## **Compensation Schedules**

The annual salaries of individual career members shall be established by the board of commissioners at the annual budget meeting. Such annual salaries shall be based upon the recommendation of the chief.

The annual salary of the chief shall be established by the board of commissioners at the annual budget meeting.

| Adoption Date: May 3, 2005 | Chief Signature: |
|----------------------------|------------------|
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#### **Pay Periods**

The district shall pay career staff on the tenth  $(10^{th})$  day of each month for the month previously worked. When the  $10^{th}$  falls on a Saturday or Sunday pay will be available on the Friday prior to the  $10^{th}$ . When the  $10^{th}$  day of the month falls on a district recognized holiday the district will pay career staff on the day prior to said holiday.

Adoption Date: May 3, 2005 Chief Signature:

## **Payroll Deductions**

The district shall effect payroll deductions for career staff as required by law, such as federal income tax, federal income contribution act, state retirement system, industrial insurance and absence not covered by authorized leave.

Adoption Date: May 3, 2005 Chief Signature:

#### **Tax Deferred Compensation**

The board of commissioners may contract with a career staff member to defer a portion of his/her compensation exclusively through a group annuity contract issued by the Great-West Life and Annuity Insurance Company. Such program will comply with the standards as set forth in RCW 41.04.250.

The chief is authorized to act as administrator of the plan.

Legal Reference: RCW 41.50.770 Deferred compensation plans authorized

for public employees

Adoption Date: May 3, 2005

Revision Date: 04/07/2015 Chief Signature:

#### **HRA VEBA Plan**

The Board of Fire Commissioners may contract with a career staff member to defer an agreed upon amount of funds into a Health Reimbursement Arrangement/Voluntary Employees' Beneficiary Association Plan ("HRA VEBA"). Said funds may be deferred from each employee's payroll and/or be funded by the Fire District as agreed upon. Such program will comply with the standards set forth in the Internal Revenue Code Section 501(c)(9).

The chief is authorized to act as administrator of the plan.

| Adoption Date: <u>January 1, 2011</u> | Chief Signature:  |  |
|---------------------------------------|-------------------|--|
| Adoption Date. <u>January 1, 2011</u> | Cilici Signature. |  |

## **Administrative Leave**

The District recognizes that on occasion it is necessary and appropriate for a member to be placed on paid leave for administrative purposes. This is not intended to be a member benefit but is a tool to be used at the discretion of the Fire Chief or designee.

| Adoption Date: May 1, 2012 |  |  |
|----------------------------|--|--|
| Chief Signature            |  |  |

#### **Administrative Leave**

Administrative leave may be used for a number of reasons including, but not limited to:

- Investigation of alleged wrongdoing.
- Investigation following an incident involving significant injury or property damage.
- Part of a disciplinary process.

When placing a member on administrative leave, the Fire Chief or designee will provide the duration of the leave, if known, any restriction or direction on where the member is to be during the leave, any restriction or direction on who the member may contact during the leave, and any other pertinent information or direction. This information shall be provided in written form to the affected employee within two business days from the start of the leave. For any administrative leave imposed for greater than five (5) workdays, the Chief or designee shall notify the board of fire commissioners surrounding the circumstances.

| Adoption Date: May 1, 2012 |  |
|----------------------------|--|
| Chief Signature:           |  |

#### Sick Leave

The primary purpose of sick leave provided by the District is for employee illness, injury of a degree that prevents the employee from being able to safely and effectively carry out their job duties or for Preventative Health Care. An important secondary purpose is to allow employees the ability to care for their family members.

Sick leave credits are granted as a form of insurance to minimize loss of compensation to career staff, part time and seasonal employees.

Career employees will earn one sick leave day per month. Each day earned will be recorded on the employee's time sheet based upon the employee's daily average scheduled hours. Each employee will have the ability to earn a maximum of 237 days with a maximum yearly carryover of 225 days.

The District will buy back all career employee's accrued sick leave days at the employee's current pay rate at the ratio of 2 to 1 for all days over 225 on December 31<sup>st</sup> of each year. The employee's daily average hours will be used in calculating total pay. Depending upon current agreements, employees may have buy back funds deposited into the District's VEBA account or collect funds in their January payroll check.

Career staff must be in pay status for fifteen (15) or more calendar days per month to earn sick leave credits.

Part time dispatchers/seasonal employees (Summer Crew) will earn one hour of paid sick leave for every forty (40) hours worked as an employee. An employee is entitled to use accrued paid sick leave beginning on the ninetieth calendar day after the commencement of his or her employment.

Part time/seasonal employees must give a reasonable notice of an absence from work. The employer will provide part time and seasonal employees with a regular notification to the amount of paid sick leave available to the employee. Unused paid sick leave carries over to the following year, except that an employer is not required to allow an employee to carry over sick leave in the excess of forty (40) hours.

The employer is NOT required to provide financial or other reimbursement for accrued and unused paid sick leave to any part time/seasonal employee upon the employee's termination, resignation, retirement, or other separation from employment.

When a part time/seasonal employee separates from employment and the employee is rehired within 12 months of separation, the previously accrued unused paid sick leave shall be reinstated.

Paid sick leave shall be granted to the extent of accumulated credits, but only when a career staff, part time or seasonal member is required to be absent from work for any of the following reasons:

- 1. Illness or injury of the staff member.
- 2. For preventative health care.
- 3. Illness, injury, preventative health care of relatives of the staff members. For the purpose of this subsection, "relatives" shall include only:
- A. Spouse
- B. Child, grandchild, stepchild or foster child
- C. Grandparent of staff member.
- D. Parent of full time employee
- E. Parent-in-law
- F. Registered Domestic Partner
- 4. Bereavement Leave as outlined in Policy 2722
- 5. When the employee's place of business has been closed by the order of a public official for any health related reason or the child's school or place of care has been closed for such a reason.
- 6. For time that qualifies under the domestic violence leave act. RCW 49.76

Any requested sick leave for persons not listed as "relatives" shall be at the discretion of the chief.

For Five (5) or more consecutive days of sick leave, the Fire Chief or his designee may request a medical statement from the employee's physician. The District will preliminarily designate any sick leave request by an eligible employee that extends to three or more consecutive calendar days and includes at least two (2) shifts as FMLA (federal) and Family Care (state) leave. At a mutually convenient time, these designations will be verified as needed by the District with the employee so that a final determination can be made regarding the leave designation.

Sick leave shall be deducted on the basis of one half (1/2) hour increments. A Leave Work request form shall be filled out, signed by their supervisor and time shall be reported on the personnel time sheet.

Any employee found to have abused the provisions of the sick leave privilege by falsification or misrepresentation may be subject to disciplinary action.

If a career employee dies or is permanently laid off, at no fault of the employee, the department will buy back all accrued sick leave at the employee's current pay rate at the ration of 2 to 1. If an employee has completed fifteen (15) full years of career service with Yakima County Fire District #5 and leaves employment, the department will buy back all accrued sick leave at the employee's

current pay rate at the ratio of 2 to 1. An employee is NOT ELIGIBLE for sick time buy back if he/she is terminated or asked to resign their position.

| Reference: | Resolution | 371 |
|------------|------------|-----|
|            |            |     |

Policy 2721 Family Medical Leave

Policy 2733 Staff Vacations

Policy 2734/2734A/2734B2734C Compensatory Time for Exempt/Non-

**Exempt Fire Personnel and PERS** 

employees.

Legal Reference: WAC 296-15 Workers' Compensation

WAC 296-130 Family Care Act RCW 49.78 Family Leave Act

29 CFR Part 825 Federal Family Medical Leave Act

RCW 49.46.210 Paid Sick Leave

RCW 49.76 Domestic Violence Leave Act

Adoption Date: 7-6-1993 Revised: 4-15-1994 Revised: 5-04-2004 Revised: January 3, 2006 Revised: March 6, 2007 Revised: January 1, 2008 Revised: January 1, 2011 Revised: May 1, 2012 Revised: June 4, 2013 Revised January 1, 2018

Adoption Date: January 1, 2018. Revised April 2, 2019

| Chief Signature: |  |  |
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#### **Family Medical Leave**

The primary purpose of sick leave provided by the District is for employee illness or injury of a degree that prevents them from being able to safely and effectively carry out their job duties. An important secondary purpose is to allow employees the ability to care for their family members.

When extended leave is required for a serious health condition, State and Federal law provide certain protections and requirements and may be used by District career personnel when criteria is met. Unless otherwise noted in this procedure, State Family Leave Act (FLA) law runs concurrently with the Federal Family Medical Leave Act (FMLA) rules.

The Family Medical Leave Act entitles eligible employees to take up to 12 weeks of unpaid, job-protected leave in a 12-month period for specified family and medical reasons. The District will utilize a 12-month period after the commencement of leave.

This policy does not supersede any State or Federal law that may provide greater family or medical leave rights. Since not every detail can be addressed in these procedures, please contact the Administrative Office if you have any questions or need clarification.

#### **Employee Eligibility**

An employee must have worked for Yakima County Fire District No. 5 (the District) for at least a total of 12 months (which do not have to be consecutive) and have worked at least 1,250 hours for the District during the previous 12 months. Normally, paid or unpaid leave time is not counted toward the 1,250 hour threshold. Special provisions apply for employees or an employee's family member returning from military leave. An eligible employee who is the spouse, son, daughter, parent or next of kin of a covered service member shall be entitled to a total of 26 workweeks of leave during a 12-month period to care for the service member. The leave described in this paragraph shall only be available during a single 12-month period.

• Calculation of Leave: An employee's normal "workweek" is used for the calculation of total FMLA leave available. If an employee's normal workweek is 40 hours, 40 hours would be multiplied by 12 to create a 480 hour leave bank.

#### **Leave Entitlement**

The District must grant an eligible employee up to a total of 12 workweeks of **unpaid** leave during any 12-month period for one or more of the following reasons;

- For the birth and care of the newborn child of the employees;
- For placement with the employee of a son or daughter for adoption or foster care;
- To care for an immediate family member (spouse, child, or parent) with a serious health condition; **or**
- To take medical leave when the employee is unable to work because of a serious health condition.
- For any qualifying exigency arising out of the fact that the spouse, son, daughter or parent of the employee is on active duty (or has been notified of an impending call or order to active duty).

Spouses employed by the district are jointly entitled to a **combined** total of 12 workweeks of family leave for the birth and care of the newborn child, for placement of a child for adoption or foster care, and to care for a parent who has a serious health condition.

Leave for birth and care or placement for adoption or foster care must conclude within 12 months of the birth or placement.

Leave taken in conjunction with worker's compensation injuries, employee illnesses and non-work related injuries, or for other reasons that also can be considered as federal or state qualifying leave, will be counted as part of the employee's entitlement.

Under the Washington State Family Leave Act (FLA), women employees who take leave from work for pregnancy related conditions or childbirth and who qualify for leave under the Federal FMLA are entitled to additional leave benefits. The amount of disability leave for pregnancy is that which is medically necessary to address any disability due to pregnancy or childbirth, based on the woman's individual condition. Generally, the FLA runs concurrently with the Federal FMLA. However, for pregnancy or childbirth-related conditions, the Federal FMLA and the State FLA do not run concurrently. Once a woman's leave for pregnancy ends, she is entitled to use the balance of her available leave under the Federal FMLA and the State FLA to care for her newborn; or for a sick spouse, child, or domestic partner, parent; or other personal illness she may have during the 12-month period.

Under the Washington State Family Leave Act (FLA), an employee that is a parent may use available paid time off when their child has a "health condition" which includes:

 A medical condition requiring treatment or medication that the child cannot selfadminister;

- A medical or mental-health condition that would endanger the child's safety or recovery without the presence of a parent or guardian; or
- A condition warranting treatment or preventative health care such as physical, dental, optical or immunization services, when a parent must be present to authorize the treatment.

The scope of the new rules includes children regardless of age, school attendance or marital status. If an adult son or daughter (i.e. 18 years of age or older) is "incapable of self-care because of a mental or physical disability that limits one or more activities of daily living", then he/she is covered under the FLA. A disabling condition is one that prevents an individual from engaging in activities such as bathing, dressing, eating, cooking, shopping, or using public transportation without active assistance.

An employee may use available paid time off when a spouse, domestic partner (under FLA), parent, parent-in-law, or grandparent has a serious or emergency health condition;

- Requiring an overnight stay in a hospital or other medical-care facility;
- Resulting in a period of incapacity or treatment or recovery following inpatient care;
- Continuing treatment under the care of a health care services provider that includes any period of incapacity to work or attend to regular daily activities; **or**
- Emergency health condition i.e. demanding immediate action.

The scope of the new laws covers care for a sick child or other family members specified in the law, not for the care of a healthy newborn. Healthy newborns do not require "medical" treatment.

Under some circumstances, employees may take FMLA leave intermittently – which means taking leave in blocks of time, or by reducing their normal weekly or daily work schedule. When intermittent leave is needed to care for an immediate family member or the employee's own illness, and is for planned medical treatment, the employee must try to schedule treatment so as not to unduly disrupt the District's operation.

• FMLA leave may be taken intermittently whenever **medically necessary** to care for a seriously ill family member, or because the employee is seriously ill and unable to work. FMLA leave may not be taken on an intermittent leave or a reduced work schedule for the birth of a child, or placement in the home of a child for adoption or foster care.

Also, subject to certain conditions, employees or the District may choose to use accrued paid leave (such as sick, vacation, comp or holiday leave) to cover some or all of the FMLA leave.

• The District will preliminarily designate any sick leave request by an eligible employee that extends to three or more consecutive calendar days and includes at least two shifts as FMLA (federal) and Family Care (state) leave. At a mutually convenient time, these designations will be verified as needed by the District with the employee so that a final determination can be made regarding the leave designation.

The District is responsible for designating if an employee's use of paid leave counts as FMLA leave, based on information from the employee.

#### **DEFINITIONS:**

<u>Serious Health Condition</u>- An illness, injury, impairment, or physical or mental condition that involves either:

- Any period of incapacity or treatment connected with inpatient care (i.e., an
  overnight stay) in a hospital, hospice, or residential medical-care facility, and any
  period of incapacity or subsequent treatment in connection with such inpatient
  care; or
- Continuing treatment by a health care provider which includes any period of incapacity (i.e., inability to work, attend school or perform other regular daily activities) due to:
  - 1. A health condition (including treatment therefore or recovery therefrom) lasting more than three consecutive days, and any subsequent treatment or period of incapacity relating to the same condition, that **also** includes:
    - **a.** Treatment two or more times by or under the supervision of a health care provider; **or**
    - **b.** One treatment by a health care provider with a continuing regimen of treatment: **or**
  - 2. Pregnancy or prenatal care. A visit to the health care provider is not necessary for each absence; **or**
  - 3. A chronic serious health condition which continues over an extended period of time, requires periodic visits to a health care provider, and may involve occasional episodes or incapacity (i.e., asthma, diabetes). A visit to a health care provider is not necessary for each absence; **or**
  - 4. A permanent or long-condition for which treatment may not be effective (i.e., Alzheimer's, a sever stroke, terminal cancer. Only supervision by a health care provider is required, rather than active treatment; **or**
  - 5. Any absences to receive multiple treatments for restorative surgery or for a condition which would likely result in a period of incapacity of more than three days if not treated (i.e., chemotherapy or radiation treatment for cancer).

#### Health Care Provider

- Doctors of medicine or osteopathy authorized to practice medicine or surgery by the state in which the doctors practice; **or**
- Podiatrist, dentists, clinical psychologist, optometrists and chiropractors (limited to manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist) authorized to practice, and performing within the scope of their practice, under state law; or
- Nurse practitioners, nurse-midwives and clinical social workers authorized to
  practice, and performing within the scope of their practice, as defined under state
  law; or
- Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts; **or**

• Any health care provider recognized by the District or the District's health plan benefits manager.

#### **Maintenance of Health Benefits**

The District is required to maintain group health insurance coverage for an employee on FML leave whenever such insurance was provided before the leave was taken and on the same terms as if the employee had continued to work. If applicable, arrangements will need to be made for employees to pay their share of health insurance premiums while on leave. (i.e. dependent care insurance, VEBA, Aflac).

If the employee does not return to work following the end of his/her FMLA leave, the District may request repayment of any District's portion of any health care premiums which were made to continue the employee's health care benefits while on leave.

#### **Job Restoration**

Upon return from FMLA leave, the District will restore the employee to their original job, or to an equivalent job with equivalent pay, benefits, and other terms and conditions of employment. An employee has no greater right to reinstatement or to other benefits and conditions of employment during the FMLA leave period. Thus, for example, if the employee would have been laid-off had the employee not been on FMLA leave, the employee could be laid-off while on leave. If this situation occurs, the employee would not have the right to reinstatement once the FMLA leave has ended.

In addition, an employee's use of FMLA leave will not result in the loss of any employment benefits that the employee earned or was entitled to **before** using FMLA leave, nor be counted against the employee under a "no fault" attendance policy.

Under specified and limited circumstances where restoration to employment will cause substantial and grievous economic injury to our operation, the District may refuse to reinstate certain highly-paid "**key**" employees after using FMLA leave during which health coverage was maintained. In order to do so, the District must:

- Notify the employee of his/her status as a "key" employee in response to the employee's notice of intent to take FMLA leave;
- Notify the employee as soon as the District decides it will deny job restoration, and explain the reasons for this decision;
- Offer the employee a reasonable opportunity to return to work from FMLA leave after giving this notice; **and**
- Make a final determination as to whether reinstatement will be denied at the end of the leave period if the employee then requests restoration.

A "key" employee is a salaried "eligible" (exempt) employee who is among the highest paid ten percent of employees.

#### **Notice and Certification**

When the need for leave is foreseeable, such as the birth or adoption of a child or a planned medical treatment, the employee must provide a minimum of 30 days prior notice and make efforts to schedule the leave so as not to unduly disrupt operations, subject to the approval of the employee's health care provider and the District. If 30 days notice is not practicable, for example because of changed circumstances or a medical emergency, notice must be given as soon as practicable. Failure to provide 30 days notice of a foreseeable FMLA leave, without reasonable excuse for such a delay, may result in the employee not being authorized to begin the leave until at least 30 days after the employee's initial notice to the District requesting FMLA leave.

The District may also require employees to provide:

- Medical certification supporting the need for leave due to a serious health condition affecting the employee or an immediate family member.
- Second or third medical opinions (at the District's expense) and periodic recertification; **and**
- Periodic reports during FMLA leave regarding the employee's status and intent to return to work.

| Cross Reference: | Temporary Total Disability       | Policy 2416     |
|------------------|----------------------------------|-----------------|
|                  | Sick Leave                       | Policy 2720     |
|                  | Birth of a Child/Adoption        | Policy 2723     |
|                  | Military Leave                   | Policy 2724     |
|                  | Maternity Leave                  | Policy 2729     |
| Legal Reference: | Federal Family Medical Leave Act | 29 CFR Part 825 |
|                  | Washington Family Leave Act      | RCW 49.78       |
|                  | Washington Family Care Act       | RCW 49.12       |
|                  |                                  | WAC 296-130     |
|                  |                                  | WAC 162-30-020  |

| Adoption Date: May 1, 2012 |  |
|----------------------------|--|
| Chief Signature:           |  |

#### **Family Medical Leave**

Leave that meets the criteria for FMLA or FLA leave shall require the filing of the appropriate forms to assure proper procedures are followed.

#### 1. Application for Family or Medical Leave (Form 2721F-A)

- FML should be requested by submitting Form 2721F-A, Application for Family or Medical Leave to the District Chief
- If the circumstances are such that completing and submitting Form 2721F- A is impossible, the employee may request FML via an email or other comparable format to the District Chief.

#### 2. Notice of Eligibility and Rights & Responsibilities (Form 2721F-B)

• The District will provide employees who request FML with a Notice of Eligibility for the leave or a reason why they are not eligible within five (5) business days of a request for leave. At the same time, employees will be provided with a statement of their Rights and Responsibilities, which is part of the Notice of Eligibility.

#### 3. Certification of Health Care Provider (Forms 2721F-C and 2721F-D)

- Employees who request FML because of their own or a family member's serious health condition must submit a Certification of Health Care Provider (or its equivalent) completed by the health care provider to support the leave request.
- The completed Certification of Health Care Provider should be returned to the District within fifteen (15) calendar days after it is requested. This timeline may be extended upon request of the employee.
- If the Certification that is returned to the District is incomplete or not satisfactory, an employee will be informed of the deficiencies in writing and given seven (7) calendar days to complete the form. Failure to submit a complete and sufficient Certification of Health Care Provider will be grounds for, and may result in, deferral or denial of the requested FML.
- The District may require the employee to obtain second or third medical opinions, the cost of which will be the responsibility of the District. The third medical opinion shall be of a physician mutually agreed upon by the District and the employee.

#### 4. Certification of Qualifying Exigency for Military Family Leave (Form 2721F-E)

- Employees who request FML for qualifying military exigencies must submit a Certification of Qualifying Exigency for Military Family Leave to support the leave request.
- The completed Certification should be returned to the District within fifteen (15) calendar days after it is requested. This timeline may be extended upon request of the employee.

#### 5. Certification of Serious Injury or Illness of Covered Service member (Form 2721F-F)

- Employees who request FML as a military caregiver must submit a Certification of Serious Injury or Illness of Covered Service member to support the leave request.
- The completed Certification should be returned to the District within fifteen (15) calendar days after it is requested. This timeline may be extended upon request of the employee.

#### 6. Designation Notice (Form 2721F-G)

- Within five (5) business days (absent extenuating circumstances) of having enough information to determine whether the requested leave is FMLA-eligible, the District will issue a Designation Notice informing the employee whether or not the requested leave is designated FML and the amount of leave that will be designated, if known. This designation may be retroactive.
- At the sole discretion of the District, any leave that qualifies as FML may be designated as FML, regardless of whether all possible obligations are met. For example, the District may designate a leave as FML without requiring a complete Certification of Health Care Provider form.

#### 7. Intermittent Leave

- In certain cases, FML may be taken on an intermittent basis or the employee may
  work a reduced schedule. Intermittent leave must be certified by a health care
  provider as necessary and should be scheduled to avoid disruption insofar as is
  reasonable.
- Intermittent FML shall be tracked using Form 2721F-H, Intermittent Leave Time Request.

#### 8. Recertification

- An employee may be required to recertify a serious health condition every thirty (30) days if the employee is absent. If the initial certification specifies that the minimum duration of the employee's condition is longer than thirty (30) days, the District will not seek recertification until that duration has expired; provided, that the District may request recertification at least every six months. A recertification may be requested in fewer than thirty (30) days if:
- The employee asks for an extension of his/her FML;
- Circumstances have changed; or
- The District has doubts about the employee's FML status.

#### 9. Return to Work

- A fit-for-duty medical certification signed by the consulting physician will be required prior to an employee's return from FML, unless:
- The employee is out for five (5) or fewer consecutive days; or
- When FML was taken for a family member or a qualifying exigency.
- The employee's health care provider shall complete Form 2721F-I, Fitness- for-Duty Medical Certification and forward it to the District Chief
- Failure to provide proof of fitness-for-duty will result in the employee not being allowed to resume work until such certification is provided. Form 2721F-I, Fitness-for-Duty Medical Certification may be used for this purpose.

#### 10. Other Provisions

- Upon completion of FML, the employee will be entitled to return to the same position held when the leave began or to a similar position with equivalent benefits, pay and conditions of employment. Except that reinstatement is not available under the following conditions:
- The employee takes another job while on FML;
- The position was eliminated by a bona fide restructuring or reduction in force;

- The employee fails to return from FML at the authorized FML ending date without prior written approval;
- Subject to any legal requirements, if the leave continues beyond the twelve (12)-workweek period, reinstatement rights are at the discretion of the District.
- If the employee chooses not to return to work at the end of the FML period for reasons other than a continued serious health condition or other circumstances beyond the employee's control, the employee will be required to reimburse the District the amount it paid for the employee's health benefits during the leave period
- If the employee does not return to work at the end of the FML period, his or her failure to return may be a COBRA-qualifying event.

| Adoption Date: May 1, 2012 |  |  |
|----------------------------|--|--|
| Chief Signature:           |  |  |

## YAKIMA COUNTY FIRE DISTRICT NO. 5

## Request for Family or Medical Leave

## **EMPLOYEE INFORMATION**

| Name:   | Rank:                        | Date:   |
|---|------------------------------|---|
| Mailing Address:  |                              |   |
| Phone Number:   |                              | s:  |
|   | REQUESTED LEAVE              |   |
| Anticipated Start Date:   | Expected Return to v         | vork Date:  |
| Total number of work days expe  | cted on FML ( if unknown ent | er TBD)   |
| Reason for leave:   |                              |   |
|   | SIGNATURES                   |   |
| I understand that family and medica<br>Medical Leave. I have read and und<br>Medical Leave under said policy. |                              | g to District Policy 2721, Family and<br>the attached Request for Family or |
| Employee's Signature  | Date                         |   |
| RECEIVED BY:  |                              |   |
| Chief's Signature   |                              |   |

## YAKIMA COUNTY FIRE DISTRICT NO. 5

Notice of Eligibility and Rights & Responsibilities (Family and Medical Leave Act)

## [Part A – NOTICE OF ELIGIBILITY]

| TO:  | (Employee)   |
|------|--|
| FRO  | M: (Employer Representative )  |
| DAT  | E:   |
| On _ | , you informed us that you needed leave beginning on for:  |
|      | _ The birth of a child, or placement of a child with you for adoption or foster care;  |
|      | _ Your own serious health condition;   |
|      | Because you are needed to care for your spouse;child; parent due to his/her serious health condition.  |
|      | Because of a qualifying exigency arising out of the fact that your spouse;son or daughter; parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves. |
|      | Because you are the spouse;son or daughter; parent; next of kin of a covered service member with a serious injury or illness.  |
| This | Notice is to inform you that you:  |
|      | _ Are eligible for FMLA leave (See Part B below for Rights and Responsibilities)   |
|      | _ Are NOT eligible for FMLA leave, because (only one reason need be checked, although you may not be eligible for other reasons):  |
|      | You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately months towards this requirement.   |
|      | You have not met the FMLA's 1,250-hours-worked requirement.  |
|      | You do not work and/or report to a site with 50 or more employees within 75-miles.   |
| •    | u have any questions, contact  |

## [PART B-RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE]

| -   | MLA leave available in the applicable 12-month period. <b>However, in order for us to</b>   |
|---|---|
|   | nine whether your absence qualifies as FMLA leave, you must return the following  |
|   | nation to us by (If a certification is requested  |
| employ<br>be requ                                       | yers must allow at least 15 calendar days from receipt of this notice; additional time may nired in some circumstances.) If sufficient information is not provided in a timely manner, ave may be denied.   |
|   | ufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your requestis/ is not enclosed.  |
|   | ufficient documentation to establish the required relationship between you and your amily member.   |
| O   | Other information needed:   |
| N   | No additional information requested.  |
| •   | r leave does qualify as FMLA leave you will have the following responsibilities while or leave (only checked blanks apply):   |
| C   | Contact at to make  |
| ir<br>()<br>F<br>V<br>aa<br>Y<br>D<br>ti<br>F<br>e<br>e | arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day for, indicate longer period, if applicable) grace period in which to make premium bayments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work. You will be required to use your available paid sick, vacation, and/or other leave during your FMLA absence. This means that you will receive your paid eave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.  Oue to your status within the company, you are considered a "key employee" as defined in the FMLA. As a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us. We have have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us. |
|   | While on leave you will be required to furnish us with periodic reports of your status and  |
| 11  | ntent to return to work every ( <u>Indicate interval of periodic</u> eports, as appropriate for the particular leave situation).  |
| r   | CHOILS, AS ADDITODITATE TO THE DALLICUIAL TEAVE SITUATION).   |

If the circumstances of your leave change, and you are able to return to work earlier than the date indicated you will be required to notify us at least two workdays prior to the date you intend to report for work.

**If your leave does qualify** as FMLA leave you will have the following **rights** while on FMLA leave:

| • You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as:  |
|---|
| the calendar year (January – December) a fixed leave year based on  |
| the 12-month period measured forward from the date of your first FMLA leave usage.  a "rolling" 12-month period measured backward from the date of any FMLA leave usage.  |
| • You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered service member with a serious injury or illness. This single 12-month period commenced on  |
| <ul> <li>Your health benefits must be maintained during any period of unpaid leave under the<br/>same conditions as if you continued to work.</li> </ul>  |
| <ul> <li>You must be reinstated to the same or an equivalent job with the same pay, benefits, and<br/>terms and conditions of employment on your return from FMLA-protected leave. (If your<br/>leave extends beyond the end of your FMLA entitlement, you do not have return rights<br/>under FMLA.)</li> </ul>  |
| • If you do not return to work following FMLA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 2) the continuation, recurrence, or onset of a covered service member's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.              |
| • If we have not informed you above that you must use accrued paid leave while taking your unpaid FMLA leave entitlement, you have the right to have sick,vacation, and/or other leave run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policy. Applicable conditions related to the substitution of paid leave are referenced or set forth below. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave. |
| For a copy of conditions applicable to sick/vacation/other leave usage please refer to the policy manual.   |
| Applicable conditions for use of paid leave   |

| Once we obtain the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement. If you have any questions, please do not hesitate to contact |   |  |  |
|---|---|--|--|
|   | at  |  |  |
| PAPERWORK RED   | UCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT |  |  |
| DO NOT SEND THE   | COMPLETED FORM TO THE WAGE AND HOUR DIVISION. |  |  |

# YAKIMA COUNTY FIRE DISTRICT NO. 5

# Certification of Health Care Provider for Employee's Serious Health Condition (Family and Medical Leave Act)

## **SECTION I: For Completion by the EMPLOYER**

| Employer name and co   | ontact:  |  |  |
|--|--|--|--|
| Employee's job title:  |  | Regular work schedule  | :  |
| Employee's essential j   | ob functions:  | (attach job de   |  |
|  |  | (attach job de   | escription)  |
| Check if job description   | on is attached:  | _  |  |
| SECTION II: For Co   | ompletion by the E   | MPLOYEE  |  |
| your medical provider<br>complete, and sufficie<br>own serious health cor<br>or retain the benefit of<br>complete and sufficier  | The FMLA permit<br>int medical certificat<br>indition. If requested<br>FMLA protections<br>int medical certificati | Please complete Section II before its an employer to require that you tion to support a request for FML. by your employer, your response 29 U.S.C. §§ 2613, 2614(c)(3). It ion may result in a denial of your ve you at least 15 calendar days to    | submit a timely, A leave due to your is required to obtain Failure to provide a FMLA request. 20 |
| Your name:   |  | NC 1 II  |  |
|  | First  | Middle   | Last   |
| SECTION III: For C   | ompletion by the I   | HEALTH CARE PROVIDER   |  |
| under the FMLA. Ans<br>response as to the freq<br>your best estimate base<br>patient. Be as specific<br>not be sufficient to det | wer, fully and compuency or duration o ed upon your medic as you can; terms stermine FMLA coversions.              | RE PROVIDER: Your patient had bletely, all applicable parts. Several a condition, treatment, etc. Your eal knowledge, experience, and excuch as "lifetime," "unknown," or erage. Limit your responses to the sure to sign the form on the last page. | al questions seek a ranswer should be amination of the "indeterminate" may condition for which   |
| Provider's name and b  | ousiness address:  |  |  |
| Type of practice / Med   | lical specialty:   |  |  |
| Telephone: (   | )  | Fax:)  |  |
| PART A: MEDICAL  | FACTS 1. Approx  | simate date condition commenced  | :  |

| Probable duration of condition:  |
|--|
| Mark below as applicable:  |
| Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?No YesIf so, dates of admission:   |
| Date(s) you treated the patient for condition:   |
| Will the patient need to have treatment visits at least twice per year due to the condition?NoYes.   |
| Was medication, other than over-the-counter medication, prescribed?NoYes.  |
| Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?No Yes If so, state the nature of such treatments and expected duration of treatment:   |
|  |
| 2. Is the medical condition pregnancy?NoYes. If so, expected delivery date:  |
| 3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions. Is the employee unable to perform any of his/her job functions due to the condition: No Yes. If so, identify the job functions the employee is unable to perform: |
|  |
| 4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):   |
|  |
| PART B: AMOUNT OF LEAVE NEEDED   |
| 5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery?No YesIf so, estimate the beginning and ending dates for the period of incapacity:  |

| 6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition?NoYes.   |
|--|
| If so, are the treatments or the reduced number of hours of work medically necessary?NoYes.  |
| Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:  |
| Estimate the part-time or reduced work schedule the employee needs, if any:hour(s) per day; days per week from through   |
| 7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions?No Yes   |
| Is it medically necessary for the employee to be absent from work during the flare-ups? No Yes If so, explain:   |
| Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days): Frequency: times per week(s) month(s)  Duration: hours or day(s) per episode  ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER. |
|  |
|  |
|  |
|  |
|  |
| Signature of Health Care Provider Date   |
| Please review form to ensure all applicable fields have been completed. Return completed, signed and dated.  |

DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.

#### YAKIMA COUNTY FIRE DISTRICT NO. 5

# Family Member's Serious Health Condition (Family and Medical Leave Act)

#### **SECTION I: For Completion by the EMPLOYER INSTRUCTIONS to the EMPLOYER:**

The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave to care for a covered family member with a serious health condition to submit a medical certification issued by the health care provider of the covered family member. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertification, or medical histories of employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact:

#### **SECTION II: For Completion by the EMPLOYEE INSTRUCTIONS to the EMPLOYEE:**

Please complete Section II before giving this form to your family member or his/her medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave to care for a covered family member with a serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form to your employer. 29 C.F.R. § 825.305.

| Your name:          |                            |                        |                 |         |
|---------------------|----------------------------|------------------------|-----------------|---------|
|                     | First                      | Middle                 | Last            |         |
| Name of family me   | mber for whom you will     | provide care:          |                 |         |
| -                   | -                          | First                  | Middle          | Last    |
| Relationship of fam | ily member to you:         |                        |                 |         |
| If family member is | your son or daughter, da   | ate of birth:          |                 |         |
| Describe care you v | vill provide to your famil | ly member and estimate | leave needed to | provide |
| Employee Signature  | e:                         | D                      | ate:            |         |

**SECTION III: For Completion by the HEALTH CARE PROVIDER INSTRUCTIONS to the HEALTH CARE PROVIDER:** The employee listed above has requested leave under the FMLA to care for your patient. Answer, fully and completely, all applicable parts below. Several

questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the patient needs leave. Page 3 provides space for additional information, should you need it. Please be sure to sign the form on the last page.

| 5110 616   | jou need it.   | rease se sare to sign th  | e rorm on the rus  | r page.   |  |
|--|--|---|--|---|--|
| Provid   | er's name and  | l business address:   |  |   |  |
| Type o   | Type of practice / Medical specialty:  |   |  |   |  |
| Teleph   | one: (   | )   | Fax:(  | )   |  |
| PART   | A: MEDICA  | L FACTS   |  |   |  |
| <ol> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> </ol> | Probable dur<br>Was the patie<br>medical care<br>Date(s) you to<br>Was medicat<br>the patient not<br>condition?<br>Was the patie<br>physical ther<br>expected dur<br>Is the medicat<br>Describe oth<br>needs care (s | e date condition comme ation of condition:ent admitted for an over facility?No Yes treated the patient for contion, other than over-the eed to have treatment visced to have treatment visced to have treatment visced to other hear apist)? No Yes ent referred to other hear apist)? No Yes ent condition pregnancy? er relevant medical facts may be eatment such as the use | rnight stay in a ho If so, dates of a ondition: e-counter medicat isits at least twice alth care provider es. If so, state the oNoYes. ts, if any, related include symptom | ospital, hospice, or readmission:  tion, prescribed?  e per year due to the  (s) for evaluation or nature of such treatr  If so, expected delive to the condition for valuation for valuation or any readmission. | esidential  No _Yes. Will  treatment (e.g., ments and  ery date: which the patient |
| your pa  | atient's need  | T OF CARE NEEDED: for care by the employe utritional, safety or tran  | e seeking leave n  | nay include assistanc   | e with basic   |
|  | time for treat<br>dates for the<br>time, will the<br>and why such<br>Will the patie  | ent be incapacitated for ment and recovery? period of incapacity: e patient need care? in care is medically necessent require follow-up tr  | _NoYes. Est NoYes. Expla essary: eatments, includi   | ain the care needed b   | and ending During this y the patient   |

| 3.    | Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:  |
|-------|--|
| 4.    | Explain the care needed by the patient, and why such care is medically necessary:  |
| 5.    | Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery? No Yes. Estimate the hours the patient needs care on an intermittent basis, if any: hour(s) per day; days per week from through Explain the care needed by the patient, and why such care is medically necessary: |
|       |  |
|       |  |
|       |  |
|       |  |
| 6.    | Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities?NoYes.   |
| 7.    | Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):  Frequency: times per week(s) month(s)                    |
| 8.    | Duration: hours or day(s) per episode Does the patient need care during these flare-ups? No Yes. Explain the care needed by the patient, and why such care is medically necessary:   |
|       |  |
|       | TIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR<br>TIONAL ANSWER.   |
|       |  |
|       |  |
|       |  |
|       |  |
|       |  |
| Signa | ture of Health Care Provider Date  |
| DO N  | OT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR: RETURN  |

DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.

## YAKIMA COUNTY FIRE DISTRICT NO. 5

# Certification of Qualifying Exigency For Military Family Leave (Family and Medical Leave Act)

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave due to a qualifying exigency to submit a certification. Please complete Section I before giving this form to your employee. Your response is voluntary, and while you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. § 825.309.

Employer name:

| Contact Information:   |  |   |
|--|--|---|
| SECTION II: For Completion by the EM   | MPLOYEE .  |   |
| INSTRUCTIONS to the EMPLOYEE: PFMLA permits an employer to require the certification to support a request for FMI in this section seek a response as to the fit specific as you can; terms such as "unknown determine FMLA coverage. Your response While you are not required to provide this your request for FMLA leave. Your empthis form to your employer. | nat you submit a timely, complete, LA leave due to a qualifying exige requency or duration of the qualify own," or "indeterminate" may not use is required to obtain a benefit. 2 is information, failure to do so may | and sufficient ency. Several questions ying exigency. Be as be sufficient to 29 C.F.R. § 825.310. y result in a denial of |
| Your Name:   |  |   |
| First  | Middle   | Last  |
| Name of covered military member on accontingency operation:  | · · · · · · · · · · · · · · · · · · ·  | us in support of a  |
| First  | Middle   | Last  |
| Relationship of covered military member  | r to you:  |   |
| Period of covered military member's act  | ive duty:  |   |
| -  | -  |   |

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a covered military member's active duty or call to active duty status in support of a contingency operation. Please check one of the following:

| A copy of the covered military member's active duty orders is attached.  |
|--|
| Other documentation from the military certifying that the covered military member is on active duty (or has been notified of an impending call to active duty) in support of a contingency operation is attached.  |
| I have previously provided my employer with sufficient written documentation confirming the covered military member's active duty or call to active duty status in support of a contingency operation.   |
| PART A: QUALIFYING REASON FOR LEAVE  |
| 1. Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason you are requesting leave):  |
|  |
|  |
|  |
|  |
| 2. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming an appointment with a counselor or school official, or a copy of a bill for services for the handling of legal or financial affairs.  Available written documentation supporting this request for leave is attached Yes No None Available |
| PART B: AMOUNT OF LEAVE NEEDED   |
| 1. Approximate date exigency commenced:  |
| Probable duration of exigency:   |
| 2. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency?NoYes.   |
| If so, estimate the beginning and ending dates for the period of absence:  |
| 3. Will you need to be absent from work periodically to address this qualifying exigency?NoYes.  |

| appointments:   |  |
|---|--|
| Estimate the frequency and duration of each appointment, meeting, or leave event, in travel time (i.e., 1 deployment-related meeting every month lasting 4 hours):  | ncluding any   |
| Frequency: times per week(s) month(s)   |  |
| Duration: hours day(s) per event.   |  |
| PART C:   |  |
| If leave is requested to meet with a third party (such as to arrange for childcare, to at counseling, to attend meetings with school or childcare providers, to make financial arrangements, to act as the covered military member's representative before a federa local agency for purposes of obtaining, arranging or appealing military service benefattend any event sponsored by the military or military service organizations), a computational certification includes the name, address, and appropriate contact information individual or entity with whom you are meeting (i.e., either the telephone or fax numaddress of the individual or entity). This information may be used by your employer that the information contained on this form is accurate. | or legal ll, state, or fits, or to blete and on of the aber or email |
| Name of Individual: Title:  |  |
| Organization:   |  |
| Address:  |  |
| Telephone: ()Fax: ()  |  |
| Email:  |  |
| Describe nature of meeting:   |  |
|   |  |
|   |  |
|   |  |
| PART D:   |  |
| I certify that the information I provided above is true and correct.  |  |
| Signature of Employee Date  |  |

## YAKIMA COUNTY FIRE DISTRICT NO. 5

### Certification for Serious Injury or Illness of Covered Service member for Military Family Leave (Family and Medical Leave Act)

SECTION I: For Completion by the EMPLOYEE and/or the COVERED SERVICE MEMBER for whom the Employee Is Requesting Leave:

INSTRUCTIONS to the EMPLOYEE or COVERED SERVICE MEMBER: Please complete Section I before having Section II completed. The FMLA permits an employer to require that an employee submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a serious injury or illness of a covered service member. If requested by the employer, your response is required to obtain or retain the benefit of FMLA-protected leave. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to do so may result in a denial of an employee's FMLA request. 29 C.F.R. § 825.310(f). The employer must give an employee at least 15 calendar days to return this form to the employer.

#### Part A: EMPLOYEE INFORMATION

| Name and Address of Employer (this is the employer of the employee requesting leave to care for covered service member):  Name of Employee Requesting Leave to Care for Covered Service member: |  |  |  |
|---|--|--|--|
|   |  |  |  |
| Name of Covered Service r   | member (for whom employee is request   | ing leave to care):  |  |
| First   | Middle   | Last   |  |
| Son Daughter Next of Kin:   | to Covered Service member Requesting  VICE MEMBER INFORMATION  | •  |  |
| National Guard or F<br>If yes, please provide the co  | ice member a Current Member of the Reserves?YesNo  |  |  |
| Is the covered service mem<br>or to a unit established for t<br>Armed Forces receiving me   | ber assigned to a military medical treat<br>the purpose of providing command and<br>edical care as outpatients (such as a med<br>s, please provide the name of the medic | control of members of the dical hold or warrior transition |  |

| 2. | Is the Covered | Service member | on the Temporary | Disability Ref | tired List (T | 'DRL)? |
|----|----------------|----------------|------------------|----------------|---------------|--------|
|    | Yes            | No             |                  |                |               |        |

#### Part C: CARE TO BE PROVIDED TO THE COVERED SERVICE MEMBER

| Describe the Care to Be Provided to the Covered Service member and an Estimate of the Leave |
|---|
| Needed to Provide the Care:   |
|   |
|   |

SECTION II: For Completion by a UNITED STATES DEPARTMENT OF DEFENSE ("DOD") HEALTH CARE PROVIDER or a HEALTH CARE PROVIDER who is either: (1) a United States Department of Veterans Affairs ("VA") health care provider; (2) a DOD TRICARE network authorized private health care provider; or (3) a DOD non-network TRICARE authorized private health care provider.

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed on Page 2 has requested leave under the FMLA to care for a family member who is a member of the Regular Armed Forces, the National Guard, or the Reserves who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness. For purposes of FMLA leave, a serious injury or illness is one that was incurred in the line of duty on active duty that may render the service member medically unfit to perform the duties of his or her office, grade, rank, or rating.

A complete and sufficient certification to support a request for FMLA leave due to a covered service member's serious injury or illness includes written documentation confirming that the covered service member's injury or illness was incurred in the line of duty on active duty and that the covered service member is undergoing treatment for such injury or illness by a health care provider listed above. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave.

If you are unable to make certain of the military-related determinations contained below in Part B, you are permitted to rely upon determinations from an authorized DOD representative (such as a DOD recovery care coordinator). (Please ensure that Section I above has been completed before completing this section.) Please be sure to sign the form on the last page.

# Part A: HEALTH CARE PROVIDER INFORMATION

| Health Care Provider's Name and Business Type of Practice/Medical Specialty:   | s Address:   |
|--|--|
|  | OD health care provider; (2) a VA health care athorized private health care provider; or (4) a DOD health care provider:   |
| Telephone: ( ) Fax: ( )  | Email:   |
| PART B: MEDICAL STATUS   |  |
| Appropriate Boxes): (VSI) Very Seriously Ill/Injured – Ill- endangered. Family members are rec internal DOD casualty assistance des (SI) Seriously Ill/Injured – Illness/inj immediate concern, but there is no in | ness/Injury is of such a severity that life is imminently quested at bedside immediately. (Please note this is an signation used by DOD healthcare providers.) jury is of such severity that there is cause for mminent danger to life. Family members are is is an internal DOD casualty assistance designation |
|  | or illness that may render the service member s of the member's office, grade, rank, or rating.  |
| eligible to take leave to care for a co condition" under § 825.113 of the Fl   | mployee: If this box is checked, you may still be overed family member with a "serious health MLA. If such leave is requested, you may be required or an employer-provided form seeking the same   |
| of duty on active duty in the armed 3. Approximate date condition comme 4. Probable duration of condition and/ 5. Is the covered service member under  | overed Service member is being treated incurred in line forces? Yes No enced: or need for care: ergoing medical treatment, recuperation, or therapy? eribe medical treatment, recuperation or therapy:   |
|  |  |

# PART C: COVERED SERVICE MEMBER'S NEED FOR CARE BY FAMILY MEMBER

| 1.     | Will the covered service member need care for a single continuous period of time,     |
|--------|---|
|        | including any time for treatment and recovery? Yes No If yes, estimate the            |
|        | beginning and ending dates for this period of time:                                   |
| 2.     | Will the covered service member require periodic follow-up treatment appointments?    |
|        | Yes No If yes, estimate the treatment schedule:                                       |
| 3.     | Is there a medical necessity for the covered service member to have periodic care for |
|        | these follow-up treatment appointments?YesNo  |
| 4.     | Is there a medical necessity for the covered service member to have periodic care for |
|        | other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of    |
|        | medical condition)?YesNo If yes, please estimate the frequency and duration           |
|        | of the periodic care:   |
|        | 1   |
|        |   |
| Signat | ure of Health Care Provider: Date:  |
| Dlagge | novious forms to organicall amplicable fields have been completed. Deturn completed   |
| riease | review form to ensure all applicable fields have been completed. Return completed,    |

Please review form to ensure all applicable fields have been completed. Return completed, signed and dated.

# YAKIMA COUNTY FIRE DISTRICT NO. 5

# Designation Notice (Family and Medical Leave Act)

Leave covered under the Family and Medical Leave Act (FMLA) must be designated as FMLA-protected and the employer must inform the employee of the amount of leave that will be counted against the employee's FMLA leave entitlement. In order to determine whether leave is covered under the FMLA, the employer may request that the leave be supported by a certification. If the certification is incomplete or insufficient, the employer must state in writing what additional information is necessary to make the certification complete and sufficient.

| certification complete and sufficient.   |  |
|--|--|
| To: (employee)   | Date:  |
| We have reviewed your request for leave unde have provided.                          | er the FMLA and any supporting documentation that you  |
| We received your most recent information on (  | (date)and decided the following:   |
| Your FMLA leave request is approved. FMLA leave.                                     | All leave taken for this reason will be designated as  |
| extended, or were initially unknown. Based on  | as practicable if dates of scheduled leave change or are<br>the information you have provided to date, we are<br>amount of time that will be counted against your leave  |
| · · · · · · · · · · · · · · · · · · ·  | ar anticipated leave schedule, the following number of against your leave entitlement:   |
| or weeks that will be counted against yo   | e unscheduled, it is not possible to provide the hours, days, our FMLA entitlement at this time. You have the right to ay period (if leave was taken in the 30-day period).  |
| Please be advised (check if applicable):   |  |
| You have requested to use paid leave du reason will count against your FMLA le       | uring your FMLA leave. Any paid leave taken for this eave entitlement.   |
| We are requiring you to substitute or us   | se paid leave during your FMLA leave.  |
| certification is not timely received, you provided. A list of the essential function | ss-for-duty certificate to be restored to employment. If such ar return to work may be delayed until certification is ons of your position is is not attached. If attached, address your ability to perform these functions. |
| Additional information is needed to dete   | termine if your FMLA leave request can be approved:  |

| The certification you have provided is not complete and sufficient to determine whether the FMLA applies to your leave request. You must provide the following information no later than, (Provide at least seven calendar days) unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied. |
|---|
| (Specify information needed to make the certification complete and sufficient)  |
| <br>We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.   |
| <br>Your FMLA Leave request is Not Approved. The FMLA does not apply to your leave request.   |
| <br>You have exhausted your FMLA leave entitlement in the applicable 12-month period.   |

# YAKIMA COUNTY FIRE DISTRICT NO. 5

Intermittent Leave Time Request Family and Medical Leave Act

|                  |                      | EMPLOYEE INFORMATIO             | N                                    |
|------------------|----------------------|---------------------------------|--------------------------------------|
|                  |                      |                                 |                                      |
| Name:            |                      | Position:                       | Date:                                |
| Section:         |                      | Supervisor's Name:              |                                      |
|                  |                      | REOUESTED LEAVE                 |                                      |
|                  |                      |                                 |                                      |
| My intermitted   | nt FML was reques    | ted on: My intermit             | tent FML was approved on:            |
| My intermitted   | nt FML was approv    | ved by:                         |                                      |
| Type of FML      | requested:   Self    | ☐ Family Member ☐ Military-Qual | ifying Exigency   Military Caregiver |
| If other than so | elf, indicate name o | of family member:               |                                      |
| Comments:        |                      |                                 |                                      |
|                  |                      |                                 |                                      |
|                  |                      |                                 |                                      |
| FML Date         | # of FML<br>Hours    | Approval Signature              | Time Entered By                      |
|                  |                      |                                 |                                      |
|                  |                      |                                 |                                      |
|                  |                      |                                 |                                      |
|                  |                      |                                 |                                      |
|                  |                      |                                 |                                      |
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|                  |                      |                                 |                                      |
|                  |                      |                                 |                                      |
|                  |                      |                                 |                                      |
|                  |                      |                                 |                                      |

| Employee to sign when page is filled or when FML is complete |      |
|--|------|
| Employee Signature   | Date |

FML Complete

☐ YES ☐ NO

# YAKIMA COUNTY FIRE DISTRICT NO. 5

# Fitness-for-Duty Medical

#### Certification

| Employee<br>Name:  | Rank or<br>Position:   |
|--|--|
| PART A: INSTRUCTIONS TO EMPLOYEE   |  |
| have job-related restrictions and the duration of any rehealth care provider for completion. Your health care  | -for-Duty Medical Certification verifying that you are able to return to work, if you estrictions. Please take this Fitness-for-Duty Medical Certification form to your provider should return the completed Certification to you to be delivered to the ase from your primary physician does not guarantee a return to duty until ed: |
| PART B: TO BE COMPLETED BY EMPLOYEE'S HEALTH (   | CARE PROVIDER  |
| <b>Instructions</b> : Please complete all sections in order for job description is attached to this form.  | the District to determine if the employee is able to return to duty. The employee'   |
| I certify that on(date), the below with no restrictions. (ASSURE CURRENT JOE   | e above-named employee is able to resume performing the functions checked B AND WORK DESCRIPTION IS ATTACHED)  |
| Please check all that apply.  Patient released for Structural and Wildlar  Patient released for Support Function at a  Patient released for Support Function at th  Patient released for EMS work. | n emergency scene.   |
| If employee is not yet able to return performing the fu  | unctions of his/her position with no restrictions, please complete the following:  |
|  | to work with no limitations on(date). to(date) the above-named employee will be:   |
| unable to perform the physical requirements is medically incapacitated: totally  | of his/her work; or  partially (if partially medically incapacitated, complete the following):   |
| Number of hours per day employee is able to work:  | Number of days per week employee is able to work:  |
| Restrictions: Provider's Name:   |  |
| Provider's Business Address:   |  |
| Type of Practice/Medical Specialty:  |  |
| Provider's Phone #:  | Provider's Fax #:  |
| Signature - Health Care Provider   |  |

# FIREFIGHTER WORK DESCRIPTIONS

# **Structural Firefighting:**

Work description: Interior structural firefighting

Expected physical

work effort:

Heavy

Work duration and

frequency of heavy work

before rest from respirator use:

Based on air supply in SCBA; averages 20 min.

work period before rest using respirator may extend to time allowed by two SCBA air supply bottles (approx 40 min). Work period may extend to 4 or more hours beyond

that which requires respiratory protection.

Environment temperature

extremes, work duration:

Routine 68-140 (F) \* Unlimited Ordinary 140-572 (F) \*\* 20-27 min

Emergency 572-1832(F) \*\*\* 30 sec to 4 min

Protective Clothing

and equipment worn:

gloves, pants and rubber boots.

Weight:

25 pounds

Type and weight of

respirator to be used:

Typical 30 minute duration SCBA, face piece regulator.

Structural Clothing Ensemble: helmet, hood, ear flaps, coat,

Weight: 22-25 pounds

Hearing protection: Sound level less than 85 dba (24 hr TWA).

<sup>\*</sup>Routine describes conditions where one or two objects such as a box or waste basket are burning in a room.

<sup>\* \*</sup>Ordinary describes temperatures encountered in fighting a serious fire or being next to a "flashover" room.

<sup>\*\* \*</sup>Emergency describes conditions in a severe and unusual exposure, such as those caused inside a "flash-over" room or next to a fire front. In such conditions firefighting protective clothing and equipment provides only 15-30 seconds of protection to escape.

# **Wildland Firefighting:**

Position Descriptions: Task Force Leader

Strike Team Leader Single Resource Boss Firefighter 1 (Squad Boss)

Firefighter II

Work Description: Wildland firefighting

Expected physical

effort:

**Arduous.** Duties involve field work requiring physical work performance calling for above-average endurance and

superior conditioning. These duties may include an

occasional demand for extraordinarily strenuous activities in emergencies under adverse environmental conditions and over extended periods of time. Requirements include running, walking, climbing, jumping, twisting, bending, and lifting more than 50 pounds; the pace of work typically is set by the emergency situation. (Requires a Max V02 of 45).

Work duration and frequency of heavy work

before rest:

Total work period on the fire line may be up to 10 hours.

Environment Temperature extremes,

work duration:

Routine 68-140 (F) Unlimited Ordinary 140-572 (F) 10-12 hours

Emergency 572-XXX (F) Less than 10 minutes

Protective Clothing and equipment worn:

Wildland clothing ensemble: helmet, hood, goggles, long sleeve shirt, gloves, pants, leather boots, fire shelter;

may be worn over station work uniform.

Weight: 10 - 12 pounds

Type and weight of

accessories to be carried:

Weight:

Water containers (43 lb), radio (2 lb), fusee pack (2 lb),

day pack. (10-20 lb).

18-28 pounds

Hearing protection: Sound level less than 85 dba (24 hr TWA).

# **Support function at the emergency scene:**

Work position: Rehab or Staging

Expected physical

work effort:

Medium to light

Environment temperature

extremes, work duration:

Routine 68-140 (F) \*Unlimited

Protective Clothing

ensemble:

Coveralls or Protective Clothing, Structural Clothing

helmet, hood, ear flaps, coat, gloves, pants, rubber

boots (PPE).

PPE: 22-25 pounds Weight:

Coveralls and work boots: 10 pounds. Weight:

Type of respirator: None for members working in Rehab, Staging etc.

Hearing protection: Sound level less than 85 dba (24 hr TWA)

# **Support function at the fire station:**

Work description: Washing, loading hose, cleaning and returning equipment to

service, filling SCBA air bottles, disinfecting and

decontaminating equipment.

Expected physical

work effort:

Medium to light

Work duration: Indeterminate

**Environment:** Protected

Protective Clothing: Coveralls, work shoes, jeans, gloves

10 pounds Weight:

Hearing Protectors: None

# **EMS Worker (First Aid, First Responder, EMT, Paramedic)**

Work description: Rendering emergency medical care, lifting patient to

backboard, stretcher, gathering patient information.

Expected work effort: Medium to heavy. Lifting and carrying patients in

conjunction with at least one other employee weights

of up to 300 pounds, Carrying equipment with

weights up to 30 pounds. Traversing a variety of surfaces

and elevations.

Work duration: Typically less than 15 to 20 minute intervals, may be

repeated multiple times over a 24 hour period.

Environment: Below 0' F to I I0' F. Occurs both indoors and outdoors.

May involve tight spaces.

Protective clothing: Coveralls, Tyvek suit, surgical gloves, eye protection.

Respiratory protection: HEPA, Type N-95, N-100 mask

Hearing protection: None normally required.

# **Bereavement Leave**

The district shall allow each career staff member a maximum of eighty hours (ten work days) sick leave for each death of a husband, wife, mother, father, son, daughter, step child, foster child, sister, brother, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandmother, grandfather, granddaughter or grandson. Concurrent deaths shall be treated as a single occurrence with respect to the length of leave granted.

Any leave used under terms of this policy shall be deducted from the staff member's accumulated sick leave. In the event the staff member's sick leave has been exhausted, the leave shall be granted with pay utilizing the employee's accrued vacation, compensatory, or holiday time. In the event the staff member has no accrued leave, the member will be granted the leave with pay and time used shall be deducted from future sick leave credits as it is earned. In cases where the staff member is terminated or leaves the district, the advanced sick leave credits will be deducted from the final salary payment. A maximum of ten days (80 hours) advanced sick leave credit may be carried at any time.

Cross Reference: Policy 2720 Sick Leave

Resolution 371

Adoption Date: May 3, 2005 Revised: January 3, 2006

# **Military Leave**

Under the Uniformed Services Employment and Reemployment Rights Act (USERRA), Yakima County Fire District # 5 is required to grant an unpaid military leave of absence to any career staff member who request such leave in order to perform service in the uniformed services. It is the policy of the district to comply with USERRA and all other state, federal, and local laws. In case of any conflicts between this policy and federal, state or local laws, such applicable laws shall control, subject to conflict laws principals.

The uniformed services are the Army, Navy, Marine Corps, Air Force, Coast Guard, and the commissioned corps of the Public Health Service. This includes the Reserve components of these services and the Army National Guard and Air National Guard. Under another Federal law, enacted in 2002, Congress has extended reemployment rights under USERRA to persons who serve as Intermittent Disaster Response Appointees (IDRA's).

IDRA's are temporary, intermittent employees of the U.S. Department of Health and Human Services. They respond, often on very short notice, to emergencies involving infectious diseases or weapons of mass destruction, and they also engage in training for such dire contingencies. They are protected by USERRA both for actual emergencies and for training.

USERRA broadly defines the term "service in the uniformed services," as follows:

The term "service in the uniformed services" means the performance of duty on a *voluntary or involuntary basis* in a uniformed service under competent authority and includes active duty, active duty for training, initial active duty for training, inactive duty training, full-time National Guard duty, a period for which a person is absent from a position of employment for the purpose of an examination to determine the fitness of the person to perform any such duty, and a period for which a person is absent from a position of employment for the purpose of performing funeral honors duty as authorized by section 12503 of title 10 or section 115 of title 32 38 U.S.C. 4303(13)(emphasis supplied).

A career staff member of Yakima County Fire District #5 who leaves his or her job for voluntary or involuntary service in the uniformed services will, upon giving the district chief notice, be granted an unpaid military leave of absence except under the following conditions. It is recognized that a district member involved in the National Guard or Reserve will perform inactive duty training to include annual training and/or specialized training in their Reserve component. During these periods of training, a career staff member shall receive his/her normal pay from the district. Such military leave shall be in addition to any vacation or compensatory time to which a career staff member may be entitled and shall not result in any loss of rating, privileges, or pay.

If a career staff member has vacation or compensatory time to use and requests to use such time during a period of service, the district is required to honor such request. The district will not advance vacation and/or compensatory days to a career staff member under these circumstances, but the career staff member is entitled to use any vacation and/or compensatory days that he or she has already accrued. The choice to use vacation and/or compensatory time during service rests entirely with the career staff member. It is unlawful for the district to require a career staff member to use accrued vacation and/or compensatory time in this way. Some career staff members will want to use their vacation and/or compensatory time during service, in order to maximize earnings at a time of reduced income, after mobilization.

USERRA applies to employees in full-time, probationary, seasonal, or "temporary" positions. There is no requirement that the employee have been employed for the district for any minimum period before the absence for uniformed service.

USERRA in not limited to the National Guard and Reserve. A career staff member who leaves employment with the district for service in the regular military may also have rights under USERRA. The law also protects a district member who takes a day or two off from work for the purpose of an examination to determine fitness to join any branch of the service. After completion of such an examination, regardless of the outcome, the district career staff member is entitled to reemployment under USERRA.

#### **ELIGIBILITY CRITERIA**

A district career staff member who leaves the district for service in the uniformed services will be entitled to reemployment, provided he or she meets the USERRA eligibility criteria:

- a. The member (or an appropriate officer of the uniformed service) must have given the district prior oral or written notice of the impending service.
- b. The member's cumulative period or periods of service, relating to the district, shall not have exceeded five years.
- c. The member must have completed the period of service without having received a punitive or other than honorable discharge or having been dismissed or dropped from the rolls of the uniformed service.
- d. The member must have made a timely application for reemployment or have been timely in reporting back to work.

# PRIOR NOTICE

The district would prefer that the notice be in writing, but oral notice is sufficient under the statue. The district asks career staff members to give as much advance notice as possible, but the

district realizes that circumstances arise where the member does not receive notice from the service until the last minute. No specific amount of advance notice is required, but the notice must be given before leaving the district's employment. Advance notice is not required in those rare cases where advance notice is precluded by military necessity or otherwise impossible or unreasonable.

The specific wording of the career staff member's notice is of no consequence, so long as the member conveys the information that he or she is leaving the district for the purpose of service. The use of words like "resign" does not defeat the member's right to reemployment, so long as the member has informed the district that military service is the reason for the resignation.

The district recognizes that individuals serving in the National Guard and Reserve need time off from work sufficient to enable them to travel to the place of training and have a night of rest, before starting the training, so that they can perform the training in a safe and effective manner. The district will approve requests to be away from work on Friday, and particularly Friday evening, prior to inactive duty training on Saturday.

#### **FIVE YEAR LIMIT**

The five-year limit is measured from the date of commencement of the career staff member's employment relationship with the district. Uniformed service performed before the member's hire date is irrelevant for purposes of the member's USERRA rights for the district. Reserve and National Guard training and involuntary call-ups do not count toward the member's five-year limit. Some voluntary service is also excluded in computing the five-year limit. Please check with the military personnel office before denying reemployment on the basis of the five-year limit.

#### RELEASE FROM SERVICE UNDER HONORABLE CONDITIONS

A career staff member does not have reemployment rights with the district if he or she has received a punitive (by court martial) or other-than-honorable discharge or if he or she has been "dropped from the rolls" of the uniformed service. Please check with the military personnel office before denying reemployment on the basis of the characterization of the individual's service.

#### TIMELY APPLICATION FOR REEMPLOYMENT

#### Period of 1 – 30 Days of Service

After a period of less than 31 days of service, the district career staff member is required to report for work at the start of the first full regularly scheduled work period on the first day after the completion of the period of service, including the time reasonably required for safe transportation from the place of service to the career staff member's residence, and a period of eight hours (for

rest). If reporting to work that next day is impossible or unreasonable because of factors beyond the member's control (like an accident on the return trip), the member is required to report to work as soon as reasonably possible thereafter.

### Period of 31 Days of Service or More

If the period of service is greater than 30 days but less than 181 days, the career staff member is required to submit an application for reemployment within 14 days after the completion of the period of service. If the period of service is 181 days or more, the career staff member must submit an application for reemployment within 90 days. No particular form is required for the application for reemployment, and the district will not try to deny reemployment based on quibbling with the words. If the career staff member communicates with the district, within the 14 days or 90 days, and tells the district that he or she is available to return to duty after service, the district will offer reemployment to the member.

# Effect of Tardiness in Reporting Back to Work

If a district career staff member misses the relevant above stated deadlines by a day or two, he or she is entitled to reemployment, but he or she is subject to the district policy regarding explanation or sanctions for absence from scheduled work (Policy 2727 for career members). For example, assume that the career staff member is returning from a period of 179 days of service and has 14 days to submit the application for reemployment. The career staff member submits the application on day 15. The member has the right to reemployment, but may be subject to a two-week suspension without pay for the one day of unexcused absence.

#### ENTITLEMENTS AFTER RETURN FROM SERVICE

#### PROMPT REINSTATEMENT

After a period of less than 31 days of service, the district career staff member is required to report for work on the next workday, as explained above. The career staff member will be considered to be back on the payroll as of the time he or she reports for work.

After a period of 31 days or more of service, the district career staff member is required to submit an application for reemployment. If the career staff member submits a timely application and meets the other eligibility criteria, the district will act promptly on that application. The district will not make the returning service member wait for a vacancy, and if training or retraining is needed the district will offer it to the career staff member "on the clock" The district will offer reemployment to the district career member not later than 14 days after receiving the member's reemployment request.

#### CONTINUOUS ACCUMULATION OF LONGEVITY FOR SENIORITY PURPOSES

A district career staff member who returns to the district after service in the uniformed services, and who meets the eligibility criteria under USERRA, is entitled to continuous district longevity and the district will accord the returning district member the promotions, pay raises, and benefits that the district member *probably* would have received if he or she had been continuously employed.

#### CONTINUOUS ACCUMULATION OF LONGEVITY FOR PENSION PURPOSES

The continuous accumulation of longevity for pension purposes will be governed by the rules and regulations at the time of reemployment of the Law Enforcement Officer and Fire Fighter (LEOFF) and Public Employee's Retirement System (PERS) Systems.

#### **STATUS**

If a district career staff member's period of service was less than 91 days, he or she is entitled, upon reemployment, to the exact job that he or she would have attained if he or she had been continuously employed. In most cases, that will be the same as the pre-service job.

If the period of service was 91 days or more, the district has the option to reemploy the returning veteran either in the position that he or she would have attained or, alternatively, in another position of like seniority, status and rate of pay. Offering the returning veteran reemployment in a position that is not of like status is not a sufficient compliance with USERRA.

Location is an aspect of status. Offering to reemploy the veteran in another battalion or town is not a sufficient compliance with USERRA, unless the evidence establishes that the job itself was moved to another battalion or town during the member's military-related absence. Other aspects of status include hours of work, to be promoted, ect.. If the district offers the returning veteran reemployment in an alternative job, the district must ensure that the alternative job is equivalent in all aspects to the job that he or she would have attained if continuously employed.

If the district offers the returning veteran reemployment in an alternative position, it must be a position for which the career staff member is qualified. Putting a member in a position for which he or she is not qualified is a recipe for failure and would not be a sufficient compliance with USERRA.

#### TRAINING OR RETRAINING

If a district career staff member returns to the district after a long period of military service, he or she may find that many things have changed in the interim. The returning veteran is entitled to the training or retraining that he or she would have received if continuously employed.

### SPECIAL PROTECTION AGAINST DISCHARGE, EXCEPT FOR CAUSE

The returning veteran who meets the USERRA eligibility may not be discharged, except for cause, within one year after reemployment, if the veteran's period of service was 181 days or more. If the period of service was 31 - 180 days, the period of special protection is 180 days. If the member is discharged during the special protection period, the district has a heavy burden of proof, to show the member was discharged for cause.

This special protection provision applies even if the career staff member was in an at-will or probationary status before leaving for service. This special protection provision is intended to protect the veteran from a bad faith or *pro forma* reinstatement. Do not try to discharge a returning veteran during the special protection period without first checking with the military personnel office.

### ENTITLEMENTS OF RETURNING DISABLED VETERANS

Some of the district's career staff members who have been called to serve may return with temporary or permanent physical limitations, resulting from service-connected injuries or illnesses. In such a situation, the district is required to make *reasonable accommodations* in equipment, scheduling, etc. in order to enable the member to perform the duties of his or her escalated reinstatement position (the position that he or she would have attained if continuously employed). Some disabilities cannot be accommodated. If the career staff member cannot be reinstated in the escalated reinstatement position, he or she is entitled to reinstatement in some other position, the duties of which he or she can perform despite the limitations. The member is entitled to the position that comes as close as possible (in terms of seniority, status, and pay) to the position to which he or she would be entitled but for the disability.

#### REINSTATEMENT OF HEALTH INSURANCE COVERAGE

A district career staff member returning to service, and who meets the USERRA eligibility criteria, is entitled to *immediate reinstatement* of the district's health insurance coverage upon reemployment. This applies to coverage for the career staff member and for family members who would have been covered if the career staff member had been continuously employed. This includes children born or adopted during the employee's military-related absence from work. There must be no waiting period, and no exclusion of "pre-existing conditions" except for conditions that the U.S. Department of Veterans Affairs has determined to be service-connected.

#### ENTITLEMENTS DURING SERVICE

#### FURLOUGH OR LEAVE OF ABSENCE CLAUSE

A district career member who is away from work performing service in the uniformed services is entitled to *non-seniority benefits*, during the military-related absence, if and to the extent that the district offers such benefits to career staff members on some other form of leave, like jury leave, educational leave or maternity/paternity leave. Since the district has more than one form of non-military leave, the comparison must be to the most generous form of leave that the district provides, whether that leave be paid or unpaid.

#### CONTINUATION OF HEALTH INSURANCE COVERAGE DURING SERVICE

A career staff member who notifies the district that he or she will be away from work performing service is entitled to elect continued health insurance coverage, through the district, *during* the military-related absence from work. If the period of service (as called for in the individual's military orders) is for less than 31 days, the district is permitted to charge *only the employee share* of the cost of the coverage. If the period of service is greater than 30 days, the district is permitted (but not required) to charge up to 102% of the entire premium, including the part that the district normally pays in the case of active career staff members. The district is required to make this continuing coverage available to the district career member who is away from work for service until the first of the following occurs:

- a. The career staff member returns to work after service.
- b. The career staff member allows the deadline for an application for reemployment to pass without having made such an application.
- c. Eighteen (18) months have passed since the career member left his or her job for service.

The right to reinstated coverage after service is not contingent on continuing coverage during service. Most of the district career staff members who leave for service of more than 30 days will not elect continued coverage during service, because during their service they are entitled to use the military health care system for themselves and their families.

#### PROTECTION AGAINST DISCRIMINATION

Section 4311 (a) of USERA provides as follows:

A person who is a member of, applies to be a member of, performs, has performed, applies
to perform, or has an obligation to perform service in a uniformed service shall not be
denied initial employment, reemployment, retention in employment, promotion, or any

benefit of employment by an employer on the basis of that membership, application for membership, performance of service, application for service, or obligation.

It would be unlawful for Yakima County Fire District #5 to deny an individual initial employment, or to deny an existing district career staff member any benefit, or to terminate a member, because of the member's membership in a uniformed service, obligation to perform future service, ect. It is the District's policy to obey this law. The district will not consider military status or service when making hiring, promotion, or termination decisions.

Legal Reference: RCW 38.40.060 Military leave for public

employees

AGO 61-62 No. 81 Public employment--State

and Municipal employees--Military leave--Reserve

meetings

Title 38 U.S. Code Chapter 43, Sections 4301-4333, Public

Law 103-353 The Uniformed Services Employment and

Reemployment Rights Act of 1994

(USERRA)

| Adoption Date: May 3, 2005 | Chief Signature: |  |
|----------------------------|------------------|--|
|                            |                  |  |

# Jury Duty and Subpoena Leave

The district shall grant leave to career staff members for the days they are required to serve on a jury. Any compensation received by a career staff member for jury duty performed on a scheduled workday is to be reimbursed to the district. The district shall grant leave to career staff members subpoenaed as witnesses in court or other legal proceedings; provided that a leave with pay shall not be granted to a career staff member for a case brought or supported by a career staff member or for a case in which the career staff member has a direct or indirect interest in the proceedings.

On any day that a staff member is released from jury duty or as a witness by the court and four or more hours of the staff member's scheduled work day remain, the staff member is to immediately inform his/her supervisor and report to work if requested to do so.

| Adoption Date: May 3, 2005   | Chief Signature: |
|------------------------------|------------------|
| 1 doption Date. 14dy 5, 2005 | emer bignature.  |

# **Non-Medical Leave of Absence**

Non-Medical Leave without pay may be allowed by the chief with the approval of the board of commissioners when such leave will not be a detriment to the operation of any district services.

Employees requesting a non-medical leave of absence without pay will be required to exhaust all accrued vacation, comp and holiday time before being placed into a non-pay status.

Career staff must be in pay status for fifteen (15) or more calendar days per month to earn any leave credits.

Adoption Date: May 3, 2005 Revision Date: May 1, 2012

# **Unauthorized Leave**

Unauthorized absence shall be treated as absence without pay and may be grounds for disciplinary action. Upon return the employee shall give a written statement to the chief explaining the reason

| for the absence.  |                  | Ü                |                                   |
|-------------------|------------------|------------------|-----------------------------------|
|                   |                  |                  |                                   |
| Cross Reference:  | Policy 2604/2604 | lP               | Disciplinary Action and Discharge |
|                   |                  |                  |                                   |
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|                   |                  |                  |                                   |
|                   |                  |                  |                                   |
| Adoption Date: Ma | ay 3, 2005       | Chief Signature: |                                   |

# **Emergency Leave**

Pre-approved non-medical emergency leave may be granted by the district chief for no more than thirty (30) days per year and may be taken in the case of emergencies as defined in the following:

An emergency arises out of unforeseen and unexpected circumstances, which create an air of crisis or extreme need. The circumstances must present a grave and clear danger that imminently threatens physical or mental health or would result in irremediable harm or in immediate disaster to life or property unless some action were taken. These emergencies would normally be in connection with natural disasters, house fires, etc.

Any leave used under terms of this policy shall be deducted from the career staff member's accumulated leave. In the event the career staff member's leave has been exhausted, leave may be granted without pay.

Career staff must be in pay status for fifteen (15) or more calendar days per month to earn sick leave credits.

A written application for emergency leave must be returned to the district office on the day of return to work.

Cross Reference: Policy 2720

Policy 2733

Policy 2734/2734A/2734B/2734C

Sick Leave Staff Vacation

Compensatory Time for

Exempt, Non-Exempt and PERS

employees

Resolution 369 Resolution 371

Adoption Date: May 3, 2005 Revision Date: May 1, 2012

# **Maternity Leave**

A career staff member may use accumulated, paid sick leave for the period of actual disability attributable to pregnancy or childbirth. This period of disability shall extend from the date of birth for a period of not more than twelve workweeks during any twenty-four month period, unless an actual period of disability which begins prior to the date of birth or continues beyond twelve workweeks during any twenty-four month period is otherwise verified in writing by the staff member's physician.

If the career staff member's accumulated sick leave is exhausted during the period of maternity disability, the district shall grant a leave of absence without pay or fringe benefits, upon the career staff member's request, for the remainder of the period of actual disability due to pregnancy or childbirth.

During any unpaid portion of such leave of absence, the career staff member may pay the premiums for any district insurance plans to keep coverage in effect for the career staff member and her family.

<u>Notice Required</u>. A pregnant career staff member is requested to notify the chief by the beginning of the fifth month of pregnancy. At the time of such notice the career staff member shall submit a written request to the chief for maternity leave for the period of her actual disability due to pregnancy or childbirth. The notice to the district shall include the approximate beginning and ending dates for the leave.

<u>Employment Conditions</u>. A pregnant career staff member may continue working as long as she is capable of performing her normal duties, with the written approval of her physician or licensed practitioner.

The career staff member shall return to work when physically able to perform her duties. If the career staff member intends to return to work within six (6) weeks or 42 days of childbirth, her personal physician or licensed practitioner must certify that the staff member is in good health and ready to resume her duties.

No later than 30 days after the date of birth, the career staff member is requested to notify the chief of the specific date when she shall return to work. Unless the chief approves an earlier date of return, the staff member shall give at least 14 days advance notice of the actual date of return.

The career staff member shall return to her duties following an extended leave of absence on the date approved by the chief. If the member is still experiencing a disability due to pregnancy, miscarriage, abortion, childbirth or recovery which prevents her from performing her duties on the scheduled date of return, an additional period of unpaid leave of absence may be approved at the discretion of the chief based upon consideration of district needs and the recommendation of the member's personal physician or licensed practitioner.

Assignment upon Return. A career staff member who has taken a leave of absence only for the actual period of disability relating to pregnancy or childbirth shall return to the same assignment, or a similar position for which she is qualified with at least the same pay and benefits, as she held prior to the maternity leave.

Upon return from an extended maternity leave, a career staff member shall be entitled to a position in the district subject to the availability of a position for which she is qualified. An effort shall be made to place the staff member in her original position or in a comparable position.

<u>Right to Apply for Other Leave</u>. Nothing in this policy shall preclude a career staff member's right to apply for any other applicable leave as provided by board policy.

Reference: Policy 2720 Sick Leave

Policy 2733 Staff Vacation

Policy 2734/2734A/2734B/2734C Compensatory Time for

Exempt, Non-Exempt and PERS

employees

Resolution 369 Resolution 371

Legal Reference: WAC 162-30-020 Family Leave

WAC 296-130 Family Leave RCW 49.78 Family Leave

29CFR Part 825 Federal Family Medical Leave Act

Adoption Date: <u>06/07/2005</u> Revision Date: 03/06/2012 Revision Date: May 1, 2012

# **Health Insurance**

Career staff members are eligible to participate in the district's health insurance programs. The district will provide a medical & dental plan covering all career staff members. Members will have the ability to cover their dependents under the district's medical & dental plan at their own expense.

In compliance with COBRA (the Consolidated Omnibus Budget Reconciliation Act), the district will offer continuing health care coverage on a self-pay basis to career staff members and their dependents following termination (for reasons other than gross misconduct), a reduction in hours, retirement or death. These health benefits will be identical to the coverage offered to full-time members.

For terminated or reduced-hour career staff members, the coverage may last up to 18 months or until they become eligible for other health insurance coverage, whichever is earlier. In the event of the staff member's retirement, divorce, separation or death, the coverage may last up to 36 months for the staff member and/or qualified beneficiary. The full policy monthly premium plus a 2 percent administration fee will be paid by the staff member or the beneficiary directly to the insurance provider.

| Adoption Date: May 3, 2005   | Chief Signature: |  |
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# **Retirement Programs**

Career staff shall become members of the Washington Law Enforcement Officers' and Firefighters' State Retirement System (LEOFF) or the Washington Public Employees' Retirement System (PERS), and the Federal Insurance Contribution Act (Social Security System). The district shall make contributions to the state retirement system and the social security system in behalf of career staff according to law and shall make payroll deductions from staff wages and salaries for the staff contributions to these programs as required by law.

Legal Reference: RCW 41.26 Law Enforcement Officers'

and Firefighters' Retirement

System

RCW 41.40 Washington Public Employees

Retirement System

Adoption Date: May 3, 2005

Revision Date: 04/07/2015 Chief Signature:

#### **Holidays**

Legal holidays are designated by resolution. The following are legal holidays:

New Year's Day January 1

Martin Luther King Day
President's Day
Third Monday in January
Third Monday in February
Memorial Day
Last Monday of May

Independence Day July 4

Labor Day First Monday in September

Veteran's Day November 11

Thanksgiving Day Fourth Thursday in November Day after Thanksgiving Day Fourth Friday in November

Christmas Day December 25

1 Personal Day per calendar year Earned at the beginning of each year

In the event one of the authorized paid holidays falls upon a non-working day, that is, a Saturday or Sunday, the employee shall be allowed to take said holiday the preceding Friday, if said holiday falls on a Saturday or the succeeding Monday, if said holiday falls on a Sunday. The holiday becomes an accrued paid holiday if an employee is required to work or is on call on the aforementioned holidays. The employee may schedule an alternate day off using the accrued paid holiday with the approval of the employee's supervisor. If an employee is not in paid status the last working day before and the first working day after a District recognized holiday, the holiday will not be earned. Each employee will earn their Personnel Day on their first day of employment and then each January 1<sup>st</sup> of each year.

Paid holidays shall be cumulative for a period of twelve months from the date the holiday was earned. If said holiday is not used within said twelve-month period it shall be deemed waived.

All holidays utilized at a later date shall be approved in advanced using the departments Leave/Work Request form and shall be reported on the personnel time sheet.

Each employee is also entitled to two (2) unpaid holidays per calendar year for reasons of faith or conscience or for an organized activity conducted under the auspices of a religious denomination, church, or religious organization. Days will be accrued on January 1<sup>st</sup> of each year. Any days not used by December 31<sup>st</sup> of the same year will not be allowed to be carried over.

Holiday time off may only be utilized in 8 hour increments.

Cross Reference: Resolution 369, Chapter 168, Laws of 2014, WAC 82-56-020, 030

Adoption Date: February 3, 2004 Revision Date: March 6, 2007 Revision Date: May 1, 2012

Revision Date: <u>July 1, 2014</u> Revision Date: <u>March 1, 2016</u> Revision Date: <u>January</u>

3, 2017

# **Staff Vacations**

The department shall allow its career employees vacation with pay based upon the length of service with the department. Length of service shall be measured from the anniversary date of initial employment and shall be earned as follows:

- After one full year of service, one week paid vacation, i.e., five working days.
- After two full years of service, through six full years of service, two weeks paid vacation, i.e., ten working days.
- After six full years of service, through fourteen full years of service, three weeks paid vacation, i.e., fifteen working days.
- After fourteen years of service, through nineteen full years of service, four weeks paid vacation, i.e., twenty working days.
- After nineteen years of service or more, five weeks paid vacation, i.e., twenty five working days.

The following considerations shall apply:

If an employee is not in paid status at least ½ of their regular scheduled hours for the month, the employee will not accrue any vacation leave for the month.

Paid vacations shall be cumulative up to a maximum of two hundred forty hours, i.e., thirty working days with a maximum of forty-hours i.e., five working days carry over per year.

Once a career member has completed two full years of employment, they are eligible to sell vacation time under the following conditions:

- Vacation buy-back can occur throughout each calendar year up to an annual maximum of sixty (60) hours per career employee.
- Career employees must submit to the district chief a request in writing on an approved form and make every attempt to submit at least fifteen (15) days prior to the employee's scheduled payday.
- Reimbursement will be calculated at the employee's wage scale they are receiving at the time of payment.
- Vacation buy-back funds will be included within the career employee's regular monthly check.

All provisions of the vacation buy-back are subject to adequate funds being on hand and budgeted for.

When a career member separates from service by reason of resignation, layoff, dismissal, retirement or death, and is entitled to lump sum payment for unused vacation leave, compensation shall be computed at the rate of pay at the time of termination.

Career members shall not use or be compensated for vacation leave credits until completion of twelve months of continuous service in the district.

Vacation requests made by employees between January 1 and March 1 of each year, shall be on a seniority basis with the employee longest in service having first priority on any particular vacation time. Vacation request made after March 1 shall be granted on a first-come first-serve basis.

In granting requests for vacation leave, the district shall give due regard to the needs of the career member but may require that leave be taken when it will least interfere with the work of the district. Not more than fifteen (15) consecutive working days may be taken at one time unless dictated by another recognized district policy.

All vacation days off shall be reported on the personnel time sheet and all request for time off shall be requested and approved by the employee's supervisor on the Leave/Work Request form prior to taking any days off.

Cross Reference: Resolution 319

Resolution 369 Resolution 389 Resolution 392 Resolution 424

Adoption Date: February 3, 2004 Revised: May 3, 2005 Revised: January 3, 2006

Revised: June 6, 2006 Revised: March 6, 2007 Revised: August 4, 2009

Revised: <u>May 1, 2012</u>

# **Compensatory Time For Exempt Fire Personnel**

- 1. Exempt employees do not have the ability to earn overtime. Exempt employees shall be given eighty (80) hours of compensatory time each January 1<sup>st</sup> (for attending after hour required training, drills, meetings etc.) All compensatory time earned by an exempt employee is considered non-FLSA time.
- 2. A maximum of eighty (80) hours, i.e. ten (10) working days of compensatory time may be carried-over per year. In the event an Exempt employee is denied compensatory time off due to a personnel shortage, the District Chief or designee may approve an extension for carry-over. All compensatory days off shall be reported on the personnel time sheet.
- 3. When an Exempt staff member separates from service by reason of resignation, layoff, dismissal, retirement or death, and is entitled to a lump sum payment for unused compensatory leave, compensation shall be computed at the rate of pay at the time of separation.
- 4. All requests for the using of compensatory time shall be in writing (duplicate) on the District Leave/Work Request form in advance of the effective date except where noted. Request shall be signed by supervisor as well as indicating whether request has been approved or denied. Not more than fifteen (15) consecutive working days may be taken at one time.
- 5. Any or all prior policies and/or memos dealing with compensatory time for Exempt employees shall be deemed amended and/or repealed as appropriate to facilitate the implementation of this policy.

Reference: Resolution 369 Vacation & Holiday Resolution

Policy 2733 Staff Vacations

Legal Reference: WAC 296-126-023(6) Payment Intervals

WAC 296-128-035(6) Minimum Wages

Adoption Date: March 2, 2004 Revised: January 3, 2006 Revised: June 6, 2006

Revised: January 1, 2017 Revised: January 1, 2018

| Chief Signature: |  |
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### **Compensatory Time / Overtime For Non-Exempt Fire Personnel**

- 1. Non-exempt employees have the ability to earn compensatory time and/or overtime pay under the conditions listed. Pre-approval shall be received from a supervisor prior to working hours where compensatory time or overtime will be earned, except where noted in this policy and/or time worked due to emergency responses. Nothing in this policy shall be read as requiring a supervisor to grant compensatory time and/or overtime pay where an adjustment of an employee's work schedule is feasible.
- 2. Compensatory time shall be cumulative, with a maximum of eighty (80) hours, i.e. ten (10) working days carry-over per calendar month. All hours in excess of the designated monthly maximum eighty (80) hours will be paid in overtime pay on the employee's next payroll date. In the event an employee is denied compensatory time off due to a personnel shortage and wishes to carry the compensatory time instead of being paid overtime, the District Chief or designee may approve an extension for carry-over. All compensatory /overtime hours earned and compensatory days off shall be reported on the personnel time sheet.
- 3. When a Non-exempt staff member separates from service by reason of resignation, layoff, dismissal, retirement or death, and is entitled to a lump sum payment for unused compensatory leave, compensation shall be computed at the rate of pay at the time of separation.
- 4. All requests for the using of compensatory time shall be in writing (duplicate) on the District Leave/Work Request Form in advance of the effective date except where noted. Requests shall be signed by supervisor as well as indicating whether request has been approved or denied. Not more than fifteen (15) consecutive working days may be taken at one time.
- 5. Travel time to and from the place of employment is considered non-workable hours.
- 6. Non-exempt employees (including Part-time dispatchers) will earn compensatory time and/or overtime at the rate of one and one half hour per hour for all hours worked over fifty (50) hours during the designated seven (7) day work period. The work period shall be from 0000 hrs. Monday to 2359 hrs. the following Sunday. All compensatory and/or Holiday hours utilized during any seven (7) day work period will be counted towards the employee's fifty (50) hour seven (7) day work period. All hours worked shall be rounded up to the nearest half hour.

- 7. When attending training, mandatory meetings, or scheduled events travel time to and from is considered workable hours and will be documented on the employee's time sheet and will only earn compensatory time and/or overtime if employee is over their fifty (50) hours for the designated seven (7) day work period.
- 8. Attendance at monthly scheduled Board of Commissioner's meetings is voluntary and not considered after hours worked and will not be documented on an employee's time sheet. Requests to attend scheduled Board of Commissioner's meetings by the chief and/or designee will be considered hours worked and will be documented on employee's monthly time sheet, including travel time.
- 9. The chief has the authority to authorize comp/overtime not covered in this policy when it is beneficial to the operations of the District.
- 10. Any or all prior policies and/or memos dealing with compensatory time shall be deemed amended and/or repealed as appropriate to facilitate the implementation of this policy.

Reference: Resolution 369 Vacation & Holiday Resolution

Policy 2733 Staff Vacations

Legal Reference: WAC 296-126-023(6) Payment Intervals

WAC 296-128-035(6) Minimum Wages

Adoption Date: March 2, 2004 Revised: September 7, 2004 Revised: January 3, 2006 Revised: January 1, 2017 Revised April 2, 2019

# Compensatory Time For Non-Exempt 40 hour per week PERS Personnel

- Non-exempt PERS employees have the ability to earn compensatory time and/or
  overtime pay under the conditions listed. Pre-approval shall be received from a
  supervisor prior to working hours where compensatory time or overtime will be earned,
  except where noted in this policy and/or time worked due to emergency responses.
  Nothing in this policy shall be read as requiring a supervisor to grant compensatory time
  and/or overtime pay where an adjustment of an employee's work schedule is feasible.
- 2. Compensatory time shall be cumulative, with a maximum of eighty (80) hours, i.e. ten (10) working days carry-over per calendar month. All hours in excess of the designated monthly maximum eighty (80) hours will be paid in overtime pay on the employee's next payroll date. In the event an employee is denied compensatory time off due to a personnel shortage and wishes to carry the compensatory time instead of being paid overtime, the District Chief or designee may approve an extension for carry-over. All compensatory /overtime hours earned and compensatory days off shall be reported on the personnel time sheet.
- 3. When a Non-Exempt PERS staff member separates from service by reason of resignation, layoff, dismissal, retirement or death, and is entitled to a lump sum payment for unused compensatory leave, compensation shall be computed at the rate of pay at the time of separation.
- 4. All requests for the using of compensatory time shall be in writing (duplicate) on the District Leave/Work Request Form in advance of the effective date except where noted. Requests shall be signed by supervisor as well as indicating whether request has been approved or denied. Not more than fifteen (15) consecutive working days may be taken at one time.
- 5. Travel time to and from the place of employment is considered non-workable hours.
- 6. Non-exempt PERS employees will earn compensatory time and/or overtime at the rate of one and one half hour per hour for all hours worked over the employee's scheduled eight (8) and/or forty (40) hours during the designated seven (7) day work period. The work period shall be from 0000 hrs. Monday to 2359 hrs. the following Sunday. All compensatory and/or Holiday hours utilized during any seven (7) day work period will be counted towards the employee's forty (40) hour seven (7) day work period. All hours worked shall be rounded up to the nearest half hour.

- 7. When attending training, mandatory meetings, or scheduled events travel time to and from is considered workable hours and will be documented on the employee's time sheet.
- 8. Attendance at monthly scheduled Board of Commissioner's meetings is voluntary and not considered after hours worked and will not be documented on an employee's time sheet. Requests to attend scheduled Board of Commissioner's meetings by the chief and/or designee will be considered hours worked and will be documented on employee's monthly time sheet, including travel time.
- 9. The designated Assistant Secretary to the Board, Administrative Assistant and his/her designated alternate will document the attended monthly Board of Commissioner's meetings as workable hours, minimum of two (2) hours, not including travel time.
- 10. The chief has the authority to authorize comp/overtime not covered in this policy when it is beneficial to the operations of the District.
- 11. Any or all prior policies and/or memos dealing with compensatory time shall be deemed amended and/or repealed as appropriate to facilitate the implementation of this policy.

Reference: Resolution 369 Vacation & Holiday Resolution

Policy 2733 Staff Vacations

Legal Reference: WAC 296-126-023(6) Payment Intervals

WAC 296-128-035(6) Minimum Wages

Adoption Date: March 2, 2004 Revised: October 5, 2004 Revised: January 3, 2006

Revision Date: June 6, 2006 Revised: January 1, 2017

| Chief Signature: |  |
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# **Training**

All district members shall meet minimum training standards specific to their duties and continued training to maintain competency such as directed by this standard.

Additional education and study are prerequisites for continued growth and ability to assume increased responsibility and/or to satisfy new demands facing the district member. Members are encouraged to gain additional job-related skills through special study or other opportunities for inservice education. The district will normally pay the necessary costs for any required courses.

The Deputy Chief of Training shall be responsible for preparing a program for the development of members in order that each will have opportunity to develop optimum skills for his/her position. Notices and descriptions of training sessions shall be posted and/or made available to each district member. Each district member shall supply the training division with a roster sheet or a certificate of class attended for continued education purposes.

Cross Reference: Policy 2741 Travel Expenses

Policy 2742 Advance Travel Expense Revolving Fund

Policy 2743 Charge Card

| Adoption Date: May 3, 2005 | Chief Signature: |  |
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#### **Training**

#### 1. Suppression Personnel

# **Scheduled training:**

A minimum of two (2) training drills per month shall be scheduled for all members. Training drills shall reflect, as much as safely possible, emergency scene conditions to affect a sense of urgency and realism. Drills shall be scheduled by the designated training officer and shall strive to meet the annual training requirements of O.S.H.A., FEMA, the Department of Labor and Industries, the Department of Social and Health Services, and the Washington State Patrol Fire Protection Bureau Fire Service Training in all aspects of fire suppression, EMS, equipment operation, S.C.B.A.'s and driver training.

# **Duration/attendance requirements:**

Each scheduled drill will be competency based, lasting on the average at least two (2) hours. Each member is expected to attend a minimum of seventy-five percent (75%) of the yearly scheduled fire and EMS training (excluding fire association meetings, officer drills). Included in the mandatory seventy-five percent (75%) attended drills, will be required drills as recognized by the district. (i.e. S.C.B.A. quarterly drills and mandatory EMS drills). Any firefighting member who does not meet these requirements, or has not been excused by their supervisor or the district chief could face disciplinary action.

#### **Topics of training:**

Whenever possible, a monthly training schedule shall be posted that reflects the following training issues:

1. Fire related training to include but not limited to:

The Yakima County Training Officer's Association Instructor Guide as published and distributed by the Yakima County Fire Chief's Association is hereby part of the standard operational guidelines of this district. The manual includes such items as those listed below and follows related curriculum of the Washington State Patrol Fire Protection Bureau:

aircraft crash and rescue behavior of fire disaster planning forcible entry hose practices hydrants driver training electrical hazards

evacuation for hospitals

extinguishers

fire and arson investigation

fire engineering fire department knots

fire hose I fire strategy fire streams fire tactics fire terminology flammable liquids L.P. gas ladders

operating pumpers portable pumps prefire planning pumper tests residential fires

respiratory equipment

resuscitators safety sprinklers tank vehicles ventilation

wildland fire fighting

- 2. E.M.S. related training as required
- 3. Scheduled officer training
- 4. Additional topics of instruction shall include on a quarterly basis an open safety meeting or a minimum quarterly S.C.B.A. drill.

# 2. EVAP Certification

To assure prompt responses, members shall attempt to qualify as driver/operators on all apparatus at their assigned station. Training shall be conducted by appointment with an instructor assigned by the training division. Final certification shall be made by the assigned battalion officer after observing a final driving test. Trainees may practice driving under the supervision of an authorized driver/evaluator as appointed by the trainee's battalion officer or the training division. All apparatus training shall be based on procedures from the training division. Trainees must fulfill the following requirements:

- Complete the Emergency Vehicle Accident Prevention Program (EVAP) given by the fire district or recognized course provider.
- Possess and maintain a valid Washington State driver's license.
- Have an insurable driving record.
- Pass examination covering district vehicles and related equipment regulations. Being very proficient at all pump operations.
- Demonstrate proficiency on drill grounds.

All apparatus except for command vehicles shall utilize a backup person if available. If a backup person is not available, then the driver shall complete a walk around the vehicle looking for hazards. When cleared, driver may precede backing-up slowly, only as far as necessary to clear the situation, then precede in a forward motion. Anyone not complying with this directive may be

suspended from driving for 90 days. A second offense may result in a permanent driving suspension.

#### 3. Full-Time Dispatchers

The district shall have a minimum training standard set forth for full-time dispatchers. These standards shall meet or exceed the standards set by the State of Washington or by the governing body under which emergency dispatchers are regulated. Dispatchers will be required to meet minimum continuing education standards on an annual basis unless otherwise stated by the district chief.

All new dispatchers shall meet the following minimum training standards:

1. Satisfactorily complete the dispatcher training program administered by the district.

All dispatchers shall meet the following minimum continuing education standards while employed by the district as a dispatcher:

- 1. Work a minimum of 16 hours (2shifts) per 30 calendar days and no less than 22 shifts per year.
- 2. Participation in dispatch training meetings.
- 3. Participation in the district's ongoing quality assurance program.
- 4. Maintain continuing education on a quarterly basis, this may include dispatch training meetings and participation in quality assurance programs.

Dispatchers are encouraged to complete Tele-communicator 1 & 2.

Dispatchers that have been on any approved leave of absences for more than 30 calendar days will be required to participate in refresher training and be released by the dispatch supervisor prior to taking a regular shift.

#### 3. Special Operation Groups

A. Water Rescue Group – Shall train as per guidelines established in the Water Rescue Guidelines Manual.

B. Dozer Group – Shall train as per guidelines established in the Dozer Operations Guidelines Manual.

# **Additional training sources:**

From time to time, additional classes will be made available for interested district members. Class announcements will be posted on the bulletin board or district newsletter. Any district member wishing to attend shall get approval from their supervisor by completing the appropriate current District forms.

All authorized expenses incurred by the district member to attend an authorized class shall be paid by the fire district. Expenses shall include all registration fees, books and mileage costs. Whenever possible, billing shall be arranged directly through the fire district to prevent out-of-pocket expenses by the district member.

If a class is longer than one day and/or the distance to the class is further than 60 miles from the district, the chief may authorize additional expenses, including meals, lodging, mileage or emergency expenses. These expenses, if not provided in advance, shall be reimbursed to the firefighter as provided in policy number 2741.

| Adoption Date: May 3, 2005 | Chief Signature: |
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# **Travel Expenses**

The district shall reimburse a commissioner or district member for approved travel and/or professional meeting expenses while in the conduct of official district business. Travel/professional meeting expense reports shall be submitted to the district on a monthly basis.

Out of state travel is subject to board approval or, if time is of the essence, by the board chairman.

Cross Reference: Resolution 291 Authorizing an Advanced Travel Expense

Revolving Fund

Legal Reference: RCW 42.24 Payments of Claims for Expenses,

Material, Purchase - Advancements

| Adoption Date: May 3, 2005 | Chief Signature: |
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#### **Reimbursement Expenses**

#### 1. Meals

District personnel on authorized district travel and/or professional meeting shall be reimbursed for actual reasonable meal expenses incurred. The reimbursement may include tips at a rate not to exceed 15 percent of the purchase price.

# 2. Transportation within the state

District personnel using a private vehicle for authorized district travel shall be reimbursed at the current recognized rate per mile as posted by the Internal Revenue Service.

# 3. Transportation out-of-state

In the event district personnel shall be authorized to travel outside of the state of Washington, the amount to be paid to such personnel for reimbursement of expenses shall be established at the time such travel is authorized. In the event the employee is using a private vehicle said reimbursement shall not exceed the current per mile rate as established by the Internal Revenue Service.

#### 4. Public carriers

District personnel on authorized district travel using public carriers shall be reimbursed for the actual reasonable cost of such transportation. In the event the fares are charged for different classes of accommodation, the reimbursement shall not exceed the lowest fare available for such transportation.

#### 5. Registration fees

District personnel shall be reimbursed for the actual amount of any required registration fee paid by the individual for attending a conference, class or school, providing such attendance has been authorized. However, in general, registration will be arranged and paid in advance by the district.

# 6. Payment of authorized expenditures

All requests for reimbursement of expenses shall be presented to the district within ten (10) days of completion of the authorized travel and/or expense. In the event the district has prepaid the travel expenses out of the advanced travel reimbursement fund, the individual shall submit a fully

itemized travel expense voucher for all reimbursable items legally expended, accompanied by the unexpended portion of such advance.

#### 7. Lodging

District personnel shall be reimbursed for necessary lodging on a single occupant basis upon submittal of proper receipts.

# 8. Proof of expenses

All requests for reimbursement shall be submitted together with proof of such travel, attendance or expense. This requirement may be satisfied by submission of any of the following documents:

- A. Reimbursement of actual expenses receipts for all authorized expenses incurred.
- B. <u>Proof of attendance at the event or function</u> registration receipt if registration is required, or receipt for lodging if registration is not required.
- C. <u>Transportation reimbursement</u> Proof of attendance at function or event if private transportation is used together with record of mileage driven or carrier receipt if public transportation is used. Mileage will be verified by reference to Washington State Highway Commission, Department of Transportation, state highway mileage chart.
- D. <u>Affidavit</u>. In the event that it is not possible for the individual to obtain the required receipts or in the event of the loss or destruction of such receipts, the individual may submit an affidavit attesting to the amount of such expenses. The determination of the sufficiency of such affidavit shall be at the discretion of the board of commissioners.

#### 9. Reimbursement of Claims

Expense vouchers shall be submitted to the chief at least five days prior to the meeting of the board of commissioners.

Special reimbursement procedures will be used when the authorized travel is by agreement with the chief for actual expenses, or of a special nature (when the individual is providing his/her own overnight accommodations, e.g., with family or friends; traveling in motor home, camper or trailer; or when the travel is out of town for an evening meeting or class and the schedule is such that it requires travel during dinner time, etc.).

| Adoption Date: May 3, 2005 | Chief Signature: |
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# **Charge Card**

The board of fire commissioners authorizes the issuance of charge cards to commissioners and district members for the purpose of covering expenses incident to authorized travel and authorized purchases. The next working day after returning from authorized travel, or the same day following an authorized purchase unless approved by the issuing officer, the commissioner or district member using a charge card shall submit a fully itemized expense voucher. Any charges not properly identified on the expense voucher or not allowed following review by the auditing officer shall be paid by the commissioner or district member by check, U.S. currency, or salary reduction. Any commissioner or district member who has been issued a charge card shall not use the card if any disallowed charges are outstanding.

The chief shall establish procedures for the issuance and use of charge cards.

Cross Reference: Policy 2741/2741P/2741F Travel expenses

Legal Reference: RCW 42.24.115 Municipal corporations and

political subdivisions --Issuance of charge cards to officers and employees for

travel expenses

| Adoption Date: May 3, 2005 Revision: May 3, 201 | Adoption Date: | May 3, 2005 | Revision: | May 3, 2016 |
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# **Charge Cards**

- 1. Charge Cards shall be held secure by the district chief until signed out by the district chief or in his absence an authorized auditing officer.
- 2. The credit card shall be returned the same day it is checked out, with an accurate receipt, unless used for travel or authorized by issuing auditing officer.
- 3. If used for travel, a travel expense voucher and issued charge card will be turned in on the first working day after returning home.
- 4. Upon signing a charge card out, the issuing officer shall note the following:
  - Card number
  - Name of member requesting card
  - Signature of Officer issuing card
  - Date/Time of issuance
  - Estimated charge to card
  - Reason for issuance
- 5. District members who are issued a charge card must have a current District ID card for identification purposes during use.
- 6. Upon returning an issued charge card the chief or auditing officer will document date and time the card was returned.
- 7. In the event a card is lost or stolen, a district auditing officer shall be immediately notified. Once notified, the auditing officer will notify the charge card company of the situation. If the card is considered stolen, the district member holding the card will notify law enforcement.

| Adoption Date: May 3, 2005 | Chief Signature: |  |
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# **Reimbursement for Personal Loss**

During the conduct of district operations, and by the nature of the activities engaged in, damage to personal clothing of district members could occur. The district will be receptive to written claims for reimbursement of losses to personal clothing. The following procedure for reimbursement shall be followed:

- 1. A written statement shall be submitted to the district within seventy-two (72) hours of the occurrence of the loss. The statement must include the circumstances causing the loss and the amount of the damages.
- 2. Damaged articles shall be submitted to the district for inspection.
- 3. Approved claims will be forwarded to the board of fire commissioners for final disposition.

Legal Reference: RCW 42.24.090 Reimbursement Claims by Officer and Employees

Adoption Date: May 3, 2005 Chief Signature:

# **Reimbursement for Personal Loss**

The following guidelines shall be used for determining reimbursement claims for damaged articles:

- 1. Did an actual emergency exist at the time the member sustained a loss? (Could the emergency situation be handled or contained by personnel already at the scene?)
- 2. Was the member requested to assist because there was a lack of other personnel available to assist?
- 3. Were all reasonable precautions taken to prevent damage?
- 4. Was there available protective equipment for use which could have prevented damages, either issued or at the scene?
- 5. Did the member respond to the alarm from his/her residence or was his/her presence incidental to other activities?
- 6. If an activity caused the damage, did the member undertake the activity on his/her own or was he/she assigned the task?
- 7. At the time, did the nature or situation of the call warrant the action that caused the damage?

The board of commissioners will also consider:

- 1. How could a similar incident be avoided in the future?
- 2. Was this a preventable accident by the member or district?
- 3. What adjustment or reimbursement is recommended?

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| Adoption Date: May 3, 2005 | Chief Signature: |
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# **Food and Beverage Consumption**

The board of fire commissioners recognizes that commissioners and staff members are expected to pay for their own food and beverages. However, under certain circumstances when the fire district is deriving benefit, the district may expend funds for food and beverage consumed by staff, commissioners and others while in the conduct of the business of the district.

The chief is directed to establish procedures which reflect the intent of the board to provide for reasonable food and beverage consumption while in the conduct of business that is of benefit to the district. Such expenditures shall be supported by statements that show:

- The occasion for incurring expenses;
- The nature of expenses that were incurred; and
- The general nature of the business that was being conducted.

Reimbursement for alcoholic beverages is not authorized at any time or under any circumstances.

| Adoption Date: May 3, 2005 | Chief Signature: |
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# **Food and Beverage Consumption**

# 1. Meetings, study session, training sessions

Food and nonalcoholic beverages may be served at district expense when a meeting, study session, training session or hearing continues through normal mealtime hours and will facilitate the continuance of the session with minimum disruption. Expenses for food and beverage must be reasonable and serve a public purpose. Participants shall be restricted to district members, board members, fire association members, and business associates. Snacks and nonalcoholic beverages of a nominal nature may be provided at meetings, study or training sessions when such occur during non-mealtime hours. Such events must be approved by the chief or his/her designee. All expenditures must be properly documented consistent with district policy.

#### 2. Individual conferences

Reasonable expenses for food and nonalcoholic beverages are permitted when district members are engaged in conferences or meetings with individuals or small groups who have an interest in the operation of the district.

# 3. Prolonged engagement in emergency services

Reasonable expenses for food and nonalcoholic beverages are permitted when district members are engaged in prolonged duty in providing emergency services.

| Adoption Date: May 3, 2005 | Chief Signature: |
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# **DISTRICT RECOGNITION AND AWARDS PROGRAM**

The District's Board of Fire Commissioners understands the value of an awards program that formally recognizes outstanding courage, effort and performance on the part of the members of Yakima County Fire District #5 as well as its citizens. Such recognition not only serves to acknowledge exceptional service and to raise morale, but it serves to improve the level of service provided by the department as others are encouraged by the examples of those recognized.

The Board of Fire Commissioners authorize the Chief to purchase de minims awards following the standards as outlined in R.C.W. 41.60.150, for presentation to individuals in the District who, in the judgment of the Chief and designees, are qualified recipients. The Board further encourages recognition activities that provide those being recognized a meaningful experience, but would not be considered extravagant by community standards.

Legal Reference: RCW 41.60.150 Recognition Awards

RCW 52.12.021 General Powers

State Constitution VIII, Section 7

Washington State Auditor's Office Opinion #1936 dated 12-7-04

Additional Resources: Blackinton & Co., Inc. thru Cascade Fire Equipment Corp. Yakima

| Adoption Date: August | t 2 2005  | Chief Signature: |  |
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# **District Recognition and Awards Program**

All members of the District will strive to recognize and commend the exceptional performance of a member of the District including the civilians of the District.

# 1. Eligibility

- All departmental career personnel are eligible to receive the full range of departmental awards as the result of actions taken in their official capacity whether on or off-duty.
- All members in good standing of the District's volunteer fire fighters who have successfully
  completed their probationary period are eligible to receive the full range of departmental
  awards as the result of actions taken in their official capacity.
- All civilian fire service personnel, including recruit volunteer fire fighters are eligible to receive departmental awards with the exception of the Medal of Honor and the Medal of Valor.
- Non-departmental individuals may be selected for certain awards and recognition at the discretion of the District Fire Chief.
  - 1. Fire fighters of other fire departments are eligible to receive the full range of medals and awards if the actions qualifying them for such awards were performed in order to assist Yakima County Fire District #5.
    - a. The selection process shall be the same as that used in order to recognize members of the District.
  - 2. Civilians not employed by the District may be selected to receive certain awards and recognition at the discretion of the District Chief.

#### 2. Selection Process

#### A. Nominations

Any member of Yakima County Fire District #5, whether paid or volunteer may nominate eligible individuals and/or units for departmental awards.

- Nominations shall be made on District recognized nomination forms.
- Nominations shall be turned into the career supervisor of the member or station being nominated.
- In making recommendations to the District Chief, the Supervisor may:
  - a) Recommend the award be made, or upon a finding that the criteria for the award has not been met it may:
  - b) Recommend that a lesser award be made, or the Supervisor may:

- c) Recommend a Letter of Commendation be issued, or the Supervisor may:
- d) Decline to recommend recognition based upon a lack of criteria.
- After review by member's supervisor, the supervisor shall direct his recommendation to the District Chief for review.
- In reviewing nominations, the Chief will consider the written nominations and any applicable documentation. The Chief may interview witnesses and consider their testimony. This may be accomplished through:
  - a) Inter-office Memorandums from departmental members, or
  - b) Statements from non-departmental witnesses.

#### **B. Final Selection**

The District Chief will review recommendations and make final determinations in the selection of award recipients.

#### 3. Presentation of Awards

The presentation of an award will be made at an annual Awards Ceremony. The District Chief, or his/her designee will make the presentation of the award(s). The District Chief may, at his/her discretion, make presentations of awards at other times and places as he/she deems appropriate.

#### 4. Medals and Awards

Listed are the Medals and Awards recognized by Yakima County Fire District #5 in order of prominence:

# A. The Fire Fighter Medal of Honor

- The Medal of Honor is the highest award of Yakima County Fire District #5.
- The Medal of Honor is awarded to a fire fighter that has distinguished himself/herself by gallantry and extraordinary heroism. The act of heroism must have been in excess of normal demands. To be eligible to receive this award, the fire fighter must have been fully aware of the imminent threat to his/her personal safety at the time; and performed above and beyond the call of duty despite that knowledge.
- The hazardous situation to which the fire fighter responded was not created by any negligence on the fire fighter's part.
- The recipient will be awarded a medal, a uniform ribbon and a certificate.

# **B.** The Fire Fighter Cross - Final Alarm

- The Fire Fighter Cross is awarded to any District member that lost his/her life in the performance of his/her duties under honorable circumstances. The Fire Fighter Cross may be awarded in addition to any other award the member may be entitled to in making the supreme sacrifice.
- The immediate surviving family or family member will be awarded the medal.
- The recipient will be awarded a medal and uniform ribbon.

# C. The Fire Fighter Medal of Valor

- The Medal of Valor is awarded to a fire fighter, career or volunteer who has demonstrated exceptional bravery while facing imminent risk of serious bodily injury.
- The hazardous situation to which the fire fighter responded was not created by any negligence on the fire fighter's part.
- The recipient will be awarded a medal, a uniform ribbon and a certificate.

# D. The Fire Fighter Medal of Merit

- The Fire Fighter Medal of Merit is awarded to a fire fighter, career or volunteer that was seriously injured in the line of duty due to a fire or explosion, or while performing at a medical incident.
- The Fire Fighter Medal of Merit may be awarded in addition to the awarding of a higher decoration where the facts show the recipient is entitled to such an award.
- A fire fighter is ineligible for this award if the injury sustained was the result of, or was concurrent with any conduct that was less than acceptable by all departmental standards.
- The recipient will be awarded a medal, a uniform ribbon and a certificate.

#### E. The Honorable Service Medal

- The Honorable Service Medal is awarded to civilian employees who have taken action during an emergency situation to aid an emergency responder despite their knowledge of a significant risk to their own safety.
- The Honorable Service Medal may also be awarded to a non-departmental civilian at the discretion of the District Chief.
- The recipient will be awarded a medal, a uniform ribbon (if a departmental employee) and a certificate.

# F. Lifesaving Medal

- The Lifesaving Medal is awarded to any departmental member or non-departmental civilian directly responsible for the saving of a human life, whether on or off duty. It may also be given where evidence indicates that the actions of the department member prolonged a human life to the extent that the victim was released to the care of medical personnel, even though the victim expired at a later time.
- This Lifesaving Medal may be awarded in addition to another award if the lifesaving actions meet the proper criteria.
- The recipient will be awarded a medal, uniform ribbon (if departmental member) and a certificate.

# G. Exceptional Service Certificate

- The Exceptional Service Certificate is awarded to District career employees and District volunteers for excellence in fire service work and for outstanding performance of duties under unusual, complicated, or hazardous conditions over any period of time.
- The Exceptional Service Certificate may be awarded (without ribbon) to any career or volunteer fire fighter or fire service employee from another fire service agency qualifying under the above conditions while aiding, assisting, or working with a member of Yakima County Fire District #5.
- The Exceptional Service Certificate may be awarded to a District group (i.e. station, strike team) when the actions of the group as a whole meet the qualifications. One certificate will be awarded and will remain with the ribbon. This will not prevent an individual from that group from being independently recommended for a separate Certificate of Merit based upon his/her individual contribution to the effort.
- This certificate will not be awarded in conjunction with any other award for the same service or deed.
- The recipient will be awarded a uniform ribbon (if a department member) and a certificate.

# I. Retirement Recognition

- A Retirement Plaque will be presented to District career employees, District volunteers and District Commissioners with twenty or more years of outstanding dedication and sacrifice with Yakima County Fire District #5.
- A Retirement window decal, hat, gray coat and license plate frame will be presented to District Volunteer Fire Fighters for their dedicated years with Yakima County Fire District No. 5.
- The District Chief may, at his/her discretion, present any of the above items to District members not meeting the above listed criteria.

# **Special Award Plaques**

Plaques may be presented throughout the year to individuals and/or organizations for special recognition as determined by the Fire Chief and/or his/her representative.

#### Memos/Letters/Certificates of Commendation

May be issued throughout the year by the Fire Chief to District members and/or citizens for recognition of commendable actions or performance.

# 5. Display of Medals/Ribbons

Medals represent the highest recognition to District members for specific acts of service. The awarding of a medal will automatically include a ribbon for display on the member's uniform. Subsequent awards will be represented by the presentation of a bronze, silver, or gold star to be placed on the previously awarded ribbon. Three bronze stars equal one silver star; three silver stars equal one gold star. Medals will be worn with the Class A Formal Dress uniform jacket along with the corresponding ribbon. Members not issued Class A Formal Dress uniforms will be allowed to display medals and uniform ribbons as outlined below on their Class A & B uniform shirts.

- Ribbons will be centered (1/4) one-fourth inch above the fire fighter's nametag. In cases where more than one ribbon is worn, they shall be aligned from right to left in the order of prominence.
  - o In the event that a District member receives the same award he/she has previously received, he/she will receive an award medal when appropriate, along with the attendant certificate and ribbon. The ribbon will have a star affixed to it. This ribbon will replace the first on the uniform. Additional stars will signify any additional awards of the same type.
- Actual medals may be worn with the uniform during the following events:
  - Speaking engagements
  - o Departmental special events and ceremonies
  - o As authorized by the District Chief
- Medals will be displayed above the ribbons over the right pocket. Medals shall be aligned from right to left in the order of prominence.

| Adoption Date: August 2, 2005 | Revision Date: February 3, 2009 | Revision Date: | January 1, 2011 |
|-------------------------------|---------------------------------|----------------|-----------------|
| Chief Signature:              |                                 |                |                 |

#### **HERALDRY**

# Fire Fighter Medal of Honor

The Fire Fighter Medal of Honor is the highest achievable award of Yakima County Fire District No. 5. This award can be issued to any fire fighter who has shown extraordinary heroism and gallantry. The act of heroism must have been in excess of normal demands and the fire fighter must have been fully aware of the imminent threat to his/her personal safety at the time and performed above and beyond the call of duty despite this knowledge.

The Fire Fighter Medal of Honor ribbon colors shall consist of half red and half white. Red will signify the blood spilled from the men and women before us that have shown gallantry and extraordinary heroism. White signifies the light of each of our guardian angels that protect us during our performance of duty.

# Fire Fighter Cross - Final Alarm

The Fire Fighter Cross is awarded posthumously to any District member that lost his/her life in the performance of his/her duties under honorable circumstances. The Fire Fighter Cross may be awarded in addition to any other award the member may be entitled to in making the supreme sacrifice.

The Fire Fighter Cross ribbon colors shall be black and white. The color black signifies the shadow of death. The color white signifies the everlasting light of God.

#### Fire Fighter Medal of Valor

The Fire Fighter Medal of Valor is awarded to a fire fighter who has demonstrated exceptional bravery and courage while facing imminent risk of serious bodily injury.

The Fire Fighter Medal of Valor ribbon colors shall consist of red, white and blue. The colors signify the American spirit of fire fighters in their performance of duty.

# Fire Fighter Medal of Merit

The Fire Fighter Medal of Merit is awarded to a fire fighter that was seriously injured in the line of duty due to a fire, explosion or while performing at a medical incident. The Fire Fighter Medal of Merit may be awarded in addition to the awarding of a higher decoration where the facts show the recipient is entitled to such an award.

# Fire Fighter Medal of Merit (continued)

The Fire Fighter Medal of Merit ribbon colors shall consist of red, and gold. The red color signifies the blood spilled in performance of ones tasks. The gold color signifies the power of hope for a complete recovery.

#### The Honorable Service Medal

The Honorable Service Medal is awarded to civilian employee or non-departmental civilian (at the discretion of the chief) who have taken action during an emergency situation to aid an emergency responder despite their knowledge of a significant risk to their own safety.

The Honorable Service Medal ribbon color shall be green. No color significance applies.

# **Lifesaving Medal**

The Lifesaving Medal is awarded to any departmental member or non-departmental civilian directly responsible for the saving of a human life, whether on duty or off duty. It may also be given where evidence indicates that the actions of the department member prolonged a human life to the extent that the victim was released to the care of higher medical personnel, even though the victim expired at a later time.

The Lifesaving Medal ribbon color shall be red and blue. The red signifies the fire service and the blue signifies emergency medical service.

# **Exceptional Service Certificate**

The Exceptional Service Certificate is awarded to departmental members for excellence in fire service work and for outstanding performance of duties under unusual, complicated, or hazardous conditions over any period of time. Fire service employees from another agency may qualify for this award if the above conditions are met while aiding, assisting or working with a member from Yakima County Fire District No.5.

The Exceptional Service Certificate recipient will receive a certificate and uniform ribbon (if district member).

The Exceptional Service Ribbon shall be silver in color. No color significance applies.

# YAKIMA COUNTY FIRE DISTIRCT #5 RECOGNITION AWARD NOMINATION FORM

| Nominee Name/Team:  | Date:                  |
|---|------------------------|
| ( check box if civilian)  |                        |
| Submitted by (optional):  |                        |
| Submitted to: (district career officer):  |                        |
| Location of occurrence (if applicable):   |                        |
| Date of occurrence (if applicable):   |                        |
| Nomination Support: (please provide a brief explanat pertinent documents, i.e. witness statements, departm if needed) |                        |
|   |                        |
|   |                        |
|   |                        |
|   |                        |
|   |                        |
| District Supervisor's recommendation: (attach addition  | onal sheets if needed) |
|   |                        |
|   |                        |
| District Supervisor's Signature:  | Date:                  |
| District Chief Signature:   | Date:                  |

# YAKIMA COUNTY FIRE DISTIRCT #5 RETIREMENT RECOGNITION AWARD NOMINATION FORM

| Retirees Name/Team:  | Date:                       |
|--|-----------------------------|
| Submitted by (optional):   |                             |
| Submitted to: (district career officer):   |                             |
| Station of Retiree:  |                             |
| Anticipated Date of Retirement:  |                             |
| Retirement Recognition Support: (please provide Retiring member must have a minimum of twent |                             |
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| District Supervisor's recommendation: (attach a  | dditional sheets if needed) |
|  |                             |
|  |                             |
|  |                             |
|  |                             |
| District Supervisor's Signature:   | Date:                       |
| District Chief Signatures  |                             |