

**City of Jamestown**  
**MANAGEMENT EMPLOYEE/OFFICER GUIDELINES**

Effective January 1, 2022  
Revised June 1, 2022  
Adopted June 27, 2022

These Management Guidelines are applicable to all City of Jamestown management employees and officers (hereinafter “employees”), except employees working at the Board of Public Utilities and the Department of Development. The benefits outlined will be fully enjoyed by all full-time incumbents in the positions listed below:

Note: If you have any questions about the interpretation or application of these guidelines, please contact the Director of Human Resources.

(This list may be amended subject to the approval of the Mayor.)

**Group I**

1. Mayor
2. Director of Public Works
3. Director of Parks, Recreation & Conservation
4. City Clerk/Treasurer
5. City Comptroller
6. Corporation Counsel/Director of Human Resources

**Group II**

1. Deputy Fire Chief
2. Battalion Fire Chief
3. Police Chief/Director of Public Safety
4. Police Captain

**Group III**

1. Executive Assistant to the Mayor
2. Legal Assistant
3. Paralegal
4. Administrative Assistant to the Director of Public Safety
5. Administrative Assistant to the Mayor
6. Administrative Assistant (Fire Department)
7. Associate Corporation Counsel
8. Administrative Assistant Grants Coordinator (Grant Writer)
9. Full Time Court Security Officers

**Group IV**

1. Part Time Court Security Officers

**APPLICABLE PROVISIONS**

**I. HOURS OF WORK**

Employees in Groups I and II, by the nature of their positions, are expected to work more than the normal hours of their department. Consequently, subject to the approval of their direct administrative supervisor, employees, with the exception of the Mayor, shall be allowed to take off small periods of time, up to a day but not multiple workdays consecutively, without regard to the vacation or sick leave guidelines. The Human Resources Office will be responsible for maintaining a record of all time off.

Employees in Group III shall receive compensatory time off, subject to the prior approval of their direct administrative supervisor, rather than pay at straight time for all hours worked between the regular 37½ and 40 hours in the work week. The use of all compensatory time off shall occur with the prior approval of the employee's direct administrative supervisor.

All hours worked in excess of forty hours in a work week must be approved, in advance, by the employee's direct administrative supervisor and shall be paid at the rate of one and one half (1 ½) times their normal rate of pay.

Compensatory time off and overtime shall be recorded on the employee's time sheet and forwarded to the Human Resources Office on a bi-weekly basis. All compensatory time off accrued, as well as the use of that time off, must also be forwarded to the Human Resources Office.

## **II. SALARY RANGE; PERFORMANCE REVIEWS**

The Mayor shall conduct a performance review of each employee, and supervisors, covered by these Guidelines on an annual basis. During the budget review process, the City Council shall include adjustments to the respective salary range and determine a maximum salary increase percentage for these employees. Upon the Mayor's completion of the performance reviews for said employees, he shall determine salary adjustments that are appropriate and commensurate with each employee's job performance and professional development. At the conclusion of said salary review process the Mayor shall report to City Council members all salary adjustments granted.

## **III. WAGES**

Attached hereto and made a part hereof is the Salary Range for employees covered by these guidelines.

Employees in Group II shall receive salary raises in one of the following manners:

- a) The dollar equivalent of any wage increase enjoyed by the highest paid member of the uniformed bargaining unit which the employee supervises, or
- b) The wage increase provided to management employees, pursuant to City Council resolution.

Employees in Group II shall receive the greater of the foregoing wage increases; however, in no circumstances will employees in Group II receive both of the foregoing wage increases during the course of one year.

## **IV. TIME MANAGEMENT**

In the interest of effective time management, each department will be expected to keep a record of days worked and days off for its employees. This record shall be forwarded to the Human Resources office on no less than a monthly basis.

## **V. ABSENCES FROM WORK**

Employees shall report their personal absences from work to the person designated in charge of the department in their absence.

For periods of extended absence, a notice designating the official "person in charge" and dates of absence should be circulated throughout the management staff.

## **VI. VACATION**

Employees (with the exception of the Mayor) in Groups I, II and III will accrue official vacation time under the following guidelines:

1. Vacation will be accrued monthly on a pro-rated basis.
  - (a) 1/12 of the total yearly vacation earned will be accrued each month.
2. Vacation will be accrued starting on the first day of employment.
3. The most recent employment anniversary date will be used to determine the amount of vacation accrued.
4. Group I and II:

<u>Length of Service</u>	<u>Vacation Earned</u>
During 1 <sup>st</sup> Year	10 days
2 – 4 Years	15 days
5-9 Years	18 days
10-14 Years	24 days
15-19 Years	26 days
20-24 Years	29 days
25 Years and Over	30 days

5. Group III

<u>Length of Service</u>	<u>Vacation Earned</u>
During 1st Year	5 days
2 – 4 Years	10 days
5 – 9 Years	15 days
10-14 Years	22 days
15-19 Years	24 days
20-24 Years	26 days
25 Years and Over	28 days

6. Group IV (Part-Time Court Security Officers hired prior to January 1, 2019. Part-time Court Security Officers hired after January 1, 2019 will not be eligible to accrue vacation time.)

<u>Length of Service</u>	<u>Vacation Earned</u>
1-4 Years	6 days
5-10 Years	8 days
10-14 Years	11 days
15-19 Years	12 days
20 Years and Over	15 days

7. A day of vacation shall be considered a normal day of work.
8. It is intended that employees in Groups I, II and III take their yearly vacation allotment during the anniversary year in which it is made available. In instances where circumstances have precluded the use of the full allotment, balances up to a maximum of one (1) week may be carried over to the next year with the Director of Human Resources written approval. Department heads must have the Mayor's written approval.
9. Employees in Groups I, II and III who have earned at least three (3) weeks of vacation may elect to sell back to the City up to ten (10) days of their allotted vacation at straight time each year. Approval to do so must be given by the employee's immediate supervisor, the Director of Human Resources or the Mayor. At least one pay period of advance notice shall be given to the Human Resources Office. Vacation time sold back must be vacation time already earned.

10. No more than two weeks' vacation may be taken immediately prior to resignation or retirement. This may be used in conjunction with the sell-back provision above.

## **VII. PERSONAL LEAVE**

All employees in Group III shall be granted two (2) days of personal leave during the calendar year. New employees will be granted two (2) days of personal leave after twelve (12) months of service. Personal days cannot be carried over from year to year, nor can personal days be cashed in at time of resignation or retirement.

## **VIII. BEREAVEMENT LEAVE**

In the event of a death in the immediate family, an employee shall be granted a leave of absence with pay for up to three (3) days as a Funeral Leave. For this purpose, the immediate family shall mean: spouse, mother, father, brother, sister, children (own or step-children), mother-in-law and father-in-law.

One (1) day leave of absence with pay shall be granted for the death of grandchildren, grandparents, step-parents, aunts, uncles and all other in-laws.

Up to two (2) additional days may be granted on a case-by-case basis with approval by the Mayor

## **IX. SICK LEAVE**

All employees (with the exception of the Mayor) are entitled to sick leave with pay. Accumulation of sick leave will begin after the first full completed calendar month. Sick leave shall accrue at the rate of one (1) day per calendar month of service.

For Group IV employees hired before January 1, 2019, sick leave shall accrue at the rate of one-half (½) day each calendar month of service. Group IV employees hired after January 1, 2019 are not eligible to accrue sick leave.

Sick leave shall be cumulative. Each employee shall be entitled to take all accumulations of sick leave with pay as above-provided, but not to exceed two hundred (200) workdays (based on that employee's normal work day) at the time of his or her retirement from City service.

For all purposes within these Guidelines, "Retirement from City service" shall mean that the individual has applied for retirement, has a date certain when he/she will begin collecting his/her retirement benefits from the New York State Retirement System, and has provided to the Human Resources Office a copy of signed and notarized Form RS 6037 or equivalent proof that they have applied for retirement.

## **X. HOLIDAYS**

The following are considered holidays for employees:

New Years Day	Labor Day
Martin Luther King Day	Veteran's Day
President's Day	Thanksgiving Day
Good Friday	Day After Thanksgiving Day
Memorial Day	Christmas Eve day
Christmas Day	Independence Day
½ day New Years Eve	

Floating Holiday: An employee may elect **one (1)** of the following holidays to take each year. The employee will notify their supervisor and/or payroll by December 31<sup>st</sup> each year of the holiday they wish to elect as their floating holiday for the succeeding year.

The following days will be considered eligible as floating holidays:  
Lincoln's Birthday, Washington's Birthday, Yom Kippur, Eid, Diwali, Juneteenth, Election Day, Indigenous Peoples/Columbus Day.

If any of the above holidays fall on a Saturday, the preceding Friday (and not such Saturday) shall be observed as the holiday.

If any of the above holidays fall on a Sunday, the following Monday (and not such Sunday) shall be observed as the holiday.

## **XI. LEAVES OF ABSENCE**

The Director of Human Resources may grant to employees, based on his or her discretion, unpaid leaves of absence without loss of benefits. Time on leave will be treated the same as time worked for purpose of benefits. The following guidelines shall be generally followed:

1. Personal illness (in excess of accumulated sick leave) – six (6) months, with possible extension;
2. Maternity (in addition to applicable Disability and New York State Paid Family Leave time) – three (3) months;
3. Paternity (in addition to applicable New York State Paid Family Leave) – two (2) weeks;
4. Education and Professional – one (1) year;
5. Personal Reasons – to be determined by the Director of Human Resources and department head and/or Mayor.

## **XII. JURY DUTY**

Employees shall be entitled to their usual salary for the days they serve as a juror or are subpoenaed as a witness in any court. If Jury Duty is not required for a full workday, the employee is expected to report to work.

## **ADDITIONAL BENEFITS**

### **Health Care Insurance**

All employees shall be covered under the hospitalization, medical, dental, vision and prescription insurance programs of the City. These benefits are outlined fully in a Summary Plan Document available in the Human Resources Office or the Insurance Office. Employees become eligible for coverage on the first day of the month following thirty (30) days of service.

All employees will be expected to make a monthly contribution toward their medical and dental insurance program. The contribution level for part-time employees in Group IV shall be double that of the full-time employee. Deductions for medical and dental coverage will be pre-tax deductions unless so designated by the employee.

Effective January 1, 2014, a voluntary Health and Wellness Program (the “Good Life Program”) went into effect. Effective January 1, 2022, all active employees or employees who retire from City service (“retirees”) who participate in the Good Life Program shall pay a premium of 24% of the cost of healthcare coverage effective for the duration of the calendar year. Active employees or retirees who elect not to participate in the Good Life Program or fail to complete the steps within the required time frames as outlined in Appendix A shall pay a premium of 30% of the cost of healthcare coverage effective for the duration of the calendar year.

Effective January 1, 2022, the City will offer the option of a hybrid plan to its active employees and eligible retirees. Active employees or eligible retirees who choose to participate in the hybrid plan and participate in the Good Life Program shall pay a premium of 19% of the cost of healthcare coverage effective for the duration of the calendar year. Active employees or eligible retirees who choose to participate in the hybrid plan but elect not to participate in the Good Life Program or fail to complete the steps within the required time frames as outlined in Appendix A shall pay a premium of 26% of the cost of healthcare coverage effective for the duration of the calendar year.

Effective January 1, 2025, the City will offer the option of a hybrid plan to its active employees and eligible retirees. Active employees or eligible retirees who choose to participate in the hybrid plan and participate in the Good Life Program shall pay a premium of 20% of the cost of healthcare coverage effective for the duration of the calendar year. Active employees or eligible retirees who choose to participate in the hybrid plan but elect not to participate in the Good Life Program or fail to complete the steps within the required time frames as outlined in Appendix A shall pay a premium of 27% of the cost of healthcare coverage effective for the duration of the calendar year.

Effective January 1, 2025, all active employees or eligible retirees who participate in the Good Life Program shall pay a premium of 25% of the cost of healthcare coverage effective for the duration of the calendar year. Active employees or eligible retirees who elect not to participate in the Good Life Program or fail to complete the steps within the required time frames as outlined in Appendix A shall pay a premium of 31% of the cost of healthcare coverage effective for the duration of the calendar year.

Active employees and eligible retirees wishing to elect to participate in the hybrid plan must notify the City in writing of such election on or before December 1 of the year preceding the calendar year in which such election will be effective. Any active employee or eligible retiree who fails to so timely notify the City will remain enrolled in the traditional plan and will be subject to the deductibles and premiums outlined below.

Active employees and eligible retirees may opt out of healthcare coverage by notifying the City on or before December 1 of the year preceding the calendar year in which such election will be effective. The City will distribute enrollment forms for this purpose each year. Any active employee or eligible retiree who fails to return a completed enrollment form by that date will be continued on the health insurance plan in which they were enrolled during the prior year.

Employees hired on or after January 1, 2020 shall only be eligible to participate in the hybrid plan at the term stated above. For the purposes of the foregoing, "hired on or after January 1, 2020" shall mean having a first day of work on or after January 1, 2020.

All employees and retirees who participate in the traditional plan will pay the following deductibles and prescription co-pays:

<u>Deductibles:</u>	2020-2021	2022	2023-2024	2025
Individual	\$300.00	\$300.00	\$400.00	\$500.00
Family	\$600.00	\$600.00	\$800.00	\$1,000.00
<u>Prescription Co-Pays:</u>	2020-2021	2022	2023-2024	2025
Generic	\$7.00	\$8.00	\$8.00	\$8.00
Formulary	\$40.00	\$40.00	\$40.00	\$40.00
Non-formulary	\$65.00	\$65.00	\$65.00	\$65.00

The cost for a maintenance drug (60-day supply) prescription will be one and one-half (1½) times the above amounts.

The cost for a mail order prescription (90-day supply) will be two (2) times the above amounts.

NOTE: Formulary and non-formulary are the industry terms used to describe prescription lists. Existing lists are updated continuously based on the availability of generics and new drug entities. A committee, assembled by the City's third-party pharmacy administrator, whose members include clinical pharmacists, physicians of various specialties, nurse practitioners, and physician assistants, meet quarterly to review and discuss the composition of the existing lists. The formulary and non-formulary lists are updated based on these quarterly reviews and based on current industry standards.

Effective January 1, 2020, all employees and retirees who participate in the hybrid plan shall pay deductibles and prescription co-pays as outlined in Appendix B.

For a comparison of benefits of the traditional and hybrid plans, see Appendix B.

**Paid Health Insurance at Retirement**

Effective January 1, 1987, retirees will be eligible for continuance of the same health, dental, vision and prescription drug insurance plans received as an active employee provided that they continue to pay to the City in advance of the premium due date the same amount toward premiums as active employees. In accordance with the above provision, effective January 1, 2002, all retirees will pay an amount equivalent to the amount of the monthly health insurance premium paid by active employees. After the date of retirement, a retiree may not add dependents (i.e., spouse, children, step-children), or add coverage without the approval of the Insurance Committee.

All employees hired after January 1, 2019, will be eligible for continuation of health insurance benefits upon retirement from City service only until the date they become eligible for Medicare benefits.

Upon the death of a retiree, the spouse may continue coverage until death or remarriage provided the retiree's share of premiums continue to be paid. If a retiree is covered by another health insurance plan, they will be eligible for coverage under the City plan only to the extent of supplemental coverage for such other plan. In the event such other health and/or dental insurance coverage through Medicaid, Medicare or Veteran's Administration shall be involuntarily discontinued, an eligible retiree or his/her eligible spouse may, upon request, be reinstated to the benefits herein provided.

An employee eligible for reinstatement to the City's health and dental plans as above stated shall be reinstated to such plans by the City on the first day of the month following notification that the retiree wishes to have his/her participation reinstated.



## **LONGEVITY**

Longevity allowance shall be paid to all eligible employees with the exception of the Mayor in accordance with the following schedule:

For Groups I, II, and III:

\$700.00 after five (5) years continuous service;  
\$1000.00 after ten (10) years continuous service;  
\$1300.00 after fifteen (15) years continuous service;  
\$1500.00 after twenty (20) years continuous service;  
\$1700.00 after twenty-five (25) years continuous service.

Group IV (Part-Time Court Security Officers hired prior to January 1, 2019. Part-Time Court Security Officers hired after January 1, 2019 will not be eligible for longevity allowance):

\$350.00 after five (5) years continuous service;  
\$500.00 after ten (10) years continuous service;  
\$600.00 after fifteen (15) years continuous service;  
\$800.00 after twenty (20) years continuous service;  
\$900.00 after twenty-five (25) years continuous service.

## **RETIREMENT**

Effective January 1, 1994, the City agrees to pay each retiring employee a retirement longevity of \$100.00 per bi-weekly pay for twenty-six (26) equal payments or a lump sum in the employee's final check. To qualify, the employee must give one (1) year advance notice of his/her intent to retire. Applications on less than one (1) year's notice must be approved by the Director of Human Resources. In either case, the employee must have completed at least ten (10) years of continuous service with the City, and must end employment with the City no more than fifty-two (52) weeks after longevity payments commence.

## **TERMINATION OF EMPLOYMENT; BENEFITS**

Upon termination of employment through no fault or cause of the terminated employee, e.g. permanent layoff, abolition of position, or failure to be re-appointed such employee shall receive a pro-rated amount of earned benefits due them at their time of termination. Such employee shall be paid at the time of his or her leaving the City's service, an amount equal to 40 percent of the value of a maximum of 200 days of such officer or employee's unused accumulated sick time as of the date of termination, or two weeks' salary, whichever is greater.

## **PROFESSIONAL CONDUCT**

All employees will be expected to conduct themselves in a professional manner at all times.

## **CONFIDENTIALITY**

All City business matters and information concerning the City and its employees should be considered confidential.

## **EMPLOYEE PRIVACY**

The City recognizes each employee's right to privacy. To achieve this goal, the City has adopted the following principals:

1. The City will request only that information required for business or legal purposes.
2. The City will protect the confidentiality of all personal information in its records.
3. The City will limit the availability of personal information to those City officials with a business "need to know."
4. The City will refuse to release information to outside sources without the employee's written approval.
5. The City will require each employee involved in record-keeping to adhere to these policies and practices, and violations will result in disciplinary action.

(See Appendix for "Employee Privacy Policy" in its entirety).

## **DRESS CODE**

Employees are expected to maintain a professional appearance at all times. Managers whose departments have adopted dress codes should set a good example by adhering to the dress code.

## **RESIGNATION**

Employees will be expected to provide at least one (1) month's written notice prior to any resignation.

## **PROFESSIONAL GROWTH**

### **Performance Appraisal**

Performance appraisal is integral in the development of all employees. Effective use of performance appraisal program will be expected of each department head on an annual basis.

### **Seminars & Conferences**

Requests to attend seminars and conferences should be presented to the immediate supervisor as far in advance as possible. At least one month is generally required since all requests must ultimately be approved by City Council. Contact the Human Resources Office for the appropriate forms.

### **Tuition Reimbursement**

The City will reimburse employees for certain job-related college course work. For a full description of the "Tuition Reimbursement," see the Appendix.

### **Professional Affiliations**

Employees are encouraged to join and actively participate in job related professional organizations. Membership dues in these organizations will be paid by the City subject to the approval of the immediate supervisor.

### **Pre-Employment Physical Examination**

A pre-employment physical examination with satisfactory results is a condition of permanent employment. Such an examination is performed at no charge to the employee.

### **Employee Injury**

All employees injured on the job must abide by the following procedures:

1. Contact the supervisor immediately
2. If emergency treatment is necessary:
  - (a) Employee must obtain a copy of the "Incident Report Form"
  - (b) Employee reports to the Emergency Department for treatment;
  - (c) After treatment, the employee and an Emergency Department representative will complete the appropriate section of the Incident Report Form;
  - (d) The employee will return the Incident Report Form to his/her supervisor, who will follow 3(a) to 3(c) below.
3. If emergency treatment is not necessary, the supervisor will follow the following procedure:
  - (a) The supervisor completes the appropriate section of the Incident Report Form;
  - (b) The supervisor completes the "Supervisory Investigation Report";
  - (c) The supervisor will then forward the report to the Human Resources Office for review and processing.

NOTE: We are required to keep an up-to-date informative log regarding all employee accidents. Failure to submit reports could result in serious problems for both the City and the department head. Also, delays in the above procedure will result in delayed Worker's Compensation benefits for employees.

### **Fire, Emergencies & Disasters**

Each department should have at least one copy of the City of Jamestown Emergency Preparedness Manual. It is imperative that each employee read and be totally familiar with the plans outlined in the manual.

### **GENERAL INFORMATION**

#### **Civil Service**

All City employees are covered by and subject to the rules and regulations of Civil Service. These rules and regulations are implemented in the City through the Human Resources Office and are administered by the Chautauqua County Civil Service Commission. Any questions regarding Civil Service should be directed to the Human Resources Office or the Chautauqua County Civil Service Commission.

### **Unions**

The City of Jamestown currently has six (6) separate and distinct employee bargaining units. It is very important that department heads and managerial employees become familiar with the labor agreement(s) for their area of responsibility. Any questions related to these agreements should be directed to the Director of Human Resources.

### **Reimbursement for Expenses**

The City will reimburse employees for pre-authorized expenses. Forms are available for this purpose from the Finance Office.

### **Changes in Personal Data**

All employees must contact the Human Resources Office in the event of any change in name, address, phone number, marital status or number of children at least one week prior to a new payroll period so this information can be updated on the computer. Failure to notify the Personnel Office of any change may result in nonpayment of claims, suspension and/or termination of benefits.

### **Retirement Information**

#### **Employees Retirement System:**

The City participates in the New York State & Local Retirement System, offering contributory Plan A14 for Tier III employees and contributory Plan A15 for Tiers IV, V and VI employees. Employees in Tiers III, IV and V receive the 41J Sick Leave option and employees in Tier VI receive the 41J1 Sick Leave option.

#### **Police & Fire Retirement System:**

The City participates in the New York State Police & Fire Retirement System, offering 20 Year non-contributory Plan 384-D for Tier II employees and 20 Year contributory Plan 384-D for Tiers V and VI employees.

## **APPENDIX I**

### **EMPLOYEE PRIVACY POLICY**

The City of Jamestown recognizes each employee's right to privacy. To achieve this goal, the City has adopted the following principals:

1. The City will request only that information required for business or legal purposes.
2. The City will protect the confidentiality of all personal information in its records.
3. The City will limit the availability of personal information to those City officials with a business "need to know".
4. The City will refuse to release information to outside sources without the employee's written approval.
5. The City will require each employee involved in record keeping to adhere to these policies and practices, and violations will result in disciplinary action.

#### **Maintenance of Records**

All official employee records will be maintained exclusively in the Human Resources Office. The Human Resources Office will periodically review each employee file. Information deemed by the Director of Human Resources to be either inappropriate or outdated will be destroyed.

#### **Departmental Files**

Upon approval of the Director of Human Resources, Department Heads may maintain confidential files limited to the following:

1. Attendance records;
2. Copies of performance evaluations;
3. Information relating to an employees job performance;
4. Information which is necessary for the proper functions of the department.

Departmental files must be transferred to the Human Resources Office when the employee transfers or terminates employment with the City.

#### **Access to Employee Records**

Access to employee records is restricted to the following:

1. Human Resources Office employee(s) with a business "need to know";
2. The director supervisor or department head of an individual employee with a business "need to know".

#### **Disclosure of Employee Information**

All requests for information about current or former employees must be referred to the Director of Human Resources. The Director of Human Resources will, upon receipt of an authorization signed by the employee, disclose to prospective employers dates of employment, final title or position and department. With the employee's permission, the Director of Human Resources may give a more detail employment and salary history.

#### **For Law Enforcement**

Specifically requested information will be provided upon receipt of duly authorized and properly executed judicial orders and subpoenas. However, a copy of such order or subpoena must be obtained and placed in the employee file and approval must be obtained from the Director of Human Resources (or an official designee in his/her absence) prior to the release. The City need not inform an employee that personal information has been disclosed to

a law enforcement agencies if it concerns an investigation into the employee's on-the-job conduct, especially when an employee's actions endanger other employees or City security and/or property.

**To Others**

Prior authorization from the employee will be required before personal data, including verification of employment, will be disclosed to an outside source.

## **APPENDIX II**

### **TUITION REIMBURSEMENT**

#### **City of Jamestown Tuition Reimbursement Policy**

The intention of this policy is to allow full-time employees to receive reimbursement for job related courses at an accredited institution of higher education. It is the policy of the Council to require advance application by the employee and advance approval by the Council. This approval will have the effect of affirming the relationship of the course to the job. It is the policy that only tuition and/or laboratory fees will be covered; and it will only be reimbursed upon satisfactory completion of the course (grade “C” or better) and certification by the employee that no other form of tuition reimbursement has been or will be received, and that if it is received, the City’s reimbursement will be repaid.

The following elements of this policy apply:

1. Employee will make application to his department head requesting approval for attendance, as part of his duties, at a specified course at an accredited institution of higher education.
2. Application will include the name of the course, the institution, the time and dates of its scheduling, and the amount of tuition.
3. The application will describe the relationship of the course to the individual’s job and will briefly describe the skills, knowledge and capabilities expected to be acquired from attendance at the course.
4. The applicant states that he will attend the course during off-duty hours and make no claim on the City, as his employer, for wages, benefits, travel expenses, books or student fees or any other expenses other than tuition and/or laboratory fees incidental to his/her attendance at the course.
5. Applicant will certify that he does not expect tuition assistance from any other source and will not apply for any; and if any other tuition reimbursement or related educational aid is received based on attendance at that course, he will repay the City’s payment to him/her promptly.
6. Applicant understands that payment will be made upon satisfactory completion of the course with a “C” average or better and submission of a transcript with the voucher requesting reimbursement.
7. Applications will be forwarded to the department head for his/her recommendation and from the department head to the Finance Committee for recommendation to the Council to be approved prior to the opening of classes for the course.

**APPLICATION FOR TUITION AUTHORIZATION AND REIMBURSEMENT<sup>1</sup>**

Name: \_\_\_\_\_ Department \_\_\_\_\_

Position Title \_\_\_\_\_ Date of Employment \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Work Shift \_\_\_\_\_

Degree of Education Level Presently \_\_\_\_\_

Course Title(s) and No.(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Credit Hours \_\_\_\_\_ Tuition Amount \_\_\_\_\_

College or University \_\_\_\_\_

Address \_\_\_\_\_

Times/Dates Offered \_\_\_\_\_

Relationship to job \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly describe skills, knowledge, capabilities to be acquired: \_\_\_\_\_

\_\_\_\_\_

I hereby apply for authorization to attend the above listed job related course with tuition reimbursement and/or laboratory fee reimbursement to be applied for upon submission of evidence of satisfactory completion (grade "C" or better) of the course. I will attend the classes during off-duty hours and will make no claim upon the City for wages, benefits, and travel expenses, books or fees incidental to my participation in this course. I certify that I will not apply for educational assistance under any other program for attendance at this course(s), and, if any assistance is received, I will promptly repay the City's tuition payment. I understand that specific approval must be received from the City Council prior to the start of the classes.

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

Employee's Signature

Date \_\_\_\_\_

Department Head Approval

Finance Committee Approval Date \_\_\_\_\_

Council Resolution \_\_\_\_\_

<sup>1</sup> Revised: 7/11/83, 5/1/87, 3/1/88, 11/14/01, 7/1/08



**CITY OF JAMESTOWN**  
**DEPARTMENT HEAD AND EXEMPT EMPLOYEE SALARY SCHEDULES**

<u>Title</u>	<u>Base Salary</u>	<u>Upper Range</u>				
Director of Public Works	73,437.00	103,736.00				
City Clerk/Treasurer	65,000.00	80,000.00				
City Comptroller	69,934.00	103,387.00				
Corporation Counsel/Director of Human Resources	76,928.00	105,076.00				
Executive Assistant to the Mayor	36,132.00	51,360.00				
Associate Corporation Counsel	54,000.00	76,928.00				
Legal Assistant	37,298.00	51,112.00				
Paralegal	40,000.00	60,000.00				
Administrative Assistant to the Director of Public Safety	33,000.00	52,000.00				
Administrative Assistant to the Mayor	33,000.00	52,000.00				
Administrative Assistant Grant Coordinator	75,000.00	90,000.00				
Department Administrative Assistant (Fire Department)	33,000.00	52,000.00				
Police Chief/Director of Public Safety*	110,000.00	120,000.00				
Police Captain	95,000.00	112,000.00				
Deputy Fire Chief	92,000.00	108,000.00				
Full Time Court Security Officers	25.00/hour	34.00/hour				
Part-time Court Security Officers	20.27/hour	24.28/hour				
	<u>Step 1</u>	<u>Step 2</u>	<u>Step 3</u>	<u>Step 4</u>	<u>Step 5</u>	<u>Step 6</u>
Battalion Fire Chief	83,690	85,699	87,788	89,962	92,222	94,573

\*Note: Pay scale for Police Chief/Director of Public Safety above will include any applicable public safety additional duty stipend. No further stipend will be paid upon ratification of this schedule by City Council.

## APPENDIX A: HEALTH AND WELLNESS PROGRAM

### The Good Life Program

The Good Life Program is a voluntary wellness program offered to the employees and retirees of the City of Jamestown. It is a three (3) step program.

The adjustment for non-participation/non-compliance will occur as of April 1<sup>st</sup>.

The first two steps of The Good Life are:

#### **Step 1 – Health Screening** – height, weight, blood pressure, cholesterol and glucose

Employees/retirees may attend a Health Screening event (date and time to be determined) at the Municipal Building. Once a date and time has been selected, the employee/retiree must contact the City at 716-483-7610 to schedule a time.

#### **OR**

Employees/retirees may use the Physician Verification Form. Employees/retirees will need to schedule an appointment with their primary care physician to have the physician fill out the form. If an employee/retiree has seen their primary care physician between July 1<sup>st</sup> and January 1<sup>st</sup>, they do not need to schedule a new appointment. The employee/retiree may take the Physician Verification Form to the Dr.'s office and have the physician fill in the information required using the information they have on file from the visit in the last six months.

The employee/retiree is responsible to mail the original copy of the form to the address provided on the form to BlueCross BlueShield (BCBS).

**Submitting the original form or a copy to the City will not satisfy this step.**

PLEASE KEEP A COPY FOR YOUR RECORDS.

**All of the information on the Physician Verification Form must be provided.**

**The health screening must be completed by March 31<sup>st</sup>. The form must be postmarked by March 31<sup>st</sup>.**

#### **Step 2 – Health Assessment**

Please use the enclosed instructions to access the Health Assessment on line at bcbswny.com. The employee/retiree will need to register as a member and complete the Health Assessment. The Health Assessment is a series of multiple choice questions about an individual's health. If an employee/retiree needs help with the Health Assessment an appointment can be scheduled with a City representative by calling (716) 483-7610. The City representative will help the employee/retiree complete the assessment. The employee/retiree may also call the number on the back of their BCBS identification card and a customer service representative will be happy to assist.

**The Health Assessment will need to be completed by March 31<sup>st</sup>.**

If the employee/retiree does not complete both of these steps the employee/retiree will begin paying the increased plan premium as of April 1<sup>st</sup>.

After completing the first two steps of The Good Life the employee/retiree will be contacted by BCBS to inform them if they must complete the third and final step of The Good Life program, Health Coaching. If the employee/retiree does have to participate in this step a BCBS Health Coach will contact you. Please see the enclosed information on Health Coaching.

**You will have until July 31<sup>st</sup> to complete the Health Coaching.**

**If an employee/retiree is required to complete the third step and fails to do so the employee/retiree will begin paying the increased premium as of August 1<sup>st</sup>.**

# it's time to assess your health

Online health assessments help you understand your levels of health and fitness and how to improve them if necessary. Health assessments also help your doctor focus on your specific needs and provide targeted care.

## Health assessments can:

- Identify potential health risks
- Provide you access to covered benefits (e.g., health coaching, health promotion programs)
- Help you to track personal goals online

## Before you start:

1. Have your member ID card handy.
2. Ask your doctor for your cholesterol levels (total, HDL, and LDL) and blood pressure (not required, but helpful)
3. If you don't know an answer, don't guess – this can skew your assessment results.

Your health assessment provides an accurate reflection of your wellness level. You'll receive a personal scoring and information regarding your:

- Overall wellness
- Physical activity
- Tobacco use
- Dietary needs
- Blood pressure
- Mental health
- Cholesterol
- Stress level
- Weight
- Body mass index (BMI)

Information you provide through health assessments is confidential and is not shared with your employer. For more information about our privacy practices, visit [bcbswny.com](http://bcbswny.com).

See the reverse side of this flyer for step-by-step instructions on how to take your health assessment.



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BlueCross BlueShield  
of Western New York

# The Good Life™

## What you need to know about biometric screenings

- Hooper Holmes helps us conduct on-site biometric screenings.
- Please schedule your event no later than five weeks before the event date.
- Hooper Holmes will arrive one hour prior to the event time to set up.
- Screenings can be performed between 6 a.m. and 7 p.m. to accommodate multiple shifts.
- Hooper Holmes will assist with scheduling screenings. Paper and online scheduling is available.
- A registration table will be set up to assist employees entering the screening event. We can help staff the table, but ask that you also designate a team of employees to assist.
- We will ask for a site contact. After you schedule the screening date(s) Hooper Holmes will contact this person to make sure the event location is set up correctly.

### Considerations for employees

- Employees should fast for eight hours prior to the screening. Water can be consumed.
- Please tell employees to bring their BlueCross BlueShield of Western New York member ID card. If they do not have their ID card, they can bring a valid photo ID.
- The following biometric measurements will be collected: height, weight, blood pressure, total cholesterol, LDL, HDL, triglycerides, and blood glucose.
- Screenings take approximately 10-15 minutes.

### Physician Verification Form information

- Employees can use the Physician Verification Form (PVF) instead of participating in the on-site biometric screening.
- To use the PVF, employees must have their blood work completed six months prior to the Good Life program start date.
- The employee completes part 1 of the form; the employee's physician completes and signs part 2 of the form.
- We will give you PVFs to distribute to your employees.
- The employee or physician can return the PVF to BlueCross BlueShield.

### FOR EMPLOYER USE ONLY

A division of HealthNew York, Inc., an independent licensee of the BlueCross BlueShield Association.  
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of Western New York

# step-by-step instructions for completing your health assessment

## If you're new to *Online Services*:

1. Go to [bcbswny.com](http://bcbswny.com) and sign in.
2. Select *Member* from the *I am a* drop-down menu.
3. Click *Register Now* under the *Sign in* area.
4. Enter your identification number, group number, and member number.
5. Click *Continue With Registration*.
6. Fill in the required fields to complete your registration.

After you complete your registration, log into *My Access*.

## To log in to *My Health*:

1. Go to [bcbswny.com](http://bcbswny.com) and sign in.
2. Click *My Health* under *Health and Wellness*.
3. Click *Know Your Health Status* under *Start Here*.

You'll need about 15 minutes to complete the survey.

After you've completed the survey, you will immediately receive your personalized profile. Review your profile and under *Start Here*, click *Take a Wellness Workshop*, *Tour My Wellness Website* to take full advantage of *My Health*.

**Hint:** You can add wellness workshops to your to-do list and track your progress.

[bcbswny.com](http://bcbswny.com)

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# say hello to your health coach

BlueCross BlueShield of Western New York health coaches are trained professionals who will help guide you to better health. Coaching takes place in person, over the telephone, or online.

**Our health coaches are focused on getting and keeping you healthy**

#### What a health coach can do for you:

- Actively support, encourage, and educate
- Help develop goals and plans of action
- Identify barriers to better health
- Show you how to manage and control chronic conditions
- Promote safe and healthy lifestyles

#### Frequently asked questions:

##### Is a health coach a physician?

No. Our health coaches are trained wellness professionals including registered nurses, nutritionists, social workers, respiratory therapists, health educators, and exercise physiologists.

##### Can a health coach prescribe medications?

No. Our health coaches cannot prescribe medications or provide physician referrals.

##### Will a health coach tell me what to do?

No. Our health coaches work with you to help you identify your wellness needs; however, you ultimately determine your goals. Our health coaches will provide you with the tools and resources you need to succeed.

##### Does a health coach have access to my medical records?

Our health coaches do not have access to your medical records or health information. However, it is recommended you share any health assessment results with your health coach, so he or she can help you create the most effective wellness plan possible.

To learn more about health coaching, visit [bcbswny.com](http://bcbswny.com) call 1-877-878-8785 and select 2.

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BCBS 864 WNY\_5756\_06-12



### The Good Life Physician Verification Form

Instructions to complete this form:

1. Please complete all fields. Use blue or black ink. Print one character per box.
2. Do not send any additional information attached with this form.
3. You must complete and return the original form, postmarked by March 31, 2014 to the following address:  
BlueCross BlueShield of Western New York  
PO Box 80  
Buffalo, NY 14240-0080

Forms faxed, e-mailed or hand delivered will not be accepted.

4. Please keep a copy of this form for your records.

#### 1— Subscriber Information

Please complete this form with your physician if you are not participating in a worksite health screening.  
Subscriber: If you have any questions please contact customer service at 1-800-544-2583.

Subscriber's Last Name	Subscriber's First Name	M.I.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Subscriber's ID	Suffix	Group Number	Date of Birth (MMDDYYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subscriber's Signature			
<input type="text"/>			

#### 2— Physician Information

Your patient is part of a health plan that asks him/her to have a health screening and complete a Health Assessment. Please take a moment during the office visit to complete this form and return it to your patient. If you have any questions please contact Provider Service at 1-800-950-0051.

##### Health Screening Information

Please enter the following measurements for your patient. Measurements before July 1, 2013 are not permitted.

Height (inches)	Weight (pounds)		
<input type="text"/>	<input type="text"/>		
Blood Pressure:	Systolic      Diastolic		
	<input type="text"/> <input type="text"/>		
Blood Sugar	Total Cholesterol	LDL	HDL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Attending Physician's Last Name	Attending Physician's First Name	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Attending Physician's Signature	Date (MMDDYYYY)	
<input type="text"/>	<input type="text"/>	

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**APPENDIX B: BLUECROSS BLUESHIELD BENEFIT MATRIX**



<b>Benefit Comparison for the City of Jamestown</b>		
<b>Same Network for both plans</b>	<b>Current - PPO 898</b>	<b>Hybrid new plan - PPO 250D</b>
<b>General Information</b>		
Provider Network	PPO Network	PPO Network
Deductible	See Union Contract for Deductible for the current plan	In-Network: \$500 single / \$1,000 family OON: \$1,500 single / \$3,000 family
Deductible Administration Type	Embedded deductible - once any individual has met the individual deductible, subsequent medical costs will be covered for that individual, even if the family deductible has not been satisfied.	Embedded deductible - once any individual has met the individual deductible, subsequent medical costs will be covered for that individual, even if the family deductible has not been satisfied.
Coinsurance	Par provider: 10% coinsurance after deductible; Non-Par: 20% coinsurance after deductible	In-Network: 10% coinsurance after deductible OON: 30% coinsurance after deductible
Out of Pocket Max	Major Medical: \$6,600 single / \$13,200 family	In-Network: \$1,500 single / \$3,000 family OON: \$10,000 single / \$20,000 family
Out of Pocket Max Administration Type	Embedded OOP Max - once any individual has met the individual OOP Max, subsequent medical costs will be covered for that individual, even if the family OOP Max has not been satisfied.	Embedded OOP Max - once any individual has met the individual OOP Max, subsequent medical costs will be covered for that individual, even if the family OOP Max has not been satisfied.
Benefit Administration Date	1/1	1/1
<b>Dependent Coverage</b>		
Dependent Age	26/26	26/26
Dependent Coverage Ends	Birth date	Birth date
<b>Prescription Drug Coverage</b>		
Prescription Drugs	See Union Contract for the prescription drug coverage	See union contract- not subject to deductible
Mail Order	2 copays per 90 day supply	See union contract for copays per 90 day supply
Prescription Deductible	No	No
<b>Physician and Other Services</b>		

Primary Office Visit	10% FS par provider after deductible; 20% FS non-par provider after deductible	\$25 copayment not subject to deductible
Specialist Office Visit	10% FS par provider after deductible; 20% FS non-par provider after deductible	\$25 copayment not subject to deductible
Telemedicine	10% FS par provider after deductible; 20% FS non-par provider after deductible	\$25 copayment not subject to deductible
Allergy Injections	10% FS par provider after deductible; 20% FS non-par provider after deductible	\$25 copayment not subject to deductible
Allergy Testing	10% FS par provider after deductible; 20% FS non-par provider after deductible	\$25 copayment not subject to deductible
Outpatient Surgical Procedures (in physician's office)	Covered in full	10% coinsurance after deductible
PCP Copay/Coinsurance for Dependents up to age 19	10% FS par provider after deductible; 20% FS non-par provider after deductible	Covered in full not subject to deductible
<b>Emergency and Urgent Care Services</b>		
Emergency Room	Covered in full	\$50 copayment after deductible
Ambulance	Covered in full	\$50 copayment after deductible
Urgent Care Center	Covered in full	\$50 copayment not subject to deductible
<b>Preventive Services For Participating Providers</b>		
Bone mineral density measurement or test	Covered in full not subject to deductible	Covered in full not subject to deductible
Cholesterol Test (lipid panel)	Covered in full not subject to deductible	Covered in full not subject to deductible
Immunizations	Covered in full not subject to deductible	Covered in full not subject to deductible
Mammogram	Covered in full not subject to deductible	Covered in full not subject to deductible
Pap Smear	Covered in full not subject to deductible	Covered in full not subject to deductible

Prostate Test (Prostate Specific Antigen "PSA")	Covered in full not subject to deductible	Covered in full not subject to deductible
Routine Physical Exam	Covered in full not subject to deductible	Covered in full not subject to deductible
Well Child Visits	Covered in full not subject to deductible	Covered in full not subject to deductible
<b>Hospital Services</b>		
Inpatient Hospital	Covered in full	10% coinsurance after deductible
Outpatient Surgical Procedure (Facility)	Covered in full	10% coinsurance after deductible
Skilled Nursing Facility	10% FS par provider; 20% FS non-par provider after deductible (60 days)	10% coinsurance after deductible (50 days)
<b>Diagnostic Testing Services</b>		
Laboratory Tests	Covered in full up to \$300/then MM	10% coinsurance after deductible
Radiology	Covered in full up to \$300/ then MM	10% coinsurance after deductible
<b>Maternity Services</b>		
Physician Services: Prenatal and Postnatal Care (initial visit)	10% FS par provider; 20% FS non-par provider after deductible	\$25 copayment not subject to deductible
Inpatient Maternity	Covered in full	Covered in full
<b>Mental Health and Substance Abuse</b>		
Inpatient Mental Health	Covered in full	10% coinsurance after deductible
Outpatient Mental Health	10% FS par provider after deductible; 20% FS non-par provider after deductible	10% coinsurance not subject to deductible
Inpatient Substance Abuse - Rehab	Covered in full	10% coinsurance after deductible
Inpatient Substance Abuse - Detox	Covered in full	10% coinsurance after deductible
Outpatient Substance Abuse	10% FS par provider after deductible; 20% FS non-par provider after deductible	10% coinsurance not subject to deductible
<b>Diabetic Supplies and Services</b>		
Diabetic Equipment	10% FS par provider after deductible; 20% FS non-par provider after deductible	\$25 copayment not subject to deductible
	\$25 copayment	\$25 copayment not subject to deductible

Diabetic Medical Supplies (Test strips, Syringes, etc)		
<b>Rehabilitation Services</b>		
Chiropractic Care	10% FS par provider after deductible; 20% FS non-par provider after deductible	\$25 copayment not subject to deductible
Physical - Occupational - Speech Therapies	10% FS par provider after deductible; 20% FS non-par provider after deductible; Unlimited visits per plan year	10% coinsurance after deductible; 20 visits, aggregate IN & OON with PT/OT/ST, per plan year
Pulmonary Rehabilitation	10% FS par provider after deductible; 20% FS non-par provider after deductible	10% coinsurance after deductible
<b>Additional Services</b>		
Chemotherapy - Outpatient Facility	10% FS par provider after deductible; 20% FS non-par provider after deductible	10% coinsurance after deductible
Durable Medical Equipment	10% FS par provider after deductible; 20% FS non-par provider after deductible	50% coinsurance after deductible
Home Health Care	10% FS par provider after deductible; 20% FS non-par provider after deductible; 40 visits per person per plan year	\$25 copayment not subject to deductible; 365 visits per plan year aggregate IN + OON
Hospice	10% FS par provider after deductible; 20% FS non-par provider after deductible	10% coinsurance after deductible
Prosthetics & orthotics	10% FS par provider after deductible; 20% FS non-par provider after deductible	50% coinsurance after deductible
Dialysis	10% FS par provider after deductible; 20% FS non-par provider after deductible	10% coinsurance after deductible
<b>Vision Services</b>		
Routine Exam	Covered in full, children younger than 5 years of age	Covered in full not subject to deductible
Medical Eye Exam	10% FS par provider; 20% FS non-par provider after deductible	\$25 copayment not subject to deductible

\*Cost share may vary based on place of service for services listed above.

\*\*For a list of Medicare Part D creditable coverage prescription drug plans, please refer to our website.

\*\*\*This is a summary of covered benefits and exclusions and is not intended as an actual contract or group plan. It does not detail all benefits, limitations and exclusions that may apply.

