

**BARNSTABLE COUNTY SHERIFF'S OFFICE**  
**JAMES M. CUMMINGS, SHERIFF**



**APPLICATION FOR EMPLOYMENT**

**IMPORTANT!**

**INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM**

1. Type or print clearly in black or blue ink.
2. Answer every question fully and accurately. If not applicable, please put N/A.
3. All Applicants for employment that meet the minimum BCSO requirements may be subject to the following review by the BCSO later in the Application process:
  - Criminal Offender Record Information (C.O.R.I.);
  - Sex Offender Registry Information (S.O.R.I.); and
  - The Central Registry of Child Abuse/Neglect reports maintained in accordance with M.G.L.Chapter 119, Section 51 B.
4. All employment offers made by the BCSO may be subject to the successful results of the following: Fit for duty medical exam; reference check; education and/or professional license certifications; driving record review (if driver's license is required for position), credit check and/or background investigation.
5. **False or materially inaccurate information on the application will be cause for disqualification for employment or dismissal at any time during employment.**
6. Read all certifications and releases included as part of this Application carefully before signing.
7. Return completed application to the BCSO by email, fax, hand delivery or via US Postal Service/parcel delivery service.
8. If you require an alternative version of the BCSO Employment Application, please contact [humanresources@bsheriff.net](mailto:humanresources@bsheriff.net) or (508) 563-4316.

"It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability." MGL Ch.149, Section 19B

# BARNSTABLE COUNTY SHERIFF'S OFFICE

## APPLICATION FOR EMPLOYMENT

THE BARNSTABLE COUNTY SHERIFF'S OFFICE IS AN  
EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

It is the policy of the BCSO to afford equal employment opportunity to all qualified persons regardless of race, color, religious creed, national origin, age, military status, sex, gender identity, sexual orientation, genetic information, ancestry, or disability unless based upon a bona fide occupational qualification.

Position Applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

### PERSONAL DATA:

First Name		Middle Initial	Last Name	
Home Telephone Number	Personal Cell Phone		Email Address	
<b>Mailing Address (i.e. PO Box):</b>				
Street/PO Box	City	State	Zip	
<b>Home Address if different than mailing address:</b>				
Street	City	State	Zip	
Are you authorized to work in the U.S. on an unrestricted basis?    YES <input type="checkbox"/> NO <input type="checkbox"/>				
Are you 18 years of age or older?    YES <input type="checkbox"/> NO <input type="checkbox"/>				
<b>Education and/or Training</b>				
High School Name	City	State	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	
College/University Name	City:	State	Degree Obtained	
College/University Name	City	State	Degree Obtained	
Other education or specialized training (explain):   				

**RESIDENCES:**

Please provide information relative to your <b>CURRENT</b> residence:			
<b>CURRENT</b> Address	City	State	Dates Resided at this Address
Landlord Name (if applicable)		Landlord Telephone Number	
Please provide the following information relative to <b>all other</b> addresses where you resided during the last 10 years <b>other than</b> your <b>current</b> address:			
Address	City	State	Dates resided at this address
Address	City	State	Dates resided at this address
Address	City	State	Dates resided at this address
Address	City	State	Dates resided at this address
Address	City	State	Dates resided at this address

**MILITARY SERVICE INFORMATION:**

Dates Served	Duties Performed	Highest Rank Achieved	Date of Discharge
Training received:			

**EMPLOYMENT HISTORY – Please use additional paper if necessary.**

<b>Are you currently employed?    YES <input type="checkbox"/>                      NO <input type="checkbox"/></b>			
Employer Name		Telephone Number	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
Street Address		City	State              Zip
Job Title		Dates Employed	
Specific Duties:			
Reason for Leaving:			
Employer Name		Telephone Number	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
Street Address		City	State              Zip
Job Title		Dates Employed	
Specific Duties:			
Reason for Leaving:			
Employer Name		Telephone Number	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
Street Address		City	State              Zip
Job Title		Dates employed	
Specific Duties:			
Reason for Leaving:			
Employer Name		Telephone Number	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
Street Address		City	State              Zip
Job Title		Dates Employed	
Specific Duties:			
Reason for Leaving:			

**REFERENCES:**

Please provide three references who can comment on your work performance and/or personal character, who are not related to you.			
	<b>Reference #1</b>	<b>Reference #2</b>	<b>Reference #3</b>
Name			
Resident Address			
Phone Number			
Number of Years Acquainted			
Occupation			
Business Name			
Business Phone			

**DRIVER’S LICENSE(S): All BCSO Employees must have a valid Massachusetts driver’s license**

Are you a licensed motor vehicle operator? YES <input type="checkbox"/> NO <input type="checkbox"/>	
License Number	State
Has your license to operate a motor vehicle ever been suspended or revoked in MA or any other state? YES <input type="checkbox"/> NO <input type="checkbox"/>	

**PROFESSIONAL LICENSE(S)/CERTIFICATION(S):**

Please provide information for any <b>current and active</b> professional licenses or certifications you hold <b>relative to the position you are applying for</b> (i.e. plumber, dispatch certifications, CPR, teacher, social worker, etc.) Attach additional sheets if necessary.		
Type of license/certification	State of license/certification	License/certification number
Type of license/certification	State of license/certification	License/certification number
Type of license/certification	State of license/certification	License/certification number
Type of license/certification	State of license/certification	License/certification number

**FIREARMS LICENSE(S):**

Have you ever been issued a firearms license? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Date of Issue	City/State of Issue	License Number
Have you ever had a firearms license revoked? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you aware of any reason that would prohibit you from being issued a firearm? YES <input type="checkbox"/> NO <input type="checkbox"/>		

# RELEASE AND CERTIFICATIONS

## ALL APPLICANTS MUST INITIAL AND SIGN THIS PAGE

\_\_\_\_\_ **(Initial)** I understand that the information provided in my Employment Application will be verified by the Barnstable County Sheriff's Office (BCSO) in order to expedite my application for employment. I hereby authorize the Barnstable County Sheriff's Office to conduct a full investigation into my background and that my employment will be contingent upon my successful completion of any post offer background investigation, CORI check, credit and consumer check, and/or any pre-employment physical examination that the BCSO may require. In order to be hired, I understand that I must be able to perform all the essential functions for the position for which I am applying, with or without accommodation. I also understand and agree that I may be required to undergo and successfully pass a screening for alcohol and/or drugs during the hiring process and if employed, at any time during my employment as required by the Barnstable County Sheriff's Office.

\_\_\_\_\_ **(Initial)** I authorize the BCSO to obtain my previous work records, employment records, education, certification, professional licenses, driver's license and history (if job related), professional references and any other information concerning my knowledge, skills and abilities and all other information deemed necessary by the BCSO. Further, I grant authority to the keeper of these records to release said records to the Barnstable County Sheriff's Office for the purpose of making its hiring decision.

\_\_\_\_\_ **(Initial)** I agree that the BCSO and the Commonwealth of Massachusetts shall not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements omissions or answers made by me on this application. I agree that my previous employers shall not be liable with regard to any information provided by them in connection with this release.

\_\_\_\_\_ **(Initial)** I certify under the pains and penalties of perjury that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed at any time, would unfavorably affect this application or any employment resulting therefrom. I understand that any false statements, materially inaccurate information or omissions made by me on this application will be cause for disqualification for employment or dismissal at any time during my employment.

\_\_\_\_\_ **(Initial)** In compliance with the Immigration and Reform Control Act of 1986, I understand that after I accept the job offer and no later than my first day of work, I must complete and sign an I-9 form, Section 1 Employee Information and Attestation. I understand that I will be required to provide approved documentation that verifies my right to work in the United States within 3 business days of my first day of employment. I have received the list of approved documents for this purpose with this application.

\_\_\_\_\_ **(Initial)** Victims of domestic violence, sexual assault, rape or stalking and victims of an adjudicated crime may request their information remain private by submitting a Public Records Exemption Form to their Domestic Violence Coordinator. Similarly, eligible family members of victims who are employees of the Barnstable County Sheriff's Office may also request their information remain private.

\_\_\_\_\_ **(Initial)** I understand that unless I am subject to the terms of a collective bargaining agreement and have completed the requisite probationary period, my employment will be at-will, which means that the BCSO and I are free to terminate the employment relationship at any time for non-statutorily prohibited reasons or for no reason at all, with or without notice.

**I hereby acknowledge that I have read in full and understand the above statements and conditions of my Application and any employment with the BCSO which may result therefrom.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_ **(Initial)** I hereby certify and acknowledge that I have read, reviewed and understand the terms of BCSO Attendance Policy 201.07 attached to this Employment Application and can meet the attendance requirements.

\_\_\_\_\_ **(Initial)** I hereby certify and acknowledge that I have read, reviewed and understand the written job description for the position for which I have applied and I understand that this job description lists the essential job functions of the position for which I am applying.

\_\_\_\_\_ **(Initial)** I hereby certify that based upon the written job description for which I have applied, that I am able to perform each of the essential job functions listed for the position, with or without reasonable accommodations. I understand that I may request a reasonable accommodation from the BCSO for the position for which I am applying at the BCSO.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# IMMIGRATION REFORM AND CONTRACT ACT REQUIREMENT

## This is an insert and provided for informational purposes only

In compliance with the Immigration and Reform and Control Act of 1986, you will be required to provide approved documentation that verifies your right to work in the United States prior to beginning work. Please be prepared to provide any of the following documentation if you are offered and accept a position. This verification process is required for all employees (both citizen and non-citizen) hired after November 6, 1986. The list below is effective July 17, 2017.

### LIST A - Any one of the following: (These establish both identity and employment authorization)

1. U.S. Passport or U.S. Passport Card
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine readable immigrant visa.
4. Employment authorization document containing a photo (Form I-766).
5. For non-immigrant alien authorized to work for a specific employer because of his or her status; a foreign passport; and Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's non-immigrant status as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating non-immigrant admission under the Compact of Free Association between the United States and the FSM or RMI.

### OR ONE ITEM FROM LIST B AND ONE ITEM FROM LIST C

### LIST B (These establish identity)

1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address.
2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or identifying information such as name, date of birth, gender, height, eye color and address.
3. School ID card with photograph
4. Voter registration card
5. U.S. Military card or a draft card
6. Military dependent's ID card
7. U.S. Coast Guard Merchant Mariner card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

#### For persons less than 18 years of age who are unable to present a document listed above:

10. School record or report card
11. Clinic, doctor or hospital record
12. Daycare or nursery school record

### LIST C (These establish authorization)

1. Social Security account number card unless the card includes one of the following restrictions: Not valid for employment; Valid for work only with INS authorization; or Valid for work only with DHS authorization.
2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal.
4. Native American tribal document
5. U.S. Citizen ID Card (Form I-197)
6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
7. Employment authorization document issued by the Department of Homeland Security

## DISCLOSURE OF FAMILY MEMBERS WHO ARE STATE EMPLOYEES

Disclosure required by MGL Chapter 268A, §6B

APPLICANT'S NAME: \_\_\_\_\_

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

A state employee is a person holding a paid or unpaid office, position, employment or membership in a Massachusetts state agency. For purpose of this disclosure, a state agency is any department of Massachusetts state government including any department or agency within the executive, legislative or judicial branch, and all councils thereof and thereunder, and any division, board, bureau, commission, institution, tribunal or other instrumentality within such department or agency, and any independent state authority, commission, instrumentality or agency, but NOT INCLUDING an agency of a county, city or town.

Note: Employees of the Barnstable County Sheriff's Office are Massachusetts State Employees.

**Is your spouse, parent, brother, sister, or child, or the spouse of your parent, brother, sister, or child a Massachusetts State employee:**

YES  NO

If you answered **yes**, please list below the name(s) of any MA state employee who is your spouse, parent, brother, sister or child, or who is the spouse of your parent, brother, sister or child, and indicate their relationship to you. Please also provide the name of the state agency that employs those relatives.

Name of Relative	Relationship to Applicant	Name of State Agency Where Employed



## PRISON RAPE ELIMINATION ACT INQUIRIES

In accordance with the National Standards to Prevent, Detect and Respond to Prison Rape, 28 CFR §115.7, the Barnstable County Sheriff's Office must make the following inquiries of any applicant for employment or contractor in a position to have contact with inmates. In accordance with 28 CFR §115.7(g) "any material omission in answering the following questions or the provision of materially false information shall be grounds for disqualification or for termination if discovered after hire."

1. Have you ever engaged in or been accused of engaging in sexual harassment in any current or prior employment? YES  NO
2. Have you resigned from or quit any job following allegations that you engaged in any form of sexual misconduct? YES  NO

If **yes**, please provide full details (attach additional sheets if necessary):

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3. Have you been civilly or administratively adjudicated to have engaged in the activity described in question 2 of this section? YES  NO

I understand that I have a continuing, affirmative duty to immediately report in writing to the Barnstable County Sheriff's Office any such misconduct during the time I am employed by, contract with, or volunteer for the Barnstable County Sheriff's Office.

I further understand and acknowledge that failure to do so may result in disciplinary action up to and including discharge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

## NOTICE RELATIVE TO USE AND POSSESSION OF MARIJUANA

The Barnstable County Sheriff's Office prohibits criminal misconduct including the use and possession of marijuana by its employees. Marijuana remains a Schedule I controlled substance under the Federal Controlled Substances Act 21 USC §812(b)(1), regardless of Massachusetts laws relative to the use, sale or possession of marijuana for recreational or medicinal purposes.

Massachusetts laws allowing marijuana use do not protect BCSO employees against employment related sanctions pursuant to BCSO policy. The BCSO is not required to consider the use of marijuana for medical reasons as a reasonable accommodation under the Americans with Disabilities Act (ADA) or Massachusetts General Laws Chapter 151B.

Massachusetts General Laws Chapter 94G, §2(e) provides that an employer is not required to permit or accommodate conduct otherwise allowed under Chapter 94G, §2(e) in the workplace and further states that it shall not affect the authority of employers to enact and enforce workplace policies restricting the consumption of marijuana by employees.

Your position at the BCSO may require you to lawfully possess and use a firearm and ammunition. Notwithstanding Massachusetts law allowing marijuana use, federal law prohibits the possession of a firearm or ammunition by persons consuming marijuana for any reason.

**The Barnstable County Sheriff's Office strictly prohibits all use and possession of marijuana by its employees.**

I have read, understand and acknowledge the foregoing Notice Relative to the Use and Possession of Marijuana.

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Signature of Applicant

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Date

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Printed Name of Applicant

## PRE-EMPLOYMENT PHYSICAL AND DRUG SCREENING NOTICE

If an offer of employment is made to you, the Barnstable County Sheriff's Office may specify that it is contingent upon the results of a medical exam. I freely and voluntarily agree to submit to a pre-employment physical and/or drug screen as it relates to the requirements of a specific job, as part of my pre-employment application to the Barnstable County Sheriff's Office. I understand that either refusal to submit to such screening or failure to qualify according to the minimum standards established by the Barnstable County Sheriff's Office for this screening may disqualify me from further consideration for employment. Further, I understand that any positive drug test results will be communicated in a confidential manner.

I hereby acknowledge that I have read in full and understand the above statements.

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Signature of Applicant

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Date

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Printed Name of Applicant

**AFFIRMATIVE ACTION DATA RECORD**  
**THIS IS A CONFIDENTIAL INSERT**  
**APPLICANTS ARE ENCOURAGED BUT NOT REQUIRED TO COMPLETE THIS PAGE**

The Barnstable County Sheriff's Office is committed in spirit as well as in action to abide by all laws dealing with equal employment opportunity. It is our policy to guarantee equal employment opportunities for all qualified persons without regard to their age, race, religious creed, color, national origin, ancestry, marital status, gender, gender identity or gender expression, military status, sexual orientation, or disability, which can be reasonably accommodated.

Further, the BCSO will act in good faith to affirmatively recruit and consider for promotion individuals in protected categories. Age, race, religious creed, color national original, ancestry, marital status, gender, military status, sexual orientation, or disability are not factors in employment, promotion, transfer, compensation, lay-off, disciplining and termination.

In order to effectively monitor the success of our recruitment and employment efforts, it is requested that you provide the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Affirmative Action Data Records are kept in a confidential file and are not a part of your application for employment or your personnel file. Your cooperation is voluntary. Inclusion or exclusion of any affirmative action data will not jeopardize or adversely affect any employment decision.

First Name	Middle Initial	Last Name
Street Address		
City	State	Zip Code
Telephone Number		Gender

## AFFIRMATIVE ACTION DATA RECORD

### THIS IS A CONFIDENTIAL INSERT APPLICANTS ARE ENCOURAGED BUT NOT REQUIRED TO COMPLETE THIS PAGE

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Are you Hispanic or Latino? YES <input type="checkbox"/> NO <input type="checkbox"/>		A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
What is your race? Select one or more		
<input type="checkbox"/>	American Indian* or Alaska Native *Requires supporting documentation of tribal affiliation or heritage	A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.
<input type="checkbox"/>	Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
<input type="checkbox"/>	Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/>	Native Hawaiian or Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/>	White	A person having origins in any of the original people of Europe, the Middle East or North Africa.
Do you have a primary Ethnic Group?		
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Applicant Street Address, City, State, Zip Code

**AFFIRMATIVE ACTION DATA RECORD  
THIS IS A CONFIDENTIAL INSERT  
APPLICANTS ARE ENCOURAGED BUT NOT REQUIRED TO COMPLETE THIS PAGE**

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Further, the BCSO will act in good faith to affirmatively recruit and consider for promotion individuals in protected categories. Age, race, religious creed, color national original, ancestry, marital status, gender, military status, sexual orientation, or disability are not factors in employment, promotion, transfer, compensation, lay-off, disciplining and termination.

In order to effectively monitor the success of our recruitment and employment efforts, it is requested that you provide the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Affirmative Action Data Records are kept in a confidential file and are not a part of your application for employment or your personnel file. Your cooperation is voluntary. Inclusion or exclusion of any affirmative action data will not jeopardize or adversely affect any employment decision.

First Name	Middle Initial	Last Name
Street Address		
City	State	Zip Code
Telephone Number		
Check if the following is applicable: <input type="checkbox"/> Person with a Disability*		

\*A disability means a physical or mental impairment that substantially limits one or more major life activities; a record of such impairment; or being regarded as having such an impairment. ("Major Life Activities" includes but is not limited to functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.)

If you wish to obtain Affirmation Action Status as a Person with Disability after you have been employed by the BCSO, you may need to submit self-identification and verification of such with the ADA Coordinator if your disability is not obvious. Appropriate forms are available at the Human Resources office at the Barnstable County Sheriff's Office.

\_\_\_\_\_  
Applicant Signature


\_\_\_\_\_  
Date

**BARNSTABLE COUNTY SHERIFF'S OFFICE**



**POLICY AND PROCEDURE**



<i>Effective Date: 11/30/2010</i> <i>Amended Date:</i> <i>03/05/2012</i> <i>05/01/2013</i> <i>10/22/2013</i> <i>10/02/2015</i>	<i>Approval:</i>  Sheriff James M. Cummings	<i>Number:</i>  <b>201.07</b>
<i>Title: <b>Attendance Policy</b></i> <i>Section: <b>Personnel</b></i>		
<i>ACA Standards: N/A</i>		
<i>Source: N/A</i>	<i>Annual Review Date:</i> <b>11/14/2019</b>	<i>No. Pages</i> <b>03</b>

**POLICY:**

The purpose of this document is to establish the Barnstable County Sheriff's Office (BCSO) policy to address the use of sick leave.

**CANCELLATION:**

This policy cancels all previous Sheriff's Office policy statements, bulletins, directives, orders, notices rules or regulations which are inconsistent with this policy.

**APPLICABILITY:**

This policy applies to all Sheriff's Office managers, employees, volunteers/student interns and contracted personnel.

**ACCESS TO POLICY:**

This policy will be maintained within the central policy file of the Sheriff's Office (Policy and Procedure Office) and will be accessible to all employees. The policy is available to all staff members electronically through the intranet.

**PROCEDURE**

**Reporting to Work**

All staff, unless specifically exempt, are required to use the BCSO time and attendance swipe system (Kronos) at the beginning and end of their shift. All staff shall be required to report to work when scheduled.

### **Tardiness**

It is a requirement of the Barnstable County Sheriff's Office that all employees be on time for their scheduled shift. Excessive tardiness may result in disciplinary action.

### **Roll Call**

If according to a collective bargaining agreement, an employee is entitled to roll call compensation or the employee is responsible for administering roll call, that employee is required to report for duty 15 minutes prior to the start of the scheduled shift.

### **Sick Leave**

Sick leave shall be recorded by the fiscal calendar (July 1 through June 30). Sick leave of one and one-quarter (1.25) days per month shall accrue for each month of full-time service. Part-time employees shall accrue sick leave on a pro-rata basis. Sick leave may be accumulated up to a maximum of 200 days (1600) hours. Employees exceeding the maximum accumulation shall be allowed to maintain the accumulation, but not to accumulate any additional days. Any employee who uses sick leave, other than approved FMLA time, when they are out of accruals shall be deemed absent without leave (AWOL).

### **Extended Illness**

Employees absent for an extended period of time may be required by the Sheriff or his designee to submit to periodic medical evaluations by a Sheriff's Office designated physician. An employee absent on an extended illness who has exhausted all their accumulated sick leave may utilize and vacation time or compensatory time due them before being dropped from the payroll. Some extended illnesses may qualify for the Family Medical Leave Act (FMLA), refer to Policy 210.00.

### **Sick Leave Use**

Sick leave may be used in cases of legitimate personal illness or immediate family illness. Immediate family shall be defined as the employee's spouse or child. Notice of an intended absence due to illness shall be provided three (3) hours in advance of the start of the shift to be worked whenever possible or as soon thereafter as practicable. Notice shall be given according to established practices.

Any employee absent for three (3) or more consecutive work days shall be required by the Sheriff or his designee to submit satisfactory proof of illness prior to receiving sick leave pay. Any employee who uses sick leave on dates they had previously requested off and were subsequently denied shall be required to submit satisfactory proof of the illness prior to receiving sick leave pay.

### **Sick Leave Documentation**

The employee shall be responsible for documenting all sick leave days in excess of seven (7) sick leave days within five (5) business days upon returning to work. In order for documentation to be accepted it must specifically state the employee was unable to work due to illness or injury to themselves or an eligible family member. The documentation must address the exact days missed.

### **Unacceptable Sick Leave Documentation**

Where medical documentation fails to state the employee could not work, when the documentation is inconsistent with the actual sick days used, or the documentation is unacceptable for some other reason, the documentation shall not be accepted. The employer must notify the employee or the union within seven (7) days of receipt of the documentation if it will not be accepted.



### **Sick Time Abuse**

Any sick usage in excess of seven (7) days without acceptable documentation shall constitute sick time abuse and shall be a basis for discipline up to and including termination. Any employee who attempts to use sick time above their accrued allotment will be deemed a sick time abuser and subject to discipline. During the year the Sheriff or his designee may notify employees in writing if they have met the definition of sick time abuse.

### **Sick Time Review**

All sick leave shall be reviewed on an annual basis; however violations of this policy may be addressed at any time.

### **RESPONSIBLE STAFF:**

The Sheriff, Special Sheriff, Superintendent, Assistant Superintendent and the Assistant Deputy Superintendents shall be responsible for implementing and monitoring this policy.

### **ANNUAL REVIEW DATE:**

The Policy and Procedure Office shall ensure that this policy is reviewed annually.

### **SEVERABILITY CLAUSE:**

If any article, section, subsection, sentence, clause or phrase is for any reason held to be unconstitutional, contrary to statute, in excess of the authority of the Sheriff or otherwise inoperative, such decision shall not affect the validity of any other article, section, subsection, sentence, clause or phrase of these regulations.