



Team Member Handbook

Guide to Employment with the Organization

Our Vision is a community that has solved the disease of drug and alcohol addiction.

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Team Member Handbook Acknowledgement Form

Please complete and return upon receipt of your Team Member Handbook.

This Team Member Handbook has been prepared for your information and understanding of the policies, procedures, philosophies, and benefits of Face It TOGETHER® Sioux Falls. **Please read it carefully.** Upon completion of your review of this handbook, please sign the statement below, and return to the Executive Director. A copy of this acknowledgment appears at the front of the Team Member Handbook booklet for your records.

I have received and read a copy of the Face It TOGETHER Team Member Handbook which outlines the policies, procedures, benefits, and expectations of our organization, as well as my responsibilities as an employed team member.

I have familiarized myself, at least generally, with the contents of this handbook. By my signature below, I acknowledge, understand, accept, and agree to comply with the information contained in the Team Member Handbook provided to me. I understand this handbook is not intended to cover every situation which may arise during my employment, but is simply a general guide to the goals, policies, procedures, benefits, and expectations of Face It TOGETHER Sioux Falls. I understand that this Team Member Handbook is not a contract of employment and should not be deemed as such, and that I am an employee at-will.

(Employee Name – Printed)

(Employee Signature)

Date

Introduction

Dear Team Member,

Welcome to Face It TOGETHER Sioux Falls!

We are excited to have you as part of our innovative team. You were hired because we believe you share our commitment to furthering our mission *to get drug and alcohol addiction sufferers well.*

Face It TOGETHER Sioux Falls is dedicated to solving our community's number one public health issue: The disease of addiction to drugs and alcohol. As part of the team, you will discover that the pursuit of excellence is truly a rewarding aspect of your career with us. As a team member, you must "own" the results of your productivity. This Team Member Handbook contains the key policies, procedures, benefits, and expectations of the organization, as well as other important information to employment.

Our success is largely determined by our operating as a creative, hard-working team. Every day, we must earn and maintain the trust and respect of individuals and families who utilize our services, as well as members of the community who donate their time and resources to further our mission. Our business is listening, relationship building, and getting individuals and families well.

The primary goal at Face It TOGETHER Sioux Falls is to live our mission statement and change almost everything we think we know about this disease and how we deal with it. Our work is about making our community a fundamentally better place to live by helping more people get well. You are an essential part of that effort.

Use this handbook as a reference as you pursue your career with our organization. Additionally, the handbook should assure good management, fair treatment, and recognition of all team members.

Welcome aboard. We look forward to your contribution and commitment.

Julie Schoolmeester
Executive Director

Our **Mission** is to get drug and alcohol addiction sufferers well.

Our **Vision** is a community that has solved the disease of drug and alcohol addiction.

Face It TOGETHER Sioux Falls' Values

We believe your commitment to Face It TOGETHER Sioux Falls ("the Organization") comes with the responsibility of representing the recovery community. Promoting community trust, honesty, and integrity is essential. Our actions influence how the community perceives addiction and recovery. Team members must hold an absolute commitment to the organization's Values:

- **Reverence** for those we must reach
- Steadfast commitment to **Vision and Mission**
- An uncompromising commitment to **integrity and transparency** in all that we say and do
- **Dignity and respect** for each other and for those we serve
- We challenge and encourage each other to **optimize our own gifts**
- **High expectations** of performance
- We embrace being held **accountable** for which we agree to be accountable
- We exist to **serve the community** and are committed to helping it discover its' potential.

Organizational History

Face It TOGETHER Sioux Falls is part of a national movement to solve the disease of drug and alcohol addiction in our communities. We are inspired by a groundbreaking new model of care and addiction management that has shown to dramatically help sustain recovery from addiction. This new approach calls for shifting the treatment of drug and alcohol problems from an "emergency room" model of acute care to a model of chronic care, or "**addiction disease management.**" This approach has been shown to help more people get well and to provide significantly better care, while delivering economic benefits to the public and private sectors.

We were established as a non-profit organization in 2009 after a grassroots organizing effort involving citizens and community stakeholders. Sioux Falls is a pro-business city with a small-town, neighborly way of life and a long tradition of supporting important causes, making it a prime location for a community change effort.

We are dedicated to system change and social transformation around addiction. It means changing almost everything we think we know about this disease and how we deal with it – in every part of our community. As the community's public face and voice for recovery and getting well, we are focused on changing *everything* about the way the disease is addressed in Sioux Falls by dramatically improving the quality of addiction care and eliminating barriers to getting help.

The bottom line is that more people in long-term recovery benefits our community.

We are working to foster this change community-wide through the following:

Our **Addiction Management Support Services**, provided by peers in recovery, help individuals and families enter into addiction care, manage the process of getting well, stay in recovery, and improve their lives. These free services include Recovery Coaching, Telephone Recovery Support, guidance in achieving and maintaining housing and employment, access to computers for job searches and communication, and links to community recovery resources such as support groups and meetings.

Our **Advocacy** work focuses on creating a “culture of recovery” throughout every sector of our community. We advocate for fundamental changes in the private, public, and social service sectors. Our goal is to dramatically improve the quality and accessibility of addiction care and recovery supports and services across the community to match the chronic nature of the disease of addiction.

Our **Employer Initiative** brings addiction into the open by creating a supportive culture and providing recovery services and outreach into the workplace. The only effort of its kind nationwide, the Initiative is designed to reach the 70% of individuals who suffer from the disease of addiction and maintain employment. The program reaches one-third of the Sioux Falls area workforce from a wide range of industries including healthcare, manufacturing, financial services, social services, and local government.

We are also focused on **creating social change through Awareness** – eliminating stigma and shame and increasing understanding of addiction so more people come forward for help, and get help sooner, before problems are so severe. Our award-winning awareness program includes bold, carefully crafted public messages to improve knowledge, change attitudes about the disease of addiction, and inspire people to get the help they need to get well.

Employment

Equal Opportunity – Affirmative Action Plan

It is the policy of the Organization to extend equal employment opportunity to all persons without regard for race, religion, color, sex, sexual orientation, national origin, age, disability, or any other characteristic protected by law. The Organization prohibits and will not tolerate any such discrimination or harassment.

The Organization will reasonably accommodate qualified individuals with disabilities unless the accommodation would impose an undue hardship. In accordance with the Americans with Disabilities Act, accommodations will be provided to qualified individuals with disabilities when such accommodations are directly related to performing the essential functions of such a job, competing for a job, or to enjoy equal benefits and privileges of employment. This applies to all applicants, employees, and employees seeking promotional opportunities.

At-Will Employment

The organization and its team members have an employment relationship known as employment-at-will. This means that you are not required to work for the Organization for any set period of time and the Organization is not required to employ you for any set period of time. Face It TOGETHER Sioux Falls may terminate your employment at any time and for any reason. The policies, handbook, and procedures of the Organization do not modify or limit in any way the employment-at-will relationship.

Personal Information

It is important that the personnel records of Face It TOGETHER Sioux Falls be accurate at all times. In order to avoid issues or compromising your benefit eligibility or having W2s returned, the Organization expects that team members will promptly notify the Office Manager of any changes in name, home address, telephone number, marital status, number of dependents, or any other pertinent information which may affect these documents.

Employment Categories

Full-Time is an employee who is regularly scheduled to work 32 or more hours per week. Full-time employees are eligible for benefits.

Part-Time is an employee who is scheduled to work 31 hours per week or less. Part-time employees are not eligible for benefits.

Initial Employment Period

For the first three months of employment with Face It TOGETHER Sioux Falls, team members are within their initial employment period (probationary period). This applies to newly hired team members, re-hired team members, or for individuals promoted to new positions. This period allows the opportunity to learn responsibilities with orientation. It is also a time when both the team member and the employer can evaluate whether this position is a “good fit” for both parties. While a team member’s work is subject to ongoing performance/behavior review, it is especially critical during this initial phase of employment. At the conclusion of the probationary period, an evaluation meeting will be held.

The initial employment period does not in any way affect the team member’s at-will status. Face It TOGETHER Sioux Falls has no obligation to retain a team member for the complete initial employment period and the team member may also decide that this role does not fit him or her. Either the team member or the Organization may end the relationship at-will at any time during or after the initial employment period.

Resignation of Employment

When a non-exempt team member intends to terminate his or her employment with the organization, he or she shall provide at least two weeks of written notice. Exempt team members shall provide at least four weeks of written notice. Team members shall submit all keys and other organization-owned materials to their supervisors when their resignations are submitted.

Basic Rewards

COMPENSATION

Paydays

Employees are paid bi-weekly. Pay periods are defined as:

- Starting the first Sunday of the payroll period.
- Ending the second Saturday of the payroll period.
- Pay day will be on the Friday following the end of the pay period.
- Direct deposit will be utilized for all employees.

Timekeeping

Accurately recording work time is the responsibility of every team member. Time worked is the time actually spent on the job(s) performing assigned duties. The Organization's timesheet, attached herein, will be emailed to you. Exempt team members may be required to keep daily time tracking logs, also attached herein.

Altering, falsifying, tampering with time records, or recoding time on another team member's time record will result in corrective action, including termination of employment.

Authorized personnel will review time records each pay period. Any changes to a team member's time record must be approved by his or her supervisor. Questions regarding timekeeping should be directed to your supervisor or the Executive Director.

Work Week

The work week begins at 12:00 AM Sunday through the following Saturday at 11:59 PM.

Overtime

Overtime compensation is paid to non-exempt team members in accordance with federal and state wage and hour restrictions. Overtime is payable for all hours worked over 40-hours per week at a rate of one and one-half times the non-exempt team member's regular rate of pay. Time off for personal time, holidays, or any leave of absence will not be considered hours worked when calculating overtime.

Overtime work is only performed when necessary and approved in advance by management. You are expected to work necessary overtime when requested to do so. All overtime payments will be made in the pay period following the period the overtime was worked.

Exempt employees are not eligible for overtime compensation.

Rest Time and Meal Periods

Meal periods will last no less than 60 uninterrupted minutes, dependent upon the workload. If non-exempt employees are not able to take their assigned meal period, they should notify their supervisor immediately as this will be compensable time.

Rest periods may be utilized to include a 10-minute break in the morning and afternoon. Rest periods are to be utilized if the employee's workload

allows. Abuse of meal or rest periods may result in corrective action, including termination.

Expense Reimbursement

The Executive Director **MUST** approve all expenses to be reimbursed **PRIOR** to being incurred. Team members are required to submit a written request to the Executive Director for approval of expenses.

Reimbursable expenses shall be those that occur while performing one's job responsibilities. Examples include, but are not limited to *out-of-town mileage* and authorized meals. Expenses must be submitted to the organization within 60-days of occurrence for accounting purposes. All expense reimbursement **requires** actual receipt of expense. Alcohol or entertainment is not expensed by the organization. State reimbursement rates will be utilized for mileage.

Payroll Deduction

As required by law, Face It TOGETHER Sioux Falls will deduct Federal Social Security/Medicare and Income Tax from your payroll check each pay period.

BENEFITS

Worker's Compensation

Worker's Compensation Insurance covers team members who are injured on the job. It is your responsibility to ***immediately*** notify your immediate supervisor – or in the absence of your supervisor, the next available supervisor – of any injuries you sustain while on the job at Face It TOGETHER Sioux Falls.

Jury Duty

Jury Duty will be granted to team members as requested by the judicial system. Such leave shall be granted upon the presentation of official orders from the appropriate court. The team member is required to submit compensation received from the courts and will then be paid for his or her *regularly scheduled* time from the organization. If the jury does not convene or adjourns early, the team member is expected to report to work as scheduled.

Military Leave

Military Leave will be granted to team members as requested by the United States Military. Such leave shall be granted upon the presentation of official orders from the appropriate branch of service. Team members

are requested to keep the Organization informed, as much as possible, as to their return from military deployment.

Leaves of Absence

If you are ill, pregnant, or have a disability which extends beyond your accumulated sick leave, you may request a leave of absence without pay of up to ninety (90) days. Leave requests and requests for extensions of leave must be accompanied by a doctor's certificate. Following any medical leave of absence you must bring in a doctor's report showing you are able to resume your job duties without restriction. If you do not return from a medical leave when scheduled without the agreement of the Organization, it will be assumed that you decided not to return to work and have resigned. The Organization reserves the right to grant an unpaid personal leave of absence for a compelling reason.

During the period of leave, the employee will retain his/her previously-earned seniority, vacation and sick time, but no additional benefits shall accrue.

Training/Continuing Education

Team members are encouraged to participate in a life-long learning philosophy. In some cases, team members may be asked to attend training/continuing education necessary for their jobs. In this situation, the team member will be compensated for their regularly scheduled hours to attend as well as the course expenses.

Team members may also attend other training/continuing education as requested and approved. A request must be completed and reviewed/approved by the immediate supervisor and Executive Director. Costs of the training and paid time to attend will be negotiated at the time the request is made. Reimbursement may include paid time, travel, conference fees, lodging, and meals. All reimbursable expenses require receipts and must be submitted within 30 days after the event. Alcoholic beverages and entertainment expenses will not be reimbursed.

**The section below is for full-time team members only
(Scheduled 32 or more hours per week)**

Paid Holidays

Face It TOGETHER Sioux Falls recognizes the following holidays:

- New Year's Day
- Martin Luther King, Jr. Day
- President's Day
- Memorial Day
- Independence Day
- Labor Day
- Native American Day
- Veteran's Day
- Thanksgiving Day
- Christmas

Holiday hours are considered a benefit and therefore not considered "work" (productive) hours for overtime calculation purposes.

Part-time or temporary staff are not eligible for the holiday benefit.

Vacation Benefits

Full-time team members shall be eligible for paid vacation (annual leave) time upon completion of six months of employment; however, vacation time begins to accrue starting on the first day of employment. It is accrued 4.61 hours per pay period, or three weeks per year.

Only accrued paid vacation benefits may be utilized.

Exempt staff must utilize a full day (eight hours) for vacation purposes.

All vacation requests must be approved by management in advance to ensure appropriate scheduling adjustments. Every effort will be made to accommodate vacation requests, unless business circumstances do not permit. Vacations should be scheduled 30-days in advance for the mutual convenience of the staff member and the agency.

When a holiday falls within a team member's vacation (or other paid leave situation), he or she will not be required to use his or her vacation time for this day (i.e. bereavement, sick leave etc).

Team members may not have a balance of more than 120 hours at any time. If a team member's balance is at 120 hours, the team member will not accrue any additional days.

Team members, who resign in good standing and give proper notice of termination, are entitled to receive payment for accrued vacation. Employees who resign before they complete the probation period are not eligible for accrued vacation payment.

AFLAC

The Organization makes supplemental AFLAC insurance available through payroll deduction. Eligibility begins on the 1st of the month after 30 days of employment. Our agent will make an appointment to visit with you regarding policy options.

Self-Insured Short-Term Disability Benefit Policy

The Organization's self-funded, short-term disability plan is a benefit that provides partial pay for full-time (32 or more hours worked per week) team members who are unable to work due to illness, injury, or disability not related to work. An employee is eligible for this benefit after 180 days of employment.

After an absence of 14 consecutive calendar days, the team member would be eligible for 75% of his or her wages/salary for up to 90 days.

The team member must apply, application attached herein, for the benefit and produce a medical validation of inability to work. The Executive Director is responsible for approval of the team member's application with the exception of an Executive Director's application to be approved by chair of Board of Directors.

The team member must use any earned vacation and/or sick leave balances during the 14-day waiting period. The team member may supplement the other 25% of salary with vacation and/or sick leave during the short-term disability period. The team member will continue to accrue both sick leave and vacation while on short-term disability.

Should the team member not return to work following the short-term disability, he or she will not receive accrued benefits as a termination benefit.

The team member will not be able to return to work without submitting to the Executive Director a note from a physician or licensed health care

professional authorizing the team member's return and indicating any medically required work restrictions.

Sick Leave

Team members accrue 40 hours, or one week per year, of sick leave. Team members are not eligible to receive payment for accrued sick leave upon resignation.

Funeral Leave

A death in your immediate family can be very devastating. In this situation, every effort will be made to ensure that the team member is able to attend the funeral services for his or her loved one. The definition of "immediate family" in this situation includes the following: Spouse or partner, parents, step-parents, guardian, child, step-child, sister, brother, grandparents, and father/mother/brother/sister-in-law.

A funeral leave is limited to three scheduled days for the time frame of funeral services; however, more days (vacation) may be utilized for emotional support if medically needed.

Unpaid Leave

Unpaid leave may be utilized when no other option for leave is available. Unpaid leave will be available only after all accrued vacation or sick leave has been utilized. Unpaid leave will need prior approval of the immediate supervisor and the Executive Director. During a period of unpaid leave, no other category of leave shall accrue. Team members who utilize unpaid leave will not be eligible for the Defined Contribution Health Plan. Employees are to complete a leave request form to be signed by the supervisor and Executive Director. The completed leave request should be attached to the time sheet prior to submission for payroll processing.

Job Performance

Job Objectives and Performance Reviews

Every team member will be given a job description that details the requirements and expectations of the position for which the team member was hired. Instructions and training will be provided by the Executive Director or appropriate supervisor. The Organization will measure your job performance against these objectives as outlined in the Team Member Performance Review, attached herein. After every evaluation, job descriptions will be re-dated and reviewed, if no changes are made; or rewritten as appropriate. In either case, the reporting supervisor will review and discuss the objectives with the employee and the employee will sign a statement indicating agreement with, and understand of, these objectives.

Performance reviews are conducted twice annually, in April and October. Corrective action reviews may occur throughout the year if performance/behavior deficits occur. All performance reviews are based on merit, achievement, efficacy, and performance at your position. If fulfilling a recovery coaching position, performance and efficacy will also be measured using the Face It TOGETHER Record and Evaluation System.

Wage increases will be dependent on your performance/behavior review, as well as current market conditions. A typical across-the-board annual increase is based on cost of living increases (1% - 3% in recent years). Merit increases are rare and based on outstanding performance that far exceeds expectations. Maximum annual merit increase for an employee is 10%, but shall not result in salary exceeding the range as outlined in the compensation strategy. An employee at the top of the salary range deserving of a merit increase shall take the increase as a one-time bonus. (Note: mission first orientation, positive attitude, teamwork, a spirit of service, commitment to the highest quality, and respect for all are cultural values and NOT by themselves worthy of merit increases.)

Confidentiality

Confidentiality is an uncompromising value of the Organization and it highlights our respect for our Mission and the individuals and families we serve. Face It TOGETHER Sioux Falls requires all employees to sign a **Confidentiality and Privacy Agreement** (attached herein) as a condition of employment, due to the possibility of being privy to information, which is confidential and/or intended for the Organization's use only. All

employees are required to maintain such information at Face It TOGETHER Sioux Falls to safeguard confidential, unique, and valuable information.

You may have access to protected personal and/or patient health information. Individuals and families we serve have the right and expectation to have their confidentiality respected. Team members will not use or disclose any confidential or private information about an individual or family member we serve, a volunteer, or a fellow team member. Team members will not access confidential or private information they are not authorized to access.

Face It TOGETHER Sioux Falls' Team Members Must

- Understand and agree to keep personal information confidential;
- Only access information and systems required to efficiently execute your team member function, and which you are authorized to access;
- Understand that health information is protected by federal and state laws, and the policies of Face It TOGETHER Sioux Falls;
- Understand that violations may be subject to civil or criminal legal action and termination of employment;
- Refrain from sharing confidential information;
- Understand that my agreement will survive my Face It TOGETHER Sioux Falls employment;
- Understand that Face It TOGETHER Sioux Falls' Confidentiality and Privacy Agreement does not apply in crisis situations that exclusively include child abuse and neglect, suicidal thoughts and threats, and physical and/or criminal threats or actions to self and/or others.

Face It TOGETHER Sioux Falls confidential information includes but is not limited to individually identifiable personal or health information, whether as printed information (manually or automatically generated), oral communications, and electronic information.

Team members' phone numbers or other personal information shall never be provided to anyone. This is for the team members' safety and privacy. Team members will consult with the Executive Director or designee before sharing information with any media outlet to ensure that confidential information is not released inappropriately. Should an occasion arise in which you are unsure of your obligations under this policy, it is your responsibility to consult with the Executive Director. Failure to comply with this policy could result in corrective action, up to and including termination.

Attendance

Employees are expected to arrive at work before they are scheduled to start and be at their work area productively engaged in Face It TOGETHERA Sioux Falls business. This is to be reflected from the time the scheduled shift begins until the shift ends. All time off must be requested in advance and submitted in writing, as outlined in the appropriate categories with the exception of sick leave utilization.

Exempt team members have more flexibility in their schedules, providing there is appropriate coverage in the office and that team members are meeting the expectations of their position.

Team members will contact their supervisor if they are not able to come to work as scheduled. Team members will call their supervisor, not text or email, if they are unable to work. Notification as soon as a team member realizes that he or she will be unable to work a shift due to illness is appreciated. Leaving voicemail is not acceptable for a notification of absence. You must speak with your supervisor.

If a team member “does not call, does not show” for work for three consecutive days, he or she will be terminated.

Attendance is an important facet of your job performance review. All unapproved absences will be noted in the team member's personnel file. Excessive absences create a disruption in the workplace morale and productivity; therefore, may result in corrective action, up to and including termination. Attendance is a hallmark of respecting our team members' schedules and our ability to serve individuals and families and meet our mission.

Staffing and Shift Changes

All shift changes must be approved by a supervisor. Email is preferred for documentation, with phone calls allowable as needed. Please recognize that a paper trail is to the team members' and the Organization's benefit for documentation.

Credentialing

The Organization trains all paid staff and volunteers to serve in numerous addiction management support roles, including but not limited to, administration, navigation, telephone recovery support, and recovery coaching. The Organization may, from time to time, hire staff and/or retain volunteer services from individuals who may hold professional licenses or credentials related to, but not limited to, chemical dependency counseling, mental or behavioral health counseling,

psychology, or licenses in the medical field, including nursing and psychiatry. Such individuals must limit their assistance to the Organization's clients to the prescribed addiction management and recovery support roles for which they were hired by the Organization or permitted to serve as a volunteer. Any assistance provided to the Organization's clients that falls outside the prescribed addiction management and recovery support roles and may be perceived to be assistance that only a licensed or credentialed individual may provide, will be promptly reviewed by the Executive Director and will be considered grounds for termination or dismissal. Any questions about what may distinguish addiction management support services from that type of care that only a licensed or credentialed individual may provide should be discussed with the Director of Recovery Coaching and/or the Executive Director.

Corrective Action

Face It TOGETHER Sioux Falls holds each of its team members to certain work guidelines and standards of conduct, as outlined herein. When a team member chooses to deviate from these guidelines and standards, corrective action in some fashion will be required.

Corrective action is progressive. Any action taken is in response to a rule infraction, violation of standards, or other performance deficit. Corrective action typically follows a pattern increasing in seriousness until the performance/behavior issue is corrected.

The *usual* sequence of corrective actions includes an oral counseling, a written warning, suspension, and finally involuntary termination of employment. In deciding which initial corrective action would be appropriate, management will consider the seriousness of the infraction, the circumstances surrounding the matter, and the employee's previous record.

Though committed to a progressive approach to corrective action, Face It TOGETHER Sioux Falls may consider certain rule infractions and violations of standards as *grounds for immediate suspension or termination of employment*. These include, but are not limited to: *theft in any form, abusive behaviors, insubordinate behavior, vandalism or destruction of Face It TOGETHER Sioux Falls property, the use of Face It TOGETHER Sioux Falls property without prior authorization, falsification of records, or criminal conviction.*

A team member may be placed on an investigatory leave, with or without notice, to permit Face It TOGETHER Sioux Falls to review or

investigate actions including but not limited to dishonesty, theft, or misappropriation of Face It TOGETHER Sioux Falls property, fighting on the job, insubordination, acts endangering others, or other conduct which warrants removing the team member from the work site. The leave shall be confirmed in writing, stating the reason, and the expected duration of the leave. Upon conclusion of the investigation, the employee shall be informed in writing of the actual dates and pay status of the leave.

Grievances

Procedure for Handling Complaints

Under normal working conditions, team members who have a job-related problem, question, or complaint should first discuss it with their immediate supervisor. At this level, team members usually reach the simplest, quickest, and most satisfactory solution. If the employee and supervisor do not solve the problem, the team member should contact the Executive Director.

Harassment and Other Inappropriate Behaviors

We, at Face It TOGETHER Sioux Falls, do encourage interactions among our team members; however, team members, especially management and supervisory team members, must be sensitive to acts of conduct, which may be considered offensive by fellow team members and must refrain from engaging in such conduct. Face It TOGETHER Sioux Falls requires all employees to sign a **Harassment Policy Agreement** (attached herein) as a condition of employment.

Face It TOGETHER Sioux Falls will not, ***under any circumstances***, condone or tolerate conduct, which may constitute sexual harassment or other inappropriate behaviors on the part of its management, supervisors or non-management personnel (including volunteers, visitors, and vendors). The organization is committed to providing a work environment free of unlawful harassment.

Face It TOGETHER Sioux Falls prohibits harassment based on gender (with or without sexual conduct), race, color, religion, sexual orientation, national origin, age, disability, or any other basis prohibited by law in any form. Any personnel found to have engaged in such conduct will be subject to immediate corrective action up to and including termination.

Inappropriate behavior is often a warning sign of potential hostility or violence. When left unchecked it can escalate to higher levels. Team members who exhibit the following behaviors should be reported to a member of the management staff:

- Unwelcome name-calling, obscene language, and other abusive behavior
- Intimidation through direct or veiled verbal threats
- Throwing objects in the workplace due to anger regardless of the size or type of object being thrown or whether a person is the target of a thrown object
- Physically touching another employee in an intimidating, malicious, or sexually harassing manner. That includes such acts as hitting, slapping, poking, kicking, pinching, grabbing, and pushing.

Sexual harassment is defined as:

1. Making submission to unwelcome sexual advances or requests for sexual favors a term or condition of employment.
2. Basing an employment decision on submission or rejection by an employee of unwelcome sexual advances, or requests for sexual favors or verbal or physical contact of a sexual nature.
3. Creating an intimidating, hostile, or offensive working environment or atmosphere either by:
 - a. Verbal actions, including calling team members by terms of endearment; using vulgar, kidding, or demeaning language; or
 - b. Physical conduct, which interferes with a team member's work performance.
4. It is, also, expressly prohibited for a team member to retaliate against team members who bring sexual harassment charges or assist in investigating charges. Retaliation is a violation of this policy and may result in corrective action, up to and including termination. No team member will be discriminated against, or discharged, because of bringing or assisting in the investigation of a complaint of sexual harassment.

If you feel you have been the target of harassment, fill out an incident report (attached herein), include any relevant documentation, and discuss the issues with the Executive Director. If the complaint is against the Executive Director, fill out an incident report and contact the Chair of the Board of Directors.

Nepotism and Fraternization

Face It TOGETHER Sioux Falls permits the employment of qualified relatives of team members as long as such employment does not, in the opinion of the Organization, create actual or perceived conflicts of interest. For purposes of this policy, "relative" is a spouse or partner, child, parents, sibling, grandparent, grandchild, aunt, uncle, niece, nephew, or

corresponding in-law or “step” relation. The Organization exercises sound business judgment in the placement of related team members in accordance with the following guidelines:

1. Individuals who are relatives may be employed at Face It TOGETHER Sioux Falls, as long as no direct reporting or supervisory relationship exists.
2. Team members who marry or enter into a romantic relationship while employed are treated in accordance with these guidelines. If, in the opinion of Face It TOGETHER Sioux Falls, an actual or apparent conflict arises as a result of marriage or romantic relationship, one of the team members may be reassigned.

Team members will use good judgment in building relationships with individuals and families who utilize our services. It is imperative while working in the human services that team members recognize that dual or multiple relationships with the individuals and families we serve may be harmful to the recovery and wellness of the individual AND the professional judgment of the team member. Romantic relationships with individuals we serve are considered dual relationships and are prohibited.

Addiction Policy (Drug and Alcohol-Free Workplace Policy and Procedure)

Face It TOGETHER Sioux Falls is committed to providing a drug and alcohol-free workplace for its team members and volunteers. This policy applies to all team members and volunteers.

No team member is allowed to consume, possess, sell, or purchase any alcoholic beverage on any property owned by or leased on behalf of Face It TOGETHER Sioux Falls, or in any vehicle owned or leased on behalf of Face It TOGETHER Sioux Falls. No team member may use, possess, sell, transfer, or purchase any drug or other controlled substance, which may alter an individual’s mental or physical capacity.

Face It TOGETHER Sioux Falls will not tolerate team members who report for duty while impaired by use of alcoholic beverages or drugs.

All employees should report evidence of alcohol or drug use to a supervisor or the Executive Director immediately. In cases where the use of alcohol or drugs poses an imminent threat to the safety of persons or property, a team member must report the situation. Failure to do so could result in corrective action for the non-reporting team member.

Team members will notify the Executive Director of any arrest involving drugs or alcohol. Any conviction for violation of a criminal drug or alcohol-related statute requires written notification.

Team members who violate the Drug Free Workplace Policy will be subject to corrective action, including termination.

Face It TOGETHER Sioux Falls will assist team members who suffer from the disease of addiction. You may request a medical leave of absence if needed. We encourage you to contact the Executive Director for details.

As a part of our policy to ensure a drug and alcohol-free workplace, Face It TOGETHER Sioux Falls team members may be asked to submit to a medical examination and/or clinically tested for the presence of alcohol and/or drugs. Within the limits of federal and state laws, we reserve the right, at our discretion, to examine and test for drugs and alcohol. Some such situations may include, but not be limited, to the following:

1. Where there are reasonable grounds for believing an employee is under the influence of alcohol or drugs;
2. As part of an investigation of any accident in the workplace in which there are reasonable grounds to suspect alcohol and/or drugs contributed to the accident;
3. As a follow-up to an addiction management, or treatment, program, where allowed by local, state, or federal law;
4. As necessary for the safety of employees, customers, clients or the public at large, where allowed by local, state, or federal law.

Safety, Security, and Accident Reporting

Our goal is to provide a clean, hazard free, healthy, safe environment in which to work in accordance with the Occupational Safety and Health Act of 1970. As a team member, you are expected to take an active part in maintaining this environment. You should observe all posted safety rules, adhere to all safety instructions provided by your supervisor, and use safety equipment where required. Your work place should be kept neat, clean, and orderly. It is your responsibility to learn the location of all safety and emergency equipment, as well as the appropriate safety contact phone numbers.

All employees are responsible for their work environment's safe keeping. To provide for the safety and security of employees, visitors, and the facilities, only authorized visitors are allowed in the workplace. Restricting unauthorized visitors helps ensure security, protects confidential

information, safeguards welfare, and avoids potential distractions and disturbances.

Team members will be issued facility keys. Team members are to report immediately the loss of building, organization, or office keys. If lost, the team member will incur an expense of \$5 per key.

All safety equipment will be provided by the organization, and team members will be responsible for the reasonable upkeep of this equipment. Any problems with or defects in, equipment should be reported immediately to management.

As a team member, you have a duty to comply with the safety rules of the Face It TOGETHER Sioux Falls, assist in maintaining the hazard free environment, to report any accidents or injuries – including any breaches of safety – and to report any unsafe equipment, working condition, process, or procedure, at once to management.

Employees may report safety violations or injuries anonymously to the Executive Director, if they are not the injured or violating party. **NO TEAM MEMBER WILL BE PUNISHED OR REPRIMANDED FOR REPORTING SAFETY VIOLATIONS OR HAZARDS.** However, any deliberate or ongoing safety violation, or creation of hazard, by a team member will be dealt with through corrective action by the organization, up to and including termination. Worker's Compensation Insurance pursuant to the laws of the State of South Dakota in which we operate covers all work-related accidents.

Operations

Hours of Operation

Business hours for Face It TOGETHER Sioux Falls include:

Office Hours: 9:00 AM to 7:00 PM Monday through Thursday
9:00 AM to 5:00 PM Friday
9:00 AM to 1:00 PM Saturday

Call Hours: 24 hours per day, 365 days per year
(Calls after office hours are answered by Helpline Center Call

Specialists.)

Team Meetings

Team meetings will be held weekly to keep team members informed on recent activities, training, and changes in the workplace. All team members are expected to attend as many team meetings as possible to remain adequately informed. Minutes will be available for team members who are not able to attend the meetings.

Inclement Weather Policy

Under inclement weather conditions, the Executive Director (or designee) may elect to allow all or some of the employees to leave early. A minimum staffing level will be reviewed and implemented to conduct essential services. Hourly employees will be paid only the hours actually worked.

The CAMO generally follows the Sioux Falls Public school closing policies. If you have not received word of a delay or closing and have any questions, please contact your supervisor prior to traveling.

Dress Code & Corporate Wear

We believe that a comfortable workplace is a productive one. We also recognize that as a world-class organization, we need to reflect a professional standard for interacting with the individuals, families, and professionals we serve.

As representatives of the Organization, all team members should be neat, well-groomed, and dressed in job-appropriate attire. Employees should use common sense regarding work attire and refrain from wearing sloppy or inappropriate clothing to the office. Clothing should not detract from a person's ability to perform their job. When representing the Organization at outside events, staff is to take measures to ensure that clothing is appropriate for the audience and event. Casual, but neat attire is acceptable. A good rule-of-thumb to follow is, "If in doubt, don't wear it."

In recognizing that at times a disability and/or religious attire may affect wardrobe, these will be taken into consideration upon discussion with the supervisor.

When wearing corporate wear, you are representing the Organization. It is not appropriate to wear corporate wear in bars or while consuming alcohol.

Cell Phones

It is important for each team member to recognize that use of personal cell phones during the business hours distracts the away from his or her responsibilities. A good rule of thumb is to have your phone set on vibrate. Personal calls and text messages are to be dealt with during break times.

As the Organization grows and technology changes, Recovery Coaches may be using their cell phones to assist individuals they serve via apps or chat functions.

Data Security

Face It TOGETHER Sioux Falls utilizes web-based software and programs that allow employees to access data and computer systems belonging to Face It TOGETHER and Face It TOGETHER Sioux Falls from internet connected devices. The Organization employs mechanisms to safeguard its' data by limiting program access to those team members for which it is deemed necessary.

It is each team member's responsibility to maintain the security of the network by taking reasonable steps to prevent unauthorized access to the Organization's data and systems from locations outside of the office. Data of particular concern includes electronic messages (email), call data, client and/or patient information, and access to the file server.

Reasonable steps team members can take include:

1. Safeguarding passwords.
2. Logging out of and closing data connections when not needed.
3. Securing synced mobile devices.
4. Not utilizing 'auto complete' or 'remember' features to store passwords on browsers.
5. Regularly changing passwords.

If a team member suspects that the Organization's data or systems have been breached by a non-employee or become readily accessible to such an individual, they will report this to his or her immediate supervisor. Examples of breaches might include: a stolen hard drive, the wind carrying away a scrap of paper with your password on it, or the loss of a synced mobile device. Team members that are granted remote access need to follow agency policy and procedures including the signed confidentiality agreement.

Use of Organizational Property (Telephone, Technology, and Computers)

Face It TOGETHER Sioux Falls will provide you with the necessary equipment to do your job. None of this equipment should be used for personal use, nor removed from the physical confines of the Organization – unless it is approved and your job specifically requires use of company equipment outside the physical facility of the Organization.

The telephone lines at Face It TOGETHER Sioux Falls must remain open for business calls and to service our customers. Team members are requested to discourage any personal calls – incoming and outgoing – with the exception of emergency calls. Personal long distance telephone calls are not to be made on company phones.

Computer equipment may not be used for personal use – this includes word processing, computing functions, and communication. You are not allowed to install any other programs to a company computer without the written permission of the Executive Director. These programs include, but are not limited to, games, online services, etc. The copying of programs installed on the company computers is not allowed unless you are specifically directed to do so in writing by your supervisor.

Internet and Email

Team members may have access to the Internet as a tool to meet the needs of their job requirements. Team members must keep in mind that every outgoing communication bears the company's address and is a reflection of the organization. Team members must not place company material, such as copyrighted software or internal correspondence, on any publicly accessible Internet site without prior permission. Personal internet use is discouraged and should not interfere with the performance of a team member's job duties.

Team members will have email addresses provided by the organization.

The signature line of the email will also contain contact information for the individual, however an email signature should not be longer than ten lines. Avoid using images or logos within the email signature. Images can come across as attachments and appear chaotic. Many mobile devices block the appearance of images. Consider providing a link to the Organizational website.

Refraining from the use of quotes in email signatures is best practice for professional communications. Particular statements could potentially confuse external audiences and be inconsistent with our brand.

Example:

Johnny Recovery
Recovery Coach
5020 S. Tennis Lane #4
Sioux Falls, SD 57108
P: 605.274.2262
F: 605.274.2263
faceitsiouxfalls.org
Follow us: [facebook.com/FaceItTOGETHERSiouxFalls](https://www.facebook.com/FaceItTOGETHERSiouxFalls)

Team members will use the following confidentiality note following the signature of the email:

This transmission may contain information that is confidential and/or proprietary. If you are not the individual or entity to which it is addressed, note that any review, disclosure, copying, re-transmission, or other use is strictly prohibited. If you received this transmission in error, please notify the sender immediately and delete the material from your system.

Social Media

Use of social networking sites is permitted as part of one's job duties. Designated team members are responsible for the content on the pages and platforms maintained by the Organization. Formal uses of the organizational pages and platforms include:

- Marketing and Communications
- Recruitment
- Knowledge Sharing
- Development

Team members are encouraged to share information from the Organization's social media pages on their personal social media pages or websites. Team members are to use good judgment when creating content on their personal social media pages and websites, especially when the content mentions the Organization. Your personal digital footprint is a reflection of Face It TOGETHER Sioux Falls and the recovery community.

To assist and ensure such compliance, Face It TOGETHER Sioux Falls establishes the following:

General Principles

1. Authorized use of Face It TOGETHER Sioux Falls owned or operated telephonic, computing, and network resources shall be consistent with the goals of the organization and consistent with this principle.
2. Authorized users of Face It TOGETHER Sioux Falls telephonic, computing, and network resources include those authorized by management.
3. This applies to all Face It TOGETHER Sioux Falls telephonic, computing, and network resources, including host computer systems, Face It TOGETHER Sioux Falls sponsored computers and workstations, software, data sets, and communications networks controlled, administered, or accessed directly or indirectly by Face It TOGETHER Sioux Falls computer resources or services, employees, or volunteers.

- 1.1 Face It TOGETHER Sioux Falls reserves the right to access all aspects of its computing systems and networks
- 1.2 The Organization shall have the right to access, review, audit, copy, delete, intercept, and disclose all messages and phone calls created, received, sent, or stored via any of the Organization's communication systems. All communication systems including hardware, software, and any stored data (including websites visited) is the property of Face It TOGETHER Sioux Falls. Staff shall have no expectations of privacy.
- 1.3 All messages and passwords created, composed, sent, received, or stored on the communication systems are properties of the agency.

Use of Company Property (Intellectual Property/Educational Materials)

Training materials that team members receive, as part of their job, are the property of the Organization and will remain with the Organization upon a team member's departure. Examples of this include the Client Screening Profile, Recovery Capital Evaluation Model, policies/procedures, training materials, etc.

Emergency or Crisis Situation Response Plan

The following procedures are to be utilized when an individual in the Organization becomes disruptive or physically threatening.

1. Stay calm and alert. Attempt to get the individual to a quiet and confidential space, such as one of the offices. Ensure you have a safe escape route should the individual become violent. Use a calming voice and tone to de-escalate the situation, if possible.
2. If you are able to do so, use the code: **"I NEED RED PAPER"** to alert team members that there may be a crisis situation developing. Fellow team members should assess the potential of removing clients, volunteers, or other team members from the area, if necessary. Determine if there is a need to post someone at the doors of building to monitor who goes in and out of the building.
3. If you are able to do so or if fellow team members determine the need for additional community resources, dial 911 if there is potential danger to the individual or anyone else.
4. Should the person wish to leave the Organization, **DO NOT TRY TO STOP HIM OR HER PHYSICALLY FROM LEAVING!**

5. Complete an incident report and submit to the Executive Director as soon as possible.
6. Convene a staff debriefing following the situation as soon as possible.
7. In the event the situation should attract media attention, you are not to speak to the media. The Executive Director or Board Chair is to communicate with media.

24-Hour Help Lines:

Non-Emergency Police Number.....	367-7000
Helpline (24 Hours).....	339-HELP (4357)
Detox Center.....	332-9257
Suicide Crisis Hotline.....	339-4357
24- Hour Crisis Center (Volunteers of America, Dakotas).....	334-1414

Organizational Considerations

Public Image

Our work is about making our community a fundamentally better place to live by helping more people get well. You are a reflection of the Organization and the larger recovery community. We must earn and maintain a trust and respect of individuals and family who utilize our services, as well as members of the community who donate their time and resources to further our mission. You must strive to maintain our good image in the community and maintain good relationships with our community partners.

Smoking and Tobacco Use Policy

Face It TOGETHER Sioux Falls endeavors to provide a healthy environment and model healthy behaviors to the individuals and families we serve. Smoking and tobacco use are only allowed in designated areas outside of the building and team members are to use good judgment in taking a break for this purpose.

Publishing, Research, and Inventions

Books, publications, computer software, or other materials authored by the employee while on work time and/or using agency equipment are the property of the Organization.

Solicitation and Distribution

Solicitation and/or distribution of materials is prohibited in working areas while an employee is on working time. Materials such as scouting troop sales are allowed in designated areas. Distribution/solicitation by people outside the Organization and volunteers must have prior approval for posting by the Executive Director.

Fundraising

Face It TOGETHER Sioux Falls appreciates all efforts of organizations and individuals who wish to assist with fundraising efforts for the Organization. In order to protect the public, the reputation of the Organization, and those involved with the fundraising effort, the Executive Director and/or the Board of Directors, prior to implementation, must approve all fundraising done on behalf of the organization.

Attachments

Time Record

Employee: _____
 Title: _____
 Pay period ending: _____



Day		Hours Worked	Holiday	Sick	Vacation	Total
Sunday	12/7/2014					
Monday	12/8/2014					
Tuesday	12/9/2014					
Wednesday	12/10/2014					
Thursday	12/11/2014					
Friday	12/12/2014					
Saturday	12/13/2014					
Sunday	12/14/2014					
Monday	12/15/2014					
Tuesday	12/16/2014					
Wednesday	12/17/2014					
Thursday	12/18/2014					
Friday	12/19/2014					
Saturday	12/20/2014					
Total hours						

Employee signature Date

Supervisor signature Date

 Face It TOGETHER SIOUX FALLS	<h2>Daily Tracking Log</h2>	
	Name:	
Date		
7:00:00 AM		
8:00:00 AM		
9:00:00 AM		
10:00:00 AM		
11:00:00 AM		
12:00:00 PM		
1:00:00 PM		
2:00:00 PM		
3:00:00 PM		
4:00:00 PM		
5:00:00 PM		
6:00:00 PM		
7:00:00 PM		
8:00:00 PM		
9:00:00 PM		
Total Hours:		

Face It TOGETHER Sioux Falls®
Application for Short-Term Disability Income Benefits

This application has three sections:

- 1) Employer's Statement – to be completed by the FITSF Executive Director or Chairperson of the Board of Directors

- 2) Employee's Statement – to be completed by the employee who is applying for the benefit

- 3) Attending Physician's Statement – to be complete by the physician who is treating the employee.

Please see that all sections are fully completed and signed. Return your completed application to the executive director.

Face It TOGETHER Sioux Falls®
Application for Short Term Disability Benefits

SECTION 1 EMPLOYER'S STATEMENT

To Be Completed by the Employer

This claim is for (Employee's Name):	Social Security Number:	Date of Birth:
Address (Street, City, State, ZIP):		

Information About the Employee

Date employee was hired:
Date employee became eligible for STD benefit:
Is employee enrolled in FITSF's health insurance plan?

Information About the Claim

What was the employee's permanent job on his or her last day at work?	
Last day employee actually worked:	On that day, did the employee work a full day? If not, how many hours were worked?
Why did the employee stop working?	Is the employee's condition work related?
Has a claim been filed with Worker's Compensation?	Date employee is expected to return to work? (Full or part-time?)

Information About Wages/Salary

Employee's bi-weekly/hourly rate of pay?
Will/is employee receive(ing) Workers' Compensation Payments?

Information About the Job as it Relates to the Disability

Can the job be modified to accommodate the disability temporarily? If yes, explain:
Is it possible to offer the employee assistance in doing the job (e.g., through personal assistance or the use of technology)? If yes, explain:

Signature

Name (Please print)

Title

Signature

Date

**Face It TOGETHER Sioux Falls®
Application for Short Term Disability Benefits**

SECTION 2 Employee's Statement

To Be Completed by the Employee

Employee's Name: _____

For an Injury, answer the following questions

When (i.e. date/time), where, and how did the injury occur?

For an Illness, Injury, or Pregnancy, answer the following questions

Date you were first treated by a physician _____ (Month) (Day) (Year)	Physician's Name _____ Address _____ Telephone () _____
Before you stopped working, did your condition require you to change your job or the way you did your job? If yes, explain:	
What aspect of your condition made you unable to work?	
Are you receiving or eligible for worker's compensation, state disability, or other loss of work benefits?	
Is your condition related to your occupation? If yes, explain:	
Have you filed, or do you intend to file a worker's compensation claim? If no, explain:	

Information About the Disability

Last day you worked before the disability _____ (Month) (Day) (Year)	Did you work a full day? If no, explain:	Date you were first unable to work _____ (Month) (Day) (Year)
Since that date, have you done any work? If yes, please indicate dates worked.		If you have not returned to work, do you expect to? If yes, list expected return date.

Signature

The statements contained in this form are true and complete to the best of my knowledge and belief.

X _____
Signature of the Employee

X _____
Date

Application for Short Term Disability Income Benefits
Attending Physician's Statement

Section 3

HISTORY

Patient's Name _____

Patient's condition is the result of: Illness Injury Pregnancy

If pregnancy, what is the expected date of delivery? Month _____ Day _____ Year _____

Is condition due to an illness or an injury work related? _____

DIAGNOSIS

Diagnosis (any complications) _____

ICD9 Codes _____

Subjective Symptoms _____

Physical Findings (list test results or enclose test) _____

Test _____ Date _____ Results _____

Remarks: _____

TREATMENT

Date of onset of this condition? _____

List all dates of treatment for this condition since patient ceased work: _____

Date of next office visit _____

Has patient been referred to any other physician? If yes, name and address: _____

Nature of treatment for condition (including surgery/medications): _____

Was patient hospitalized? If yes, list admit and discharge dates: _____

Name and Address of Hospital(s): _____

Was surgery performed? _____ Procedure? _____

Progress: Recovered Improved Unchanged Retrogressed

IMPAIRMENT

What are the patient's current physical or psychiatric limitations and restrictions? _____

Date patient ceased to work due to this impairment: _____

If physical or psychiatric limitations exist, indicate the date limitations have lasted or will last through: _____

Anticipated length of disability or date expected to return to work: _____

Attending Physician's Name: _____

Address: _____

Telephone: () _____ FAX () _____

Signature _____ Date _____

Face It TOGETHER Sioux Falls Code of Conduct and Confidentiality Agreement

I, _____ certify that I have read and understand the Code of Conduct and the Confidentiality Agreement of Face It TOGETHER Sioux Falls and agree to comply with both, as well as applicable laws that impact the organization, at all times.

_____ Team Member's Name (Please Print)

_____ Signature

_____ Date

Harassment Policy

Face It TOGETHER Sioux Falls Harassment Policy

I, _____ certify that I have read and understand the Harassment Policy of Face It TOGETHER Sioux Falls and agree to comply with it, as well as applicable laws that impact the organization, at all times.

_____ Team Member's Name (Please Print)

_____ Signature

_____ Date



Accident/Incident Report

Date: _____

Location of Incident: _____

Client(s) Involved

First and Last Name

1 _____

2 _____

Name(s) of staff present

1 _____

2 _____

Please describe the problem or incident:

Other information or comments

Check box if medical treatment was received and attach documentation

Signature of Person Filling Out Form

Printed Name

Executive Director Signature



TEAM MEMBER PERFORMANCE REVIEW

Employee Information			
Name			Employee ID
Job Title			Date
Department			Executive Director
Review Period			

Ratings					
	1= Below Expectations	2= Fair. Demonstrate d both competence and room for improvement	3 = Good. Skillfully mastered and consistently performed performance requirements.	4= Excellent. Frequently performed beyond performance requirements	5 = Outstanding. Consistently exceeded performanc e requirements
Treating Everyone with Dignity and Respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Knowledge and Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Ongoing learning, following protocols & processes</i>					
Team Player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Attitude, punctuality, helpfulness, dependability</i>					
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Empathetic, listening, sharing information in a timely manner</i>					
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Confidentiality, mission-focused, balancing client & organizational needs</i>					
Ambassador for the Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Rating (average the rating numbers above)	
--	--

EMPLOYEE PERFORMANCE REVIEW

Evaluation

AREAS TO IMPROVE UPON:

PERSONAL GOALS:

*(as agreed upon by
employee and Executive
Director)*

Verification of Review

By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.

Employee Signature		Date	
Executive Director Signature		Date	