly (Annually)	Pay Period
0 – 48 months (0-4 years)	14.67 hours (176/year)	6.78
49 – 108 months (5-9 years)	16.67 hours (200/year)	7.70
109 – 168 months (10-14 years)	18.67 hours (224/year)	8.62
169 - 228 months (15-20 years)	20.67 hours (248/year)	9.55
229+ months (20+ years	22.67 hours (272/year)	10.47

Vacation/Holiday time may be accrued and/or carried from July 1 to June 30 not to exceed 240 hours. Any accumulated vacation/holiday hours over 240 hours will be converted into sick leave.

Not more than 5 consecutive days for 8 to 5 personnel or 5 scheduled shifts for shift personnel may be taken without approval from the Assistant Chief, Training/Career Operations.

Vacation/holiday leave requests should be made in advance, based on departmental procedures, and submitted in writing to the supervisor. Requests are granted upon approval of the supervisor and subject to the needs of the department. In cases, it is necessary to schedule vacations during certain weeks of the year or to designate other

weeks as “no vacation” periods. Vacation time may be taken by the week, day, of half-day.

No more than one (1) shift employee may be allowed to be off on scheduled leave at one time.

4.3 This section deleted

4.4 SICK LEAVE

Sick leave provides time off with pay for periods of illness or incapacity resulting from injury.

Administration of Sick Leave

Sick leave of regular full-time staff members is accrued at the rate of 8 hours per month for a total of 96 hours per year. Sick leave may be carried from one year to the next. Employees transferring within the State Retirement System may transfer accrued sick leave provided the previous employer submits a letter authorizing the transfer. Transferred sick leave may not be used until the employee has completed two years of service to Fire District #13, Inc.

Sick Leave Use

Each employee is responsible for notifying the on-duty supervisor no later than the beginning of each working day when illness prevents his or her attendance at work. When an extended length of absence due to illness is required, supervisors must be kept advised if the absence is expected to continue for a period longer than anticipated.

A doctor's statement is required for more than three consecutive scheduled day's absence due to illness. The department may request and obtain verification of the circumstances surrounding any use of sick leave.

Employees, at their own discretion, may use sick leave to care for ill family members.

No more than 12 calendar weeks of paid sick leave may be used for a single illness of injury. Any leave request longer than 12 calendar weeks will be reviewed by the Board of Directors.

Normal employee benefits will paid by the department for up to 12 calendar weeks of leave or double the accrued employee leave time not to exceed 24 weeks.

4.5 BEREAVEMENT LEAVE

One (1) to two (2) days, may be allowed for a death in the immediate family of a full-time employee. Criteria for the amount of time off allowed include a variety of factors, including, but not limited to, the need for out-of-town travel and responsibility for handling funeral arrangements. The term "immediate family" includes the following: Husband, wife, son, stepson, daughter, stepdaughter, mother, stepmother, father, stepfather, brother, stepbrother, sister and stepsister.

Up to two (2) days' may be allowed for a death of an "immediate family member" for day time personnel. Only one (1) day shall be allowed for shift personnel. In the case of bereavement leave, a "day" shall be considered a scheduled work period.

4.6 MILITARY LEAVE

If you are a member of the National Guard or Reserves, and are expected to participate in periodic field training, you will receive unpaid military leave for a

maximum period of 12 calendar days annually. Such leave shall not affect your normal vacation in any way.

Employees who are indefinitely deployed in active service via the draft or the act authorizing the President to order to active duty the National Guard and reserve components of the Navy, Army, Air Force or Marine Corps are entitled to military leave. Military leave is leave of absence without pay and terminated immediately after the obligation is served. Permanent employees who are guardsmen and reservists have all job rights specified in the Veterans Readjustment Act.

4.7 JURY DUTY & SUBPOENAED LEAVE

If employees are called to serve on jury duty, they should notify their supervisors immediately. All regular employees will be on paid status while on jury duty. Employees will be paid the difference between their regular salary and the amount received as jury pay (where applicable). A copy of the jury summons must be turned in to supervisors in order for employees to receive pay.

If an employee is served with a subpoena requiring him or her to serve as a witness, that employee will be permitted time off to attend hearings/trial without loss of pay or threat of loss of pay or job. Subpoenaed employees will be paid the difference between their regular salary and the amount received as the witness fee (where applicable). Documentation of witness times and fee must be submitted to the employee's supervisor.

Upon verification from court personnel (ie, letter from prosecutor/attorney, etc), victims of a crime may submit a written request for "court attendance" to their immediate supervisor. The request must be approved by the supervisor and Fire Chief. Time off will be charged to accrued vacation time or the employee may opt for time off without pay. Employees must provide verification of attendance from court personnel.

Should an employee be required to serve for an indefinite period on an extended court case, specific arrangements will be made on a case by case basis as necessary.

4.8 WORKERS COMPENSATION

Employees are protected under the state workers compensation law against loss of income due to injury or death that occurs during work activities. The department pays the entire cost of the Workers Compensation insurance premium. Employees must report all job-related accidents, injuries and illness immediately after experiencing symptoms (See Form B). The insurance carrier will determine the benefits, if any, the employee deserves.

- REPORTING – Any employee injured on the job will report the injury immediately to his of her supervisor, regardless of whether the injury is minor of no apparent significance

- INCIDENT REPORT – An Incident Report will be completed promptly by the supervisor to ensure documentation and expedite compensation.

Failure of an employee to document job-related injuries may result in disciplinary action, including termination. Reporting job-related injuries protects both the department and the employee.

4.9 LEAVE OF ABSENCE WITHOUT PAY

At the discretion of the Fire Chief, leave shall be granted without pay to employees who have worked at least six months at this department. Leave may be for reasons of maternity, paternity, adoption, or to provide extended care to a spouse, child or parent for thirty (30) calendar days.

If the staff member requires an extended leave of absence beyond the allowed 30 days, he or she may apply in writing (see Form C) to the Fire Chief at least two weeks prior to the expected date of return to work. With prior approval, and upon written application, an employee may use accrued authorized leave time including sick leave while he or she is on leave of absence.

At the expiration of leave or any extension thereof, the employee shall be reinstated in the following priority of position reassignment: 1) if available, and if the staff member furnishes a physician's medical certification of ability to resume work, the same job held before leave, 2) if not available, the staff member will be reinstated in a similar job if he or she is able to perform the duties of such job, and 3) if he or she cannot perform these duties, the staff member will be offered a similar job which he or she is qualified to perform.

Should the staff member fail to work promptly at the expiration of the leave, except for valid reasons submitted in writing in advance, or should the returning employee refuse an offer of reinstatement, he or she will be treated as having voluntarily quit.

While on leave without pay, employees will receive full health insurance benefits. However, staff members must pay their portion of the premium. Sick leave, vacation time and seniority, however, will not accrue. If the employee decides not to return to work after the leave, he or she will be asked to pay a pro-rated share of health insurance premiums for the leave period.

4.10 PROFESSIONAL DEVELOPMENT

In-service training is designed to provide staff members with the skills, training and experience necessary for their continued development. Training will be subject to these conditions:

a. Attendance at conferences, educational meetings, workshops and institutes must have the approval of the Fire Chief.

b. Each full-time professional employee may be permitted to attend conferences as funds permit and scheduling will allow, including registration and reimbursement for lodging, meals and travel. Attendance at such a conference shall be requested by the employee by submitting an estimated cost to the Fire Chief who will determine the value of the conference, amount of time lost from duties, and cost. This does not apply to educational opportunities that result in an Incentive Pay Raise.

c. Each individual who attends a conference, seminar and/or in-service is expected to submit a written report summarizing what was covered, the date and who attended.

EDUCATIONAL LEAVE POLICY

Employees may be allowed to take leave for educational purposes. Voluntary attendance to classes and conferences is not considered time worked. Therefore, such attendance is considered leave time and should be documented as such on time sheets. In the event the class or conference is required by the department employees will be compensated as time worked and time sheets should reflect the same. Although it is departmental policy for employees to use half or whole shift leave for classes supervisors may allow hourly leave provided sufficient coverage exist.

LEAVE TIME DEDUCTIONS

Shift personnel are assigned to a 24 hour shift. Normal leave is desired to be taken at half shift or whole shift increments. Half shift shall be considered 07:30 to 19:30 and 19:30 to 07:30Leave time deductions shall be as follows:

Shift Personnel	2/3 ratio
8 to 5 Personnel	Hour for Hour

401K PROGRAM

In order to assist employees with their future and their retirement Fire District # 13 Inc. allows its employees to participate in the State 401K program.

Participation in this program is voluntary and is available to all full time employees at the time of their employment. Fire District #13, Inc. also agrees to match the employee contributions up to 2% of the employee annual salary.

LONGEVITY PAY

Fire District #13, Inc. recognizes the importance of retaining employees over a long period of time. In addition, the department wishes to reward employees for their length of service. All full time employees are eligible for Longevity Pay after being employed with Fire District #13, Inc. for a period of two (2) years. The Longevity Pay Plan awards employees with 0.5% of their annual salary for every two (2) of employment with Fire District #13, Inc. up to 2.5%. Longevity Pay will be distributed at the department's annual Christmas Dinner (December 1 is used as the date for Longevity).

PAY PLAN

In addition to the potential for annual merit increases Fire District #13, Inc. has implemented a pay plan for their employee which also recognizes education through the NC Fire/Rescue Certification Program. The pay plan is as follows:

Grade 33 Probationary Firefighter – entry level with NC Firefighter Level I or EMT

Grade 34 Firefighter I – NC Firefighter Level I and EMT-D

Grade 36 Firefighter II – NC Firefighter Level II, EMT-D, and NC Driver/Operator

Grade 38 Firefighter III – NC Firefighter Level II, EMT-D, NC Driver/Operator, and 2 Year Associate Degree/Fire Science

Grade 38 Lieutenant/Fire Prevention

Grade 40 Captain/Training

Grade 44 Assistant Chief

Fire District #13, Inc. also awards a one step merit increase for NC Fire/Rescue Commission Certifications not covered by the Pay Grade System above.

FORM A
INSURANCE WAIVER

I understand that I have been offered coverage under the health and medical insurance plans maintained by my employer, Fire District # 13, Inc. I understand that in signing this form, I waive the right to be covered under my employer's health, medical and dental insurance plans.

I understand that in waiving coverage, I accept the possibility that if I wish to participate at some date after expiration of the initial enrollment period, my receipt of coverage benefits will be subject to the late enrollment provisions. These late enrollment provisions, as applied may provide for reduction of benefits for a designated time period, delay of coverage until the next annual enrollment period, adjustment of coverage in accordance with physical exam results, or denial of coverage.

I acknowledge that my decision to waive coverage is voluntary. No promises or inducements have been made to me by my employer, and my decision to waive coverage does not rely on any statements made outside of this waiver. I acknowledge that I was given the opportunity to review and consider this waiver for more than 21 days from the date my employer provided me with the form.

I acknowledge that I have had the opportunity to consult with an attorney prior to signing this waiver and that I have either consulted with an attorney or chosen not to consult with an attorney regarding the terms of the waiver. I understand that as a result of signing this waiver, I will not have the right to assert that my employer did not offer me coverage under its health and medical plans.

I confirm that I am covered under the plan(s) listed below:

1._____ _____ _____
Name of Insurance Person/Co Carrying Policy/Group #

2._____ _____ _____
Name of Insurance Person/Co Carrying Policy/Group #

Dental Insurance:

3._____ _____ _____
Name of Insurance Person/Co Carrying Policy/Group #

I understand that I may revoke this waiver within 14 days after signing it without being subject to the late enrollment provisions unless required by carrier.

_____
Employee's Signature

Sworn to before me this____ day of _____, 20_____

Notary Public

FORM B
INJURY REPORT FORM

Date_____

Name:_____

Position/Title:_____

Date of Injury:_____

Description of the injury:

Briefly describe how the injury occurred:

Employee's Signature Date

Supervisor's Signature Date

FORM C
LEAVE WITHOUT PAY APPLICATION

Have employees complete this simple form to request leave without pay.

Date:_____

Employee's Name:_____ Phone: ( ) _____

Social Security Number:_____ ___ _____

Type of leave requested:

Extension of medical and family

Personal

Leave requested: From _____ To:_____

Reason for leave:

Employee's Signature

Supervisor's approval Board of Directors