

REDRAFT OF PARENTAL AND FAMILY LEAVE POLICY
FOR THE CENTRAL LEGISLATIVE STAFF AGENCIES

September 18, 1989*

*[Please note that this draft contains only the following three changes from the draft of September 11, 1989 which was mailed to Service Committee members:

1. A change from six weeks to eight weeks is suggested in subparagraph (2) as the time limit for the start of parental leave. This would accommodate a parent who might wish to start a period of parental leave during the two-week period following the normal six-week pregnancy disability period after birth.

2. The duration of family leave in subparagraph (3) is changed from a period of four weeks to 160 hours to clarify that more than one period of family leave may be granted per year if the total family leave does not exceed 160 hours.

3. The right of return in subparagraph (5) is changed to guarantee a job at the same position classification rather than guaranteeing the same position if possible. Redundant and conflicting language is deleted.]

Insert on page 10, after paragraph c entitled "Rights of Return" and delete subsections 4 and 5 on pages 10 and 11:

d. Parental and Family Leave.

(1) Eligibility and Request for Leave. All permanent, full-time employees are eligible for parental and family leave benefits regardless of their length of service at the Legislature. A request for parental or family leave shall be made in writing by the employee reasonably in advance of the beginning of the leave, unless a planned leave is precluded by an unforeseen circumstance. The request for leave shall state the purpose of the leave, the expected duration of absence, and the intention of the employee to return to work following completion of the leave. An employee's supervisor may agree to an arrangement for reduced working hours in lieu of granting parental or family leave.

(2) Parental Leave. An employee is entitled to parental leave, not to exceed three months in duration, upon the birth or placement for adoption of a child. Parental leave shall begin no later than six eight weeks following the birth or placement for adoption of a child. ~~The employee's supervisor may extend the parental leave in increments of one month, except that an employee shall not be granted a total period of parental leave which exceeds one year.~~

~~Alternative #1---The employee, at the employee's own option, may use accrued vacation, sick, compensatory, or holiday leave or leave~~

~~without-pay-during-the-period-of-parental-leave.~~

~~Alternative-#2--~~The employee may use accrued vacation, sick, compensatory, or holiday leave or leave without pay during the period of parental leave. However, an employee on parental leave shall be required to use accrued leave before being granted a leave without pay, except that an employee is entitled to retain ~~a-minimum-of~~ forty hours of vacation leave and forty hours of sick leave upon the taking of leave without pay as part of the employee's parental leave.

Parental leave includes the period of time that a pregnant employee is absent from work due to physical disability related to pregnancy and childbirth. This period of physical disability is presumed to be two weeks before the birth of the child and six weeks following the birth of the child but may be extended before or after that period of time by a physician's statement of disability.

(3) Family Leave. An employee's supervisor may grant to the employee ~~a-period-of~~ family leave, not to exceed ~~four-weeks-in-duration~~ one hundred sixty hours per year, to care for a family member who is ~~seriously ill, or upon the death of a family member, or to provide child care for the employee's children, stepchildren, or children living in the household.~~ Family leave is in addition to the forty hours per year of accrued sick leave provided for the temporary care of immediate family members, for child care, or for bereavement leave. See Chapter 6(C)(1)(b)(3) of these guidelines.

~~Alternative-#1--~~ The employee, at the employee's own option, may use accrued vacation, sick, compensatory, or holiday leave or leave without pay during the period of family leave.

~~Alternative-#2---The-employee-may-use-accrued-vacation, sick, compensatory, or holiday leave or leave without pay during the period of family leave.--However, an employee on family leave shall be required to use accrued leave before being granted a leave without pay, except that an employee is entitled to retain a minimum of forty hours of vacation leave and forty hours of sick leave upon the taking of leave without pay as part of the employee's family leave.~~

For the purposes of family leave, "family member" means the employee's spouse, children, grandchildren, foster children, stepchildren, legal wards, parents, grandparents, foster parents, stepparents, brothers, foster brothers, stepbrothers, sons-in-law, brothers-in-law, sisters, foster sisters, stepsisters, daughters-in-law, sisters-in-law, aunts, uncles, nieces, nephews, first-cousins, corresponding relatives of the employee's spouse, and other persons who are members of the employee's household, and other persons for whom the employee is the primary caretaker.

(4) Seniority and Benefits During Leave. During any period of

authorized parental or family leave, seniority and leave continue to accrue, state benefits continue in force, and the employer's share of state benefit premiums or payments continue to be paid by the employer. However, during periods of leave without pay, the provisions of Chapter 6(C)(2)(a)(2)* apply with regard to the accrual of seniority and leave and the payment of the employer's share of insurance benefits.

(5) Right of Return. Following any period of authorized parental or family leave, the employee is guaranteed a job at the same position classification, if possible, at at least the same grade and step. Otherwise a similar position at at least the same grade and step is guaranteed and the employee retains the right to return to the employee's former position if it subsequently becomes available. Chapter 6(C)(3)(c) of these guidelines, entitled "Rights of Return," does not apply to parental and family leave.

*Chapter 6(C)(2)(a)(2) reads as follows:--(2)--For leave without pay of thirty days or less, the state's share of insurance benefits shall continue and the employee shall accrue seniority as if the employee had not taken the leave.--The employee shall not accrue vacation or sick leave.

NOTE:--The Personnel Department should be consulted to clear these provisions with the state benefit contracts.

rj/1291c

PROPOSED FAMILY DEATH LEAVE POLICY
FOR CENTRAL LEGISLATIVE STAFF AGENCIES

September 20, 1989

Add the following new lettered paragraph "j" to Chapter 6, Paragraph C of the Personnel Guidelines for the Central Legislative Staff Agencies, and reletter the subsequent lettered paragraph:

j. Family Death Leave

In the event of the death of an employee's immediate family member, the employee is entitled to five working days' leave of absence, per occurrence, with pay. In the event of the death of an employee's family member, other than the death of an immediate family member, the employee is entitled to three working days' leave of absence, per occurrence, with pay.

Family death leave is in addition to other leaves available to an employee. An employee is not required to exhaust other leaves available to the employee before taking family death leave.

For purposes of this lettered paragraph, "employee's immediate family member" means an employee's spouse, child, or parent, and "employee's family member" means a family member as defined in Chapter 6(C)(3)(d)(3).

RJ/LW/1297c

PROPOSED VACATION LEAVE SHARING PROGRAM
FOR CENTRAL LEGISLATIVE STAFF AGENCIES

September 20, 1989

Add the following new Paragraph D to Chapter 6 of the Personnel Guidelines for the Central Legislative Staff Agencies:

D. Vacation Leave Sharing.

1. The director shall permit a permanent employee to transfer any vacation leave accrued by the employee in excess of eighty hours to another permanent employee of the same or another agency, and the director of that same or other agency shall permit the other permanent employee to receive and use such transferred vacation leave, if all of the following conditions relating to the employee receiving and using the transferred vacation leave are met:

a. The employee suffers from, or has a relative or household member suffering from an illness, injury, impairment, or physical or mental condition which is of an extraordinary or severe nature and which has caused, or is likely to cause the employee to go on leave without pay status or to terminate employment with the agency.

b. The employee has depleted or will shortly deplete the employee's vacation leave, compensatory leave, and sick leave.

c. The employee has complied with agency rules regarding sick leave use.

2. An employee receiving vacation leave under this paragraph shall not receive more than two thousand eighty-eight hours of transferred vacation leave per calendar year under this paragraph.

3. While an employee is using vacation leave transferred to the employee under this paragraph, the employee shall be treated as if the employee were using the employee's own vacation leave. As soon as an employee accrues forty hours of vacation leave while using vacation leave transferred to the employee under this paragraph, the employee shall be required to use that accrued vacation leave and all accrued sick leave before continuing to use the transferred vacation leave.

4. Vacation leave transferred under this section shall be transferred on an hour-for-hour basis without regard to any difference in hourly pay between the employee transferring the vacation leave and the employee receiving the vacation leave. The number of hours of vacation leave transferred by an employee under this paragraph shall be deducted from that employee's accrued vacation leave. The number of hours of vacation leave received by an employee under this paragraph shall be added to that employee's vacation leave.

5. Vacation leave transferred under this paragraph which remains unused for any reason shall be returned to the employee, or to the employees on a pro rata basis, who transferred the vacation leave.

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF IOWA
WESTERN DIVISION

ROBERT ROLFES, :
An individual, : No. C89-4049
 :
Plaintiff, : PLAINTIFF'S AFFIDAVIT
 : IN RESISTANCE TO MOTIONS
v. : TO DISMISS/SUMMARY
 : JUDGMENT
 :
WILLIAM P. ANGRICK II; :
MICHAEL J. FERJAK; SUSAN :
E. VOSS; JAMES PETERSON; :
THE CITIZEN'S AIDE/OMBUDSMAN, :
an Agency of the State of Iowa; :
and STATE OF IOWA, :
 :
Defendants. :

STATE OF IOWA

OSCEOLA COUNTY, ss:

I, ROBERT ROLFES, being first duly sworn do on oath
depose and state:

1. The facts recited in this affidavit are made from my
personal knowledge.

2. On the morning of June 9, 1989, at approximately 9:00
a.m. two employees of the Citizen's Aide--Ferjak and Peterson--
arrived at the Osceola County Sheriff's Department at Sibley.
I came to the Department shortly after their arrival. Ferjak
gave me subpoenas and a letter from the Citizen's Aide. The
subpoenas are included in the appendix filed with this
affidavit.

When they gave me the subpoenas and letter, I was asked
to appear immediately at the Osceola County Courthouse to give

a statement. However, I told them that I could do it after dinner, and agreed to appear then. They did not advise me to get an attorney, nor give me any information about their purpose in Sibley, other than what was contained in the subpoenas and letter.

On June 9, I initially cooperated with Peterson and Ferjak, showing them around the Sheriff's office and making records available. However, at one point I took them to the garage (attached to the Department) because they wanted to see a winch, a part of the vehicle made available to me for my personal and professional use by the County. I left the pair, and when I returned, found Peterson searching my vehicle. Peterson did not have my permission to search the vehicle and did not ask permission before he searched it. Then he and Ferjak went to the back of the truck, and one of them said "This is the truck." They then ordered me to open the back, which I did, and they searched the back of the truck.

Ferjak and Peterson then stayed in the Department and went through office records with the cooperation of the dispatcher. The defendants' Motion suggests that the reason they had appeared in such abrupt fashion, was their belief that I was systematically destroying records of my Department to hide wrongdoing. I never did any such thing, and no one, including the defendants, has ever produced any proof that I was systematically destroying records.

Since I was alarmed by the search of my vehicle, I called attorney DeKoter and had him with me when I appeared at the

courthouse in the afternoon. Tentative arrangements were made to appear later in Des Moines. However, the attorney explained to me and to Ms. Voss at that time that I might be obtaining other counsel, and that he could make no promises as to whether the other attorney would allow me to appear. With this understanding the meeting adjourned.

The following day, June 10, Voss, Peterson and Ferjak returned to my office in the morning. I was present when they came. They worked with the office computer for a time. At that point, I had to leave the office. Before I left, I asked if there was anything else I could get them or which they wanted. Ferjak said something like, "No, that's fine, Sheriff, we have everything we need." So I left. None of the Ombudsman employees asked my permission to obtain or see anything from my private office. I never gave permission for them to search my office. My private office door was closed when I left.

I later was informed by my dispatcher and deputy that Ferjak, Voss and Peterson later entered my private, personal office and searched it. My private office is a separate room with its own door, used only by myself and reserved for my use. I repeat, I did not give permission for them to enter my private office or to search any part of it. When I returned to my office, I found evidence of the search. The curtains by the window in my office, behind which I keep personal records unrelated to my Sheriff duties, had been opened. I never leave those curtains open and so I knew someone had searched

that area of the office without my permission. I repeat, the records behind the curtains were not public records of the Sheriff's Department. The public records of the Sheriff's Department are kept by my dispatcher outside my office.

While the Ombudsman employees were in Sibley, they were given full access to the public records of the Osceola County Sheriff's Department, including the jail log book. I voluntarily produced all documents in my possession which were requested in the subpoenas handed to me. The Ombudsman employees took copies of records using the office copy machine. They worked with the dispatcher to review various records. At no time did I deny them access to the records of my office and they were able to and did review them fully, including my jail log book.

Throughout the time they were in Sibley, defendants Peterson, Ferjak and Voss took over the Board room in the Osceola County Courthouse. From there, they called numerous local people and asked them to appear to testify. There were witnesses constantly coming and going in the courthouse, which naturally attracted a great deal of public attention and comment. (Sibley is a town of approximately 3,000 people, and there are fewer than 10,000 people in all of Osceola County.) By June 10, the news was all over the county, that I was being investigated by a state agency for allegedly illegal acts. The news hit the newspapers within a few days. This caused me and my family much embarrassment, and damaged my reputation and standing in the community.

I retained attorney Ray Rosenberg of Des Moines to represent me. Mr. Rosenberg on my behalf, demanded that due process requirements be observed with respect to the production of the critical report which defendants intended write and to publicize about me. The defendants would not even consider giving me a fair hearing, and instead sued me to compel me to testify against myself in their proceedings. (Of course, they already had reviewed my office documents, so the purpose of their suit was to obtain my testimony, as stated in the subpoena they issued to me and which was attached to their petition against me.) This of course caused me a large amount of legal expense, and more embarrassment because of newspaper accounts. At about this same time, the defendants sent the State Auditor's office to Sibley to audit my department, and this fact was announced to the local media. I believe that this was a tactic by the defendants to place pressure on me to testify against myself in their investigation, and to punish me for exercising my constitutional rights and for the actions I and my attorneys had taken.

In fact, on several occasions in the fall of 1988, the State Auditor, acting on behalf of the Ombudsman, came to my office and reviewed my records. The State Auditor specifically saw and reviewed my jail log book which I keep. The Auditor later issued a report dated December 2, 1988--but not released until early 1989, just after the grand jury exonerated me--accusing me of not keeping a jail log book, which is a record which I am required by law to keep. This

accusation was false, since I do keep such a record. However, by accusing me of not having the record, the report made it appear as if my wife and I were overbilling the county for prisoner meals she served, and hiding it by not keeping records. Local newspapers then published this accusation. The State Auditor and the defendants knew the accusation was false, but did nothing to correct the news accounts. I believe the report was issued with this false accusation, in order to justify the enormous amount of public time and money spent by the defendants in investigating me and to punish me for asserting my constitutional rights.

In January 1989, I became the subject of a grand jury investigation which was initiated at the request of the defendants. The grand jury went through the material which the defendants had gathered and concluded that I had not committed any crime. These proceedings also caused me great public embarrassment.

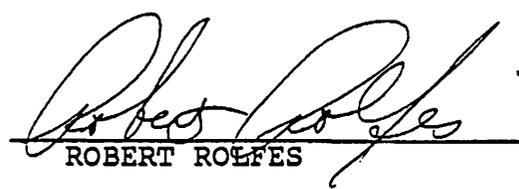
1988 was an election year for the office of Osceola County Sheriff. The same candidate, Neal Rice, opposed me in both the primary in June and the general election in November. Prior to the primary election on June 8, 1989, I was accused by my political opponents of various acts in a letter to the editor to local newspapers. These were essentially the same matters referenced in the defendants' subpoenas. The defendants were aware that I was involved in a political contest for office and were or should have been aware that the people who were complaining to them, were my political

opponents. As a practical matter, if the defendants had issued a critical report about me before November, I believe it would have cost me the election.

3. I have reviewed the First Amended Complaint filed in this matter. The facts recited in the First Amended Complaint are true and correct.

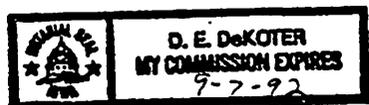
4. I have also reviewed the Appendix filed in this matter by my attorneys. The various documents contained in the Appendix are genuine, and are true and correct duplicates of what they purport to be.

DATED: 8-21, 1989.


ROBERT ROLFES

Subscribed and sworn to before me this 21st day of August, 1989.


Notary Public in and for the State of Iowa



d52 21.doc

COPY TO:

Carlton G. Salmons
Austin, Gaudineer, Austin,
Salmons & Swanson
900 Des Moines Bldg.
Des Moines, Iowa 50309

Michael K. Elliott
Legal Counsel
Citizens' Aide/Ombudsman
Capitol Complex
Des Moines, Iowa 50319

CERTIFICATE OF SERVICE
The undersigned hereby certifies that a true copy of the foregoing instrument was served upon each of the Attorneys of Record of all adverse parties in the above entitled cause by enclosing the same in an envelope addressed to each Attorney at his respective address as disclosed by the pleadings of record herein with postage fully paid, and by depositing said envelope in a United States Post Office depository in Sibley, Osceola County, Iowa on the 24 day of Aug 19 89

Dorothy Korthald

GENERAL ASSEMBLY OF IOWA



LEGAL DIVISION

HARD L. JOHNSON
VISION CHIEF
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RESEARCH DIVISION

PATRICIA A. FUNARO
THANE R. JOHNSON
JOHN C. POLLAK

LEGISLATIVE SERVICE BUREAU

STATE CAPITOL BUILDING
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DIANE E. BOLENDER, ACTING DIRECTOR

ADMINISTRATIVE CODE DIVISION

LUCAS BUILDING 515 281-5285
PHYLLIS V. BARRY
ADMINISTRATIVE CODE EDITOR

PUBLIC INFORMATION OFFICE

GERALDINE FRIDLINGTON
ACTING DIRECTOR

IOWA CODE DIVISION

LUCAS BUILDING 515 281-5285
JoANN G. BROWN
IOWA CODE EDITOR

September 7, 1989

Mr. Jim Peterson
Box 751
Des Moines, IA 50303

Dear Jim:

I incorrectly informed you in our conversation last week that the terms of the agreement between you and Mr. Bill Angrick would be a part of the minutes of the Service Committee meeting of August 28, 1989. I was not the minute taker for that meeting and the staff member who was commented that both Representative Chapman and Chairman Connors stated that negotiations between the parties to the grievance would not be included as part of the grievance proceedings. The minutes will reflect the fact that the grievance under consideration was withdrawn at the request of the grievant because an agreement between the parties was reached. No further action on the grievance was taken by the Service Committee.

Sincerely,

A handwritten signature in cursive script, appearing to read "Diane", written in dark ink.

DIANE BOLENDER
Director

JP
db/dg/20

IOWA LEGISLATIVE COUNCIL

STATE CAPITOL BUILDING
DES MOINES, IOWA 50319
515 281-3566



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DONALD V. DOYLE
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THOMAS MANN, JR.
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DELWYN STROMER
HAROLD VAN MANNEN

SENATOR BILL HUTCHINS, *CHAIRPERSON*
SPEAKER DON AVENSON, *VICE CHAIRPERSON*
LT. GOVERNOR JO ANN ZIMMERMAN, *EX OFFICIO*
DONOVAN PEETERS, *SECRETARY TO THE COUNCIL*

October 24, 1989

Mr. James Peterson
Box 751
Des Moines, Iowa 50303

Dear Mr. Peterson:

On October 18, 1989, Senator Bill Hutchins, Chairperson of the Iowa Legislative Council, received your letter stating that you were appealing to the Legislative Council the October 18, 1989, decision of the Service Committee of the Legislative Council to deny reinstatement of your grievance against Mr. William Angrick. In accordance with the grievance procedures adopted by the Legislative Council, the Council considered your appeal and voted to deny reinstatement of your grievance against Mr. William Angrick.

Sincerely,

A handwritten signature in cursive script that reads "Bill Hutchins".

SENATOR BILL HUTCHINS, Chairperson
Iowa Legislative Council

cc: William Angrick, Citizens' Aide/Ombudsman
Members of the Legislative Council

JP2
BH/DB/dg/20

EDUCATIONAL LEAVE REPORTS

Attached are the Educational Leave Reports for 1989
as required under Section 79.25 of the Code

EDUCATIONAL LEAVE/EDUCATIONAL ASSISTANCE REPORT

Fiscal Year 19⁸⁹

Iowa College Aid Commission

(Department)

SEPT 06 89

Legislative Services Bureau

Employee Name	Classification	Course Title	Hrs. Missed		Direct Costs		Indirect Costs	Cost Savings
			W/Pay	W/O Pay	Tuition	Other		
TOTALS			0	0	0	0	0	0

Iowa Department of Personnel

EDUCATIONAL LEAVE/EDUCATIONAL ASSISTANCE REPORT

All departments are required to report to the Department of Personnel and the Legislative Council not later than October 1 of each year, the direct and indirect costs to the department of educational leave and educational assistance granted to employees during the preceding fiscal year (Chapter 79.25, subsection 3, Code of Iowa). IMTS or departmental courses should not be listed on this report. Please send one copy of this report to the Department of Personnel, Development Bureau and one copy to the Legislative Council.

Instructions to complete the report are as follows:

Fiscal Year - Enter the fiscal year for this report.

Department - Enter the name of the department.

1. Employee Name - List employees at random or in alphabetical order.
2. Classification - Enter employee's classification held at the time of taking the course work.
3. Course Title - Enter the name of each course taken by the employee separately by line.
4. Hours Missed - This refers to the total number of work hours missed by the employee to attend the course work, either with pay (W/Pay) or without pay (W/O Pay). Enter total number of hours in the appropriate column. If the employee did not miss work hours, enter a zero.
5. Direct Costs - Expenses incurred by the department as a result of educational expenses reimbursed to the employee or direct billing by the school.
 - Tuition - Costs of tuition for course work taken.
 - Other - Costs of books, fees, or other expenses.If no cost was incurred, enter a zero.
6. Indirect Costs - Costs incurred by the department as a result of making adjustments in employee work assignments or department operations necessitated by the educational leave or assistance. Enter an estimated cost figure. If no cost was incurred, enter a zero.
7. Cost Savings - Estimated savings to the department as a result of the leave granted or the employee taking the course work. This could include, but not limited to, the savings in wages not paid to the employee or savings in increased efficiency in operations. Enter estimated cost figure.
8. Totals - Add up totals for following columns: Hours Missed, Direct Costs, Indirect Costs, and Cost Savings.

Iowa Department of Personnel

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Iowa Department of Personnel

EDUCATIONAL LEAVE/EDUCATIONAL ASSISTANCE REPORT

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7. Cost Savings - Estimated savings to the department as a result of the leave granted or the employee taking the course work. This could include, but not limited to, the savings in wages not paid to the employee or savings in increased efficiency in operations. Enter estimated cost figure.
8. Totals - Add up totals for following columns: Hours Missed, Direct Costs, Indirect Costs, and Cost Savings.

EDUCATIONAL LEAVE/EDUCATIONAL ASSISTANCE REPORT

Fiscal Year 1988

Economic Development
(Department)

Employee Name	Classification	Course Title	Hrs. Missed		Direct Costs		Indirect Costs	Cost Savings
			W/Pay	W/O Pay	Tuition	Other		
Daniel Dittmore	P.S.E. 5	Managing the Enter-preneurial Process	0	0	495.00	0		
Melissa Valadez	Word Processor 2	Introduction to Shorthand	0	0	101.85	50.00		
Lane Palmer	P.S.E. 4	Info. Systems in Business	0	0	585.00	0		
Lane Palmer	P.S.E. 4	Quant. Methods in Business	0	0	585.00	0		
Phil Thomas	Admin Asst 4	Principles of Real Estate	0	0	101.85	0		
Shelia Langdon	Admin Asst 4	Intro to Speech Communication	0	0	330.00	0		
Betty Hadden	Secretary 2	Basic Writing	0	0	88.50	33.35		
Marlena Bandurski	Admin Asst 4	Composition I	0	0	88.50	31.75		
Lane Palmer	P.S.E. 4	Public Law & Business Regulation	0	0	645.00	0		
Kim Hanks	Admin Asst 3	Cost Accounting 1	0	0	92.00	12.00		
Kim Hanks	Admin Asst 3	Beginning Algebra	0	0	115.00	8.00		
TOTALS			0	0	3227.70	135.10		

*Not Graded

EDUCATIONAL LEAVE/EDUCATIONAL ASSISTANCE REPORT

Fiscal Year 19 89

Education

(Department)

RECEIVED

SEPT 25 89

Legislative Service Bureau

Employee Name	Classification	Course Title	Hrs. Missed		Direct Costs		Indirect Costs	Cost Savings
			W/Pay	W/O Pay	Tuition	Other		
Barbara Bishop	Secretary 1	Medical Terminology	0	0	113.85	0	0	\$ 200
Colleen Brown	Clerk-Typist 3	Medical Terminology	0	0	123.85	0	0	200
Jeananne Hagen	Educ. Prog. Cons.	Intermediate Research Methods - 554	1,592	0	0	0	0	0
Greg Robinson	Educ. Prog. Cons.	Elem. School Curriculum	448	0	0	0	0	0
Thomas Watson	Systems Analyst	Systems Analysis	0	0	161.80	0	0	1,000 (Yr.)
TOTALS			2,040	0	399.50	0	0	1,400

Iowa Department of Personnel

EDUCATIONAL LEAVE/EDUCATIONAL ASSISTANCE REPORT

All departments are required to report to the Department of Personnel and the Legislative Council not later than October 1 of each year, the direct and indirect costs to the department of educational leave and educational assistance granted to employees during the preceding fiscal year (Chapter 79.25, subsection 3, Code of Iowa). IMTS or departmental courses should not be listed on this report. Please send one copy of this report to the Department of Personnel, Development Bureau and one copy to the Legislative Council.

Instructions to complete the report are as follows:

Fiscal Year - Enter the fiscal year for this report.

Department - Enter the name of the department.

1. Employee Name - List employees at random or in alphabetical order.
2. Classification - Enter employee's classification held at the time of taking the course work.
3. Course Title - Enter the name of each course taken by the employee separately by line.
4. Hours Missed - This refers to the total number of work hours missed by the employee to attend the course work, either with pay (W/Pay) or without pay (W/O Pay). Enter total number of hours in the appropriate column. If the employee did not miss work hours, enter a zero.
5. Direct Costs - Expenses incurred by the department as a result of educational expenses reimbursed to the employee or direct billing by the school.
 - Tuition - Costs of tuition for course work taken.
 - Other - Costs of books, fees, or other expenses.If no cost was incurred, enter a zero.
6. Indirect Costs - Costs incurred by the department as a result of making adjustments in employee work assignments or department operations necessitated by the educational leave or assistance. Enter an estimated cost figure. If no cost was incurred, enter a zero.
7. Cost Savings - Estimated savings to the department as a result of the leave granted or the employee taking the course work. This could include, but not limited to, the savings in wages not paid to the employee or savings in increased efficiency in operations. Enter estimated cost figure.
8. Totals - Add up totals for following columns: Hours Missed, Direct Costs, Indirect Costs, and Cost Savings.

State of Iowa
Department of Personnel

APPLICATION FOR EDUCATIONAL ASSISTANCE/LEAVE

EMPLOYEE SECTION

Name Theresa Carter	Job Class Secretary 1	S.S.# 500-74-3241	Date Employed 2/15/80
Bargaining Unit 001 (clerical)	Department Name & Address Department of Education Grimes State Office Building Des Moines, IA 50319-0146		

Course Title *	School	U/G**	Dates/ Times	Credit Hours	Tuition Per Hr.	Course Cost
N/A See Educational 1. Leave #1 Below						
2.						
3.						
* Attach official course description. Total Cost						
** U/G = Undergraduate/Graduate						

Please attach a written explanation of how the course work is job-related.

Educational Assistance

1. Are you requesting reimbursement for expenses in the following areas:

Expenses	No	Yes	Dollar Amount
Tuition	x		
Books	x		
Fees	x		
Other	x		
Total			\$

If you answered NO to all Expenses, skip question 2.

2. Are you going to receive financial assistance? No Yes

Type and Amount

Educational Leave

1. Are you requesting time off from your job to attend school? No Yes
 How many hours per week? 40 Paid Unpaid
 Number of regular hours you work per week? 40

(1989-1990)

I am requesting educational leave without pay from August 23 to May 31 when I will receive a B.A. degree in computer science/management from Simpson College.

Employee's Signature Theresa Carter Date July 10, 1989

SUPERVISOR'S SECTION

Date Received 7/10/89



Approved



Disapproved

Reasons: _____

Supervisor's Signature Dwight P. Carlson

Date 8/15/89

(Please forward application, Educational Survey and a copy of employee's Section A to your department's appointing authority.)

APPOINTING AUTHORITY'S SECTION

Reimbursement: ___ No ___ Yes X None Requested

Dollar Amount Approved For Each Course:

Course 1:	Tuition \$	_____	Books \$	_____	Fees \$	_____	Other \$	_____
Course 2:	Tuition \$	_____	Books \$	_____	Fees \$	_____	Other \$	_____
Course 3:	Tuition \$	_____	Books \$	_____	Fees \$	_____	Other \$	_____

Total Dollar Amount Approved: \$ _____

* If amount of reimbursement requested is greater than the amount listed above, the amount MUST be signed off on by the Appointing Authority.

Educational Leave: ___ No X Yes

Number of Hours Per Week: 40 Paid Unpaid

Appointing Authority's Signature William H. Taylor

Date 8/15/89

(Please forward completed application and Educational Survey to your department's Training Representative.)

Judith A. Chambers
Training Representative's Signature

8/16/89
Date Sent to Personnel

DEPARTMENT OF PERSONNEL APPROVAL RESULTS

1. Date Received 8-76-89 2. Reimbursement Approved? ___ Yes ___ No
If NO, Reasons Why it Wasn't:

3. Approval By: Kevin H. Kelly
Education Coordinator

8-76-89
Date

NOTE TO DEPARTMENT TRAINING REPRESENTATIVE/PERSONNEL ASSISTANT

Reimbursement Procedures:

1. Upon completion of the course(s), send this application, a copy of the employee's school grade or completion certificate, the original paid receipt, and a signed travel voucher to:

Department of Revenue and Finance
 Pre-Audit Division
 Hoover State Office Building
 Des Moines 50319

PERFORMANCE PLAN

NAME (Last, First, MI) Carter, Theresa K.	SOC. SEC. NO. 500-74-3241	JOB CLASS Secretary 1
POSITION NUMBER (18 digits) 282-I51-2100-00025-003	EFFECTIVE DATE 05/12/89 - 05/11/90	DEPARTMENT/DIVISION/BUREAU Education, Adm. Svcs., Sch. Adm. & Accred.

<u>NO.</u>	<u>T</u>	<u>C</u>	<u>%</u>	<u>RESPONSIBILITIES</u>	<u>STANDARDS/RESULTS EXPECTED</u>
1	5	5	35	Co-coordinates and assists with all clerical tasks associated with the school approval/accreditation process.	1a. Prepare and print all forms and documents associated with the school approval/accreditation process. b. Assist in developing a procedure for receipt and handling individual and team school visit reports from consultant staff. c. Produce school approval/accreditation staff and committee reports within 2 days of receipt of draft from consultant staff and disseminate. d. Maintain central school file and consultants' notebooks regarding consultant and team visit reports. e. Maintain office records of all approved/accredited schools and school districts and all nonapproved schools of which we are aware. f. Type all correspondence associated with the approval/accreditation process. g. Produces school visitation schedules and notification letters for accreditation field staff.
2	4	5	31	Co-coordinates and assists with all clerical tasks associated with the Educational Excellence Program.	2a. Prepare and print all forms and documents associated with the Educational Excellence Program. b. Assist in developing a procedure for receipt and handling of the Phase I and Phase II forms and the Phase III plans. c. Maintain Educational Excellence Program files. d. Maintain office records regarding pending, approved and nonapproved claims and plans. e. Types all correspondence associated with the Educational Excellence Program. f. Prepares forms, claims and plan evaluation records for keypunching.

Supervisor: _____ Title: _____ Date: _____

This Performance Plan has been discussed with me and I have been given a copy.

Employee: _____ Date: _____

Distribution (Section A):

Employee
Supervisor
Personnel Assistant
IDOP (if requested)

NAME Carter, Theresa K. SOCIAL SECURITY NUMBER 500-74-3241
(Last, First, MI)

NO.	T	C	%	RESPONSIBILITIES	STANDARDS/RESULTS EXPECTED
3	1	4	17	Performs clerical tasks associated with Action Lab Workshop held each August.	3a. Maintains listing of individuals to be invited to workshop. b. Prepares agreement forms for workshop staff. c. Coordinates all material and equipment needs for workshop. d. Assists with workshop registration process. e. Produces final report of workshop and provides consultants with information for follow-up workshop held in April.
4	1	4	17	Assists with other Bureau clerical tasks.	4a. Types correspondence for other consultants as needed. b. Share telephone and receptionist responsibilities. c. Assists in opening and distributing mail.

Supervisor: Dwight R. Culver Title: Chief Date: 7/20/89

This Performance Plan has been discussed with me and I have been given a copy.

Employee: Theresa Carter Date: 7/20/89

Distribution (Section A):
Employee
Supervisor
Personnel Assistant
IDOP (if requested)

4

Iowa Department of Personnel

EDUCATIONAL LEAVE/EDUCATIONAL ASSISTANCE REPORT

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Instructions to complete the report are as follows:

Fiscal Year - Enter the fiscal year for this report.

Department - Enter the name of the department.

1. Employee Name - List employees at random or in alphabetical order.
2. Classification - Enter employee's classification held at the time of taking the course work.
3. Course Title - Enter the name of each course taken by the employee separately by line.
4. Hours Missed - This refers to the total number of work hours missed by the employee to attend the course work, either with pay (W/Pay) or without pay (W/O Pay). Enter total number of hours in the appropriate column. If the employee did not miss work hours, enter a zero.
5. Direct Costs - Expenses incurred by the department as a result of educational expenses reimbursed to the employee or direct billing by the school.
 - Tuition - Costs of tuition for course work taken.
 - Other - Costs of books, fees, or other expenses.If no cost was incurred, enter a zero.
6. Indirect Costs - Costs incurred by the department as a result of making adjustments in employee work assignments or department operations necessitated by the educational leave or assistance. Enter an estimated cost figure. If no cost was incurred, enter a zero.
7. Cost Savings - Estimated savings to the department as a result of the leave granted or the employee taking the course work. This could include, but not limited to, the savings in wages not paid to the employee or savings in increased efficiency in operations. Enter estimated cost figure.
8. Totals - Add up totals for following columns: Hours Missed, Direct Costs, Indirect Costs, and Cost Savings.

EDUCATIONAL LEAVE/EDUCATIONAL ASSISTANCE REPORT

Fiscal Year 1989

DEPARTMENT OF HUMAN SERVICES
(Department)

Employee Name	Classification	Course Title	Hrs. Missed		Direct Cost		Indirect Cost	Cost/Savings Savings
			W/Pay	W/O Pay	Tuition	Other		
PHOUVALY CHOUNLAMOUNTRY	REF.SPEC. I	MENTAL HEALTH/CROSS CROSS CULTURAL TRNG	0	0	\$70.00	\$.00	\$.00	\$.00
PHETDAVONE V. MONTET	REF.SPEC. I	MENTAL HEALTH/CROSS CROSS CULTURAL TRNG	0	0	\$70.00	\$.00	\$.00	\$.00
LY CHAD	REF.SPEC. II	INTERVIEWING/ INTERPERSONAL REL.	0	0	\$101.85	\$.00	\$.00	\$.00
TUYET PHAN-DUONG	REF.SPEC. I	MENTAL HEALTH/CROSS CROSS CULTURAL TRNG	0	0	\$70.00	\$.00	\$.00	\$.00
TUYET PHAN-DUONG	REF.SPEC. I	INTERVIEWING/ INTERPERSONAL REL.	0	0	\$100.50	\$.00	\$.00	\$.00
PARTRICA BRITT	LPN	ASSOCIATE DEGREE NURSING	0	1920	\$.00	\$.00	\$.00	\$23,366.40
KAY HANSON	LPN I	ASSOCIATE DEGREE NURSING	0	670	\$.00	\$.00	\$.00	\$8,120.40
PATRICA LINDHOLM	CI III	BUSINESS COMPUTER PROGRAMING	0	1920	\$.00	\$.00	\$.00	\$15,897.60
PHYLISS STOELK	SWII	SW PRACTICUM INTERVENTION W/IND	0	960	\$.00	\$.00	\$.00	\$10,982.40
PATRICIA MISKIMEN	SWII	PRACTICUM PSYCHOLOGY	0	480	\$.00	\$.00	\$.00	\$59,136.00
LILLIE NEWKIRK	SEC I	DRAWING	0	182	\$.00	\$.00	\$.00	\$1,725.60
BONNIE ALLEN	RES TREAT WKR	MEDICATION AIDE	48		\$99.00	\$.00	\$450.72	
DIANE BLOCK	RES TREAT WKR	MEDICATION AIDE	48		\$99.00	\$.00	\$429.60	
CARLA GALAGHER	RES TREAT WKR	MEDICATION AIDE	48		\$99.00	\$.00	\$429.60	
MARY EDWARDS	RES TREAT WKR	MEDICATION AIDE	48		\$99.00	\$.00	\$450.72	
JANICE GIBBS	RES TREAT WKR	MEDICATION AIDE	48		\$99.00	\$.00	\$429.60	
RONDA KRIEGEL	RES TREAT WKR	MEDICATION AIDE	48		\$99.00	\$.00	\$429.60	

Employee Name	Classification	Course Title	Hrs. Missed	Direct Cost	Indirect Cost	Savings		
LINDA LARSON	RES TREAT WKR	MEDICATION AIDE	48	\$99.00	\$0.00	\$429.60		
JOCELINE MYERS	FOOD PROD. SUP.	MEAL SERVICE	48	\$99.00	\$0.00	\$429.60		
CONSTANCE PAGLIA	RES TREAT WKR	MEDICATION AIDE	48	\$99.00	\$0.00	\$495.84		
MARIBETH PRICE	RES TREAT WKR	MEDICATION AIDE	48	\$99.00	\$0.00	\$429.60		
BERNIECE SEILER	FOOD PROD. SUP.	MEAL SERVICE	24	\$38.00	\$0.00	\$255.60		
DARLA SHEETS	RES TREAT WKR	MEDICATION AIDE	48	\$99.00	\$0.00	\$495.84		
TIMOTHY WEBER	RES TREAT WKR	MEDICATION AIDE	48	\$99.00	\$0.00	\$450.72		
TOTALS			600	4212	\$1,638.35	\$0.00	\$5,606.64	\$119,228.40

STATE OF IOWA
Department of Personnel

APPLICATION FOR EDUCATIONAL ASSISTANCE/LEAVE

EMPLOYEE SECTION

Name <i>Kristine Oswald</i>	Job Class <i>S.W. II</i>	S.S.# <i>484-78-1740</i>	Date Employed <i>1-7-85</i>
Bargaining Unit <i>IUP</i>	Department Name & Address <i>DH 5/District Office 428 Western Ave. Davenport, IA 52801</i>		

Course Title *	School	U/G**	Dates/Times	Credit Hours	Tuition Per Hr.	Course Cost
1.	<i>U of Iowa</i>					
2.						
3.						

* Attach official course description.
** U/G = Undergraduate/Graduate

Total Cost

Please attach a written explanation of how the course work is job-related.

See attached

RECEIVED
 JUN 23 1989
 D.S.S. TRAINING

Educational Assistance

1. Are you requesting reimbursement for expenses in the following areas:

Expenses	No	Yes	Dollar Amount
Tuition	<input checked="" type="checkbox"/>		
Books	<input checked="" type="checkbox"/>		
Fees	<input checked="" type="checkbox"/>		
Other			
Total \$			

If you answered NO to all Expenses, skip question 2.

2. Are you going to receive financial assistance? No Yes

Type and Amount

Educational Leave

1. Are you requesting time off from your job to attend school? No Yes
 How many hours per week? 40 Paid Unpaid
 Number of regular hours you work per week? 40

Aug 24, 1989 to Jan 1, 1990

Employee's Signature *Kristine F Oswald* Date *6-12-89*

RECEIVED

CFN 552-0266 R9/88

JUN 19 '89 AM

2

Date Received _____ Approved _____ Disapproved _____

Reasons: _____

Kristine is interested in furthering her education and this would
enhance her professional expertise.

Supervisor's Signature David Van Zile Date 6/12/89
(Please forward application, Educational Survey and a copy of employee's Section A to your department's appointing authority.)

APPOINTING AUTHORITY'S SECTION

Reimbursement: No Yes None Requested

Dollar Amount Approved For Each Course:

Course 1:	Tuition \$	_____	Books \$	_____	Fees \$	_____	Other \$	_____
Course 2:	Tuition \$	_____	Books \$	_____	Fees \$	_____	Other \$	_____
Course 3:	Tuition \$	_____	Books \$	_____	Fees \$	_____	Other \$	_____

Total Dollar Amount Approved: \$ _____

* If amount of reimbursement requested is greater than the amount listed above, the amount MUST be signed off on by the Appointing Authority.

Educational Leave: No Yes
Number of Hours Per Week: _____ Paid Unpaid

Appointing Authority's Signature T. Maudsley Date 6/15/89
(Please forward completed application and Educational Survey to your department's Training Representative.)

Kilma Disney _____ 6/16/89
Training Representative's Signature Date Sent to Personnel

DEPARTMENT OF PERSONNEL APPROVAL RESULTS

1. Date Received _____ 2. Reimbursement Approved? Yes No
If NO, Reasons Why it Wasn't:

3. Approval By: [Signature] _____ 1.75-89
Education Coordinator Date

NOTE TO DEPARTMENT TRAINING REPRESENTATIVE/PERSONNEL ASSISTANT

Reimbursement Procedures:

- Upon completion of the course(s), send this application, a copy of the employee's school grade or completion certificate, the original paid receipt, and a signed travel voucher to:

Department of Revenue and Finance
Pre-Audit Division
Hoover State Office Building
Des Moines 50319

JUN 19 '89 AIA

State of Iowa
PERFORMANCE PLAN

SECTION A

NOTE: Please type or print

1. EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL) Hald, Kristine	2. SOC. SEC. NO. 484-78-1740	3. JOB CLASSIFICATION Social Worker II	4. PURPOSE OF EVALUATION Annual	5. PATROLL NUMBER (16 DIGITS) 402-M10-4000-03013-013
6. PERIOD COVERED (NO MORE THAN 12 MONTHS) DAY YR. MO. DAY YR. 11 25 88	7. AGENCY Iowa Dept. of Human Services		8. DIVISION Community Services	9. UNIT Adoption Specialist
10. HOME ADDRESS 100 Western Avenue Des Moines, Iowa 52801	11. ENTRY DATE IN CLASSIFICATION 09-20-85	INSTRUCTIONS: Section A is to be completed or updated at the beginning of the evaluation period. It must be discussed with and signed by the individual being evaluated. Employee's copy is given to the individual immediately following the conference. Other copies are held by the supervisor until the end of the evaluation period, when they are attached to Section B. See separate Instruction Sheet and Manual for details.		

Time	Com- petence	%	12. MAJOR RESPONSIBILITIES: From job description, classification specification or other.	13. STANDARDS AND RESULTS EXPECTED: Conditions which will exist when the responsibility is done competently. Several standards for each responsibility.
1	5	27	To provide adoptive services in assigned counties in compliance with the Iowa Code and Manual regulations.	<ol style="list-style-type: none"> 1. Process applications for potential adoptive families. 2. Complete home studies as assigned making recommendations for families whose applications have been accepted. 3. Minimum of three contacts with family to complete home study; one to be in the home. 4. Be familiar with Adoption Manual and Chapter 600 of the Iowa Code. 5. Do periodic up-dates of home studies in accordance with Manual directives. 6. Give priority to those families requesting hard-to-place children.
2	5	30	Make and supervise adoptive placements providing counseling and casework service to children placed and to those awaiting adoption so as to facilitate the best possible adjustment to placement.	<ol style="list-style-type: none"> 1. Maintain at least monthly contact with children in foster placement awaiting adoption, familiarizing and preparing them for the adoptive process. 2. Prepare and submit reports, do case plan and dictation according to Manual directives. Adoptive dictation to be up-dated quarterly. Pending cases do not require case plan. 3. Counsel with adoptive parents upon request. 4. Cooperate and negotiate with foster care personnel relative to those children whose parental rights have been terminated and who may require long-term foster care. 5. Be familiar with the Child Advocacy Manual (XIII-R), Foster Care (XIII-J), and Adoptions (XIII-C). 6. Do necessary paperwork for implementation, review, and termination of Subsidized Adoptions. 7. Supervise placements of foreign born children when requested, assisting adoptive parents in locating support services.

RECEIVED

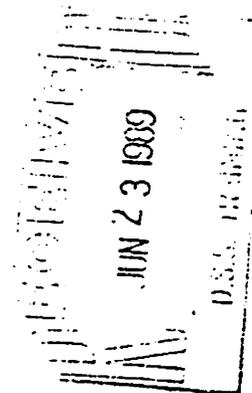
RECEIVED
 JUN 23 1989
 D.S.S.

*NOTE: Weighted percentage expressed as a decimal, i.e., importance of a responsibility compared to others. Total 100%.

The classes that I want to take through the University of Iowa are through the Department of Education. They will be classes to help me to better understand what motivates the behavior of children in grades 1-6.

Through my job as an Adoption Specialist, I deal with children of all ages. By taking these classes, I will strengthen my existing skills of working with children and create some new skills that will enable me to be a better social worker.

Kristine Oswald



RECEIVED

JUN 19 '89 AM

24

State of Iowa
Department of Personnel

APPLICATION FOR EDUCATIONAL ASSISTANCE/LEAVE

EMPLOYEE SECTION

Name <i>Kim Riley-Quinn</i>	Job Class <i>SWI</i>	S.S.# <i>484-82-2222</i>	Date Employed <i>9/4/84</i>
Bargaining Unit	Department Name & Address <i>SWI 6046 427 Western Ave Des Moines, IA 50321</i>		

Course Title *	School	U/G**	Dates/Times	Credit Hours	Tuition Per Hr.	Course Cost
<i>MSW</i>	<i>Univ of I</i>					
1.		<i>G</i>	<i>7/31 to 7/30</i>	<i>3 credit</i>		
2.						
3.						

* Attach official course description.

** U/G = Undergraduate/Graduate

Please attach a written explanation of how the course work is job-related.

Educational Assistance

1. Are you requesting reimbursement for expenses in the following areas:

Expenses	No	Yes	Dollar Amount
Tuition			
Books			
Fees			
Other			
Total			\$

If you answered NO to all Expenses, skip question 2.

2. Are you going to receive financial assistance? No Yes

_____ Type and Amount

Educational Leave

1. Are you requesting time off from your job to attend school? No Yes
 How many hours per week? _____ Paid Unpaid
 Number of regular hours you work per week?

I'm requesting an unpaid educational leave for one year.

Employee's Signature *Kim Riley-Quinn* Date *6-7-89*

RECEIVED

Date Received _____

Approved

Disapproved

Reasons: _____

Supervisor's Signature _____

Date 6-12-89

(Please forward application, Educational Survey and a copy of employee's Section A to your department's appointing authority.)

APPOINTING AUTHORITY'S SECTION

Reimbursement: No Yes None Requested

Dollar Amount Approved For Each Course:

Course 1:	Tuition \$ _____	Books \$ _____	Fees \$ _____	Other \$ _____
Course 2:	Tuition \$ _____	Books \$ _____	Fees \$ _____	Other \$ _____
Course 3:	Tuition \$ _____	Books \$ _____	Fees \$ _____	Other \$ _____

Total Dollar Amount Approved: \$ _____

* If amount of reimbursement requested is greater than the amount listed above, the amount MUST be signed off on by the Appointing Authority.

Educational Leave: No Yes

Number of Hours Per Week: _____ Paid Unpaid

Appointing Authority's Signature _____

Date 6/16/89

(Please forward completed application and Educational Survey to your department's Training Representative.)

Training Representative's Signature _____

Date Sent to Personnel _____

DEPARTMENT OF PERSONNEL APPROVAL RESULTS

1. Date Received _____ 2. Reimbursement Approved? Yes No
If NO, Reasons Why it Wasn't:

3. Approval By: _____

Education Coordinator

Date 6-7-89

NOTE TO DEPARTMENT TRAINING REPRESENTATIVE/PERSONNEL ASSISTANT

Reimbursement Procedures:

1. Upon completion of the course(s), send this application, a copy of the employee's school grade or completion certificate, the original paid receipt, and a signed travel voucher to:

Department of Revenue and Finance
 Pre-Audit Division
 Hoover State Office Building
 Des Moines 50319

Interoffice Memo

Date: May 22, 1989

To/Office: DHS - Scott County
Attention: Karon Lewis, Supervisor
From/Office: Kim Riley-Quinn, SW II KRQ
DHS - Scott County
Subject: Leave of Absence

JUN - 1989

As of August 1989, I will be enrolled as a full time student at the University of Iowa and will be pursuing a Masters Degree in the field of Social Work. I am also planning to take two courses this summer, so it will not be possible for me to continue in my current position with the Department of Human Services. I would like to request a one year educational leave beginning July 1, 1989.

Since I am unsure as to what my plans will be after my first year of school, I would like to take the opportunity to say that I have very much enjoyed working with you for the past four and a half years. When I began at the department, the job really seemed impossible (and sometimes still does) but with the support and encouragement offered by you and fellow workers, somehow it was always manageable. I wish you and my co-workers all the best and I hope that we are able to keep in touch. In fact, occasionally you may find me wandering into the office just out of habit.

KRQ/ds

approved - Karon Lewis

D.S.S. TRAINING
JUN - 6 1989
JUN 23 1989
D.S.S. TRAINING

RECEIVED

27

JUN 19 1989 AM

State of Iowa
Department of Personnel

APPLICATION FOR EDUCATIONAL ASSISTANCE/LEAVE

EMPLOYEE SECTION

Name <i>Newkirk, Lillie</i>	Job Class <i>Sec. I</i>	S.S.# <i>562426066</i>	Date Employed <i>Jan 21, 1977</i>
Bargaining Unit <i>Afscme</i>	Department Name & Address <i>(Wallace Co) Dept of Human Services Box 8, Adel IA 50003</i>		

Course Title *	School	U/G**	Dates/Times	Credit Hours	Tuition Per Hr.	Course Cost
<i>1. Art 63</i>	<i>Drake Univ.</i>	<i>U</i>	<i>unknown</i>	<i>3</i>		<i>0</i>
<i>2. Psychology</i>	<i>Liberal Arts</i>	<i>U</i>	<i>"</i>	<i>3</i>		<i>0</i>
<i>3. unknown</i>	<i>"</i>	<i>U</i>	<i>"</i>	<i>3</i>		<i>0</i>
* Attach official course description. Total Cost						<i>0</i>
** U/G = Undergraduate/Graduate						

Please attach a written explanation of how the course work is job-related.

Goal of art therapy - at this time will benefit current knowledge & ability to serve clients.

Educational Assistance

1. Are you requesting reimbursement for expenses in the following areas:

Expenses	No	Yes	Dollar Amount
Tuition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Books	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Total			\$ <i>0</i>

If you answered NO to all Expenses, skip question 2.

2. Are you going to receive financial assistance? No Yes

_____ Type and Amount

Educational Leave

1. Are you requesting time off from your job to attend school? No Yes
 How many hours per week? *40* Paid Unpaid
 Number of regular hours you work per week? *40 hrs.*

Employee's Signature *Lillie Newkirk* Date *6-15-89*

SUPERVISOR'S SECTION

Date Received 7-10-89

Approved

Disapproved

Reasons: _____

Supervisor's Signature [Signature] Date 7-11-89
(Please forward application, Educational Survey and a copy of employee's Section A to your department's appointing authority.)

APPOINTING AUTHORITY'S SECTION

Reimbursement: No Yes None Requested

Dollar Amount Approved For Each Course:

Course 1:	Tuition \$ _____	Books \$ _____	Fees \$ _____	Other \$ _____
Course 2:	Tuition \$ _____	Books \$ _____	Fees \$ _____	Other \$ _____
Course 3:	Tuition \$ _____	Books \$ _____	Fees \$ _____	Other \$ _____

Total Dollar Amount Approved: \$ 0

* If amount of reimbursement requested is greater than the amount listed above, the amount MUST be signed off on by the Appointing Authority.

Educational Leave: No Yes

Number of Hours Per Week: _____ Paid Unpaid

Appointing Authority's Signature Francis P Zmalik Date 7-11-89

(Please forward completed application and Educational Survey to your department's Training Representative.)

[Signature] 7/21/89
 Training Representative's Signature Date Sent to Personnel

DEPARTMENT OF PERSONNEL APPROVAL RESULTS

1. Date Received 7/24/89 2. Reimbursement Approved? Yes No
If NO, Reasons Why it Wasn't:

3. Approval By: [Signature] 7/24/89
 Education Coordinator Date

NOTE TO DEPARTMENT TRAINING REPRESENTATIVE/PERSONNEL ASSISTANT

Reimbursement Procedures:

1. Upon completion of the course(s), send this application, a copy of the employee's school grade or completion certificate, the original paid receipt, and a signed travel voucher to:

Department of Revenue and Finance
 Pre-Audit Division
 Hoover State Office Building
 Des Moines 50319

RECEIVED

State of **va**
PERFORMANCE PLAN

SECTION A

JUL 21 '89 PM

NOTE: Please type or print

1. EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL) NEWKIRK, LILLIE L. D.O.P.		2. SOC. SEC. NO. 562-42-6066	3. JOB CLASSIFICATION SECRETARY I	4. PURPOSE OF EVALUATION NEW DUTIES	5. PATROLL NUMBER (18 DIGITS) 470-701-0025-00025-001
6. PERIOD COVERED (NO MORE THAN 12 MONTHS) 8/30/84 8/30/85 MO. DAY TR. MO. DAY TR.		7. AGENCY Human Services		8. DIVISION Dallas County	9. UNIT Support
10. WORK LOCATION 121 N. 9th, Adel, IA 50003		11. ENTRY DATE IN CLASSIFICATION 3/13/81	INSTRUCTIONS: Section A is to be completed or updated at the beginning of the evaluation period. It must be discussed with and signed by the individual being evaluated. Employee's copy is given to the individual immediately following the conference. Other copies are held by the supervisor until the end of the evaluation period, when they are attached to Section B. See separate Instruction Sheet and Manual for details.		

Number	Time	Compe- tence	%*	12. MAJOR RESPONSIBILITIES: From job description, classification specification or other.	13. STANDARDS AND RESULTS EXPECTED: Conditions which will exist when the responsibility is done competently. Several standards for each responsibility.
1	4	3	23	Serve as secretary to the Director and one supervisor, typing letter, minutes, etc. of various agencies, both hand-written and dictated and compose own letters, confidential evaluations and job descriptions.	<ul style="list-style-type: none"> A. Material put in the in-box before noon will be completed that day. B. Minutes will be transcribed within one day of meeting at which they were taken. C. MH/MR claims and administrative claims will be ready for initialing before noon of the second Wednesday of the month. D. Administrative Report will be done by the 15th of the month in the months following the end of the quarters.
2	3	3	19	Transcribe case narratives, letters, case histories, case plans, court reports, social histories, child abuse reports for CPI worker and social workers.	<ul style="list-style-type: none"> A. Dictation for service workers will be transcribed within three days of submittal to typing pool. B. CPI reports will be done the day after submittal.
3	3	3	19	Serve as mail clerk which includes picking up the mail, opening, sorting, and distributing to staff plus mail from purolator bag. Maintain suspense file.	<ul style="list-style-type: none"> A. Mail will be distributed by 10:00 A.M. daily. B. Computer print-outs will be given to the proper people and shortages of copies will be brought to Director's attention.
4	1	4	16	Serve as payroll clerk for staff members so that staff receive checks on time. Type mileage claims for staff, give report to IM supervisor.	<ul style="list-style-type: none"> A. Payroll will be submitted to the District Office by the designated day. B. Updates to payroll will be phoned in when and as required. C. Mileage will be typed within two days of receipt by you.

*NOTE: Weighted percentage expressed as a decimal, i.e., importance of a responsibility compared to others. Total 100%.

Number	Time			MAJOR RESPONSIBILITIES: From job description, classification specification or other.	STANDARDS AND RESULTS EXPECTED: Conditions which will the responsibility is done competently. Several standards for each responsibility.
5	1	2	10	Serve as back-up receptionist for the office so that clients, both walk-ins and phone inquiries are served.	<p>A. The phone will be answered by the third ring.</p> <p>B. Phone messages will be given to the worker once a day at 3:30 P.M.</p>
6	1	3	13	Perform general duties such as ordering office supplies, calling in repair orders for equipment, installation of telephone lines, repair calls, update bulletin boards, prepare outgoing mail, shred files, clean out current files, move case files, and other duties to enhance the efficient operation of the office.	<p>A. General duties will be completed as assigned per duty.</p>

100%

14. This section was discussed with me at the beginning of the evaluation period and I have been given a copy for my personal use during the upcoming period.

Employee: *Ellie Newbark* Date: *5/3/85*

The above responsibilities and results expected were developed by:

Supervisor: *Joan K. Matthews*
 Title: *ICSSDIT* Date: *5-1-85*

Distribution: Hold until the end of the evaluation period. { Ment Employment Department (original copy)
 Supervisor
 Agency Personnel Office
 Employee (given immediately)



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES
DALLAS COUNTY

Charles M. Palmer, Director

July 5, 1989

Joan L. Mathews, CSSD III
County Director
Dallas Co. DHS
Box 8
Adel, IA 50003

Dear Joan:

The dates for the year's educational leave of absence will be August 4, 1989, through August 3, 1990. This will take me through two semesters and two summer sessions.

I am not requesting any reimbursement for this leave, and as also stated before, I understand that my position may not be available when I have completed my year's leave.

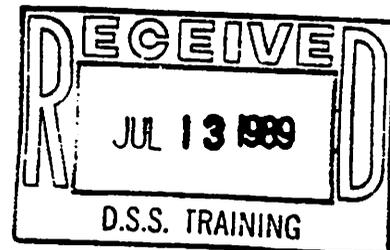
Thank you for your consideration.

Sincerely,


Lillie Newkirk
Secretary I

LN

cc: Bill Ketch/Fran Zmolek
District VI



32

RECEIVED

JUL 21 '89 PM

D.O.P.

EDUCATIONAL LEAVE/EDUCATIONAL ASSISTANCE REPORT

Fiscal Year 19 89

Inspections and Appeals
(Department)

Employee Name	Classification	Course Title	Hrs. Missed		Direct Costs		Indirect Costs	Cost Savings
			W/Pay	W/O Pay	Tuition	Other		
Nawazish Ali	Field Auditor 2	Fin. Accting. Micro.	0	0	108.00	63.20	0	7,113.60
Doris Rittenmeyer	Food & San. Inspector	Intro. to IBM Micro.	0	0	40.00	6.18	0	2,563.39
Sarah Rapp	Management Analyst 3	Intro. to IBM DOS	48	0	575.00	0	0	5,313.36
		Data Base IV, LOTUS						
		1, 2, 3, Word Perfect						
		1. 25% of annual income based on long range plan of installing lap top computers in the Audits Division.						
		2. 12% of annual income based on using lap tap computers for food and sanitation inspectors.						
		3. 15% of annual income based on knowledge gained for helping Department with their computer needs.						
			48	0	723.00	69.38	0	14,990.35

RECEIVED

SEPT 28 89 TOTALS

Legislative Service Bureau

33

RECEIVED

SEPT 26 89

Iowa Department of Personnel

Legislative Service
Bureau

EDUCATIONAL LEAVE/EDUCATIONAL ASSISTANCE REPORT

All departments are required to report to the Department of Personnel and the Legislative Council not later than October 1 of each year, the direct and indirect costs to the department of educational leave and educational assistance granted to employees during the preceding fiscal year (Chapter 79.25, subsection 3, Code of Iowa). IMTS or departmental courses should not be listed on this report. Please send one copy of this report to the Department of Personnel, Development Bureau and one copy to the Legislative Council.

Instructions to complete the report are as follows:

Fiscal Year - Enter the fiscal year for this report.

Department - Enter the name of the department.

1. Employee Name - List employees at random or in alphabetical order.
2. Classification - Enter employee's classification held at the time of taking the course work.
3. Course Title - Enter the name of each course taken by the employee separately by line.
4. Hours Missed - This refers to the total number of work hours missed by the employee to attend the course work, either with pay (W/Pay) or without pay (W/O Pay). Enter total number of hours in the appropriate column. If the employee did not miss work hours, enter a zero.
5. Direct Costs - Expenses incurred by the department as a result of educational expenses reimbursed to the employee or direct billing by the school.
 - Tuition - Costs of tuition for course work taken.
 - Other - Costs of books, fees, or other expenses.If no cost was incurred, enter a zero.
6. Indirect Costs - Costs incurred by the department as a result of making adjustments in employee work assignments or department operations necessitated by the educational leave or assistance. Enter an estimated cost figure. If no cost was incurred, enter a zero.
7. Cost Savings - Estimated savings to the department as a result of the leave granted or the employee taking the course work. This could include, but not limited to, the savings in wages not paid to the employee or savings in increased efficiency in operations. Enter estimated cost figure.
8. Totals - Add up totals for following columns: Hours Missed, Direct Costs, Indirect Costs, and Cost Savings.

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Number	Time	Compe- tence	%	12. MAJOR RESPONSIBILITIES: From job description, classification specification or other.	13. STANDARDS AND RESULTS EXPECTED: Conditions which w st when the responsibility is done competently. Several standards for each responsibility.
3	1	4	15	Serve as a resource person to the community and other caseworkers providing information regarding adoption policy and procedure and the Iowa Code so that the general public may become more knowledgeable concerning services available to the child, the birth parent and the adoptive parent.	<ol style="list-style-type: none"> 1. Participate in development of special adoptions projects. 2. Coordinate and cooperate with private child placing agencies sharing needs and resources. 3. Speak to the general public and community groups as requested on adoption. 4. Review adoption literature, films, etc. 5. Assist other workers in dealing with the problems regarding adoptions which may arise in their caseload.
4	1	2	10	Complete all paperwork needed to meet legal requirements for adoption of children through the Juvenile and District Court ensuring that all persons involved are accorded the right of due process.	<ol style="list-style-type: none"> 1. Demonstrate comprehensive knowledge of court procedure and proper presentation of factual information and material. 2. Represent the Department as an advocate for the child and family in the court proceedings. 3. Prepare case according to accepted and sound casework standards. 4. Maintain good working relationships with judges, lawyers and other agencies involved. 5. Prepare family members for courtroom experience.
5	2	4	18	Maintain professional attitudes and standards of conduct with both clients and other workers so that adoptive functions may be completed in an efficient and timely manner.	<ol style="list-style-type: none"> 1. Ensure clients right to confidentiality at all times. 2. With supervisor's approval, consult with Central Office staff regarding questions of policy, procedure, or problem situations. 3. Participate in meetings, seminars, work-shops and staff development as it is available.

100%

14. This section was discussed with me at the beginning of the evaluation period and I have been given a copy for my personal use during the upcoming period.

Employee: Kristine F. Howard

Date: 12/20/88

20

The above responsibilities and results expected were developed by:

Supervisor: David Van Zile

Title Sec Wkr II (S) Date 12/20/88

Distribution: Hold until the end of the evaluation period. { Merit Employment Department (original copy)
Supervisor
Agency Personnel Office

EDUCATIONAL LEAVE/EDUCATIONAL ASSISTANCE REPORT

Fiscal Year 19 89

Natural Resources
(Department)

Employee Name	Classification	Course Title	Hrs. Missed		Direct Costs		Indirect Costs	Cost Savings
			W/Pay	W/O Pay	Tuition	Other		
Kathleen Hribal	Park Attendant	English Comp 1 Principles/Bilogy	0	0	287.50	0	0	250
Rodney Ruddick	Exec. Assistant	Contractual Relation- Business Law 102	0	0	882.00	0	0	1,000
Carol Thompson	Geologist	Water Law	0	0	339.00	0	0	500
Billy J. Bunker	Geologist	Carbonate Petrology	4	0	0.00	0	0	500
Randy R. Edwards	Conservation Officer	Supervision in Criminal Justice Agen	0	0	513.00	0	0	750
Alan W. Hancock	Wildlife Tech	Lotus Level II Understanding D.O.S.	0	0	60.00	0	0	250
Leo R. Schlunz	Fish Biologist	Intro to Networks Cnse 340	0	0	395.00	0	0	750
Roger L. Yancy	Acct. Clerk 2	Acct. 101	0	0	151.80	0	0	250
Rodney Ruddick	Public Serv. Exec.	Acct. 112 Managerial Acct	0	0	558.00	0	0	1,000
Janet Curtis	Park Attendant	Env. Cons Biol 118 Env. Lab Biol 119	0	0	192.80	0	0	500
Mark Plymale	Park Attendant	Criminal Law 182A	0	0	188.20	0	0	250
Edward Woolman	Construction Tech	Surveying Field to Finish	40	0	230.00	0	0	500
TOTALS								

JUL
19.89

EDUCATIONAL LEAVE/EDUCATIONAL ASSISTANCE REPORT

Fiscal Year 1989

Natural Resources
(Department)

Employee Name	Classification	Course Title	Hrs. Missed		Direct Costs		Indirect Costs	Cost Savings
			W/Pay	W/O Pay	Tuition	Other		
Mark Johnson	Asst. Survey Party Chief	Field to finish Surveying	40	0	230.00	0	0	500
Alan Hancock	Wildlife Tech	Hard Disk Mngt.	0	0	23.00	0	0	200
Randy Edwards	Conservation Officer	Organizing and Mngt of C.J. Agency	0	0	513.00	0	0	750
Mehar Saini	Env. Engineer	Foreign Dialect Reduction Programs	3	0	560.00	0	0	750
H. Lee Gladfelter	Wildlife Biologist	Fish & Wildlife Bilogy Workshop	40	0	226.00	0	0	500
Kevin L. Thorne	Park Attendant	Corrections/Punish	0	0	198.15	0	0	250
Mark Plymale	Park Attendant	Police & Society Physical Geology-Lab	0	0	270.00	0	0	300
Roger Yancy	Accounting Clerk	Math 092 Intro-Algebra	0	0	186.25	0	0	200
Edward Kocal	Fish Technician	Biometrics	0	0	253.15	0	0	300
Kathleen Hribal	Park Attendant	Eng. Comp II	0	0	176.00	0	0	250
Edward Woolman	Design Tech 3	Computer Drafting MACD 490	0	0	138.35	0	0	500
TOTALS			127	0	6,571.20	0	0	11,000

Iowa Department of Personnel

EDUCATIONAL LEAVE/EDUCATIONAL ASSISTANCE REPORT

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Senate Democratic Research Staff
STATE CAPITOL
Des Moines, Iowa 50319

September 27, 1989

M E M O R A N D U M

TO: Legislative Council
FROM: Dennis Harbaugh *dh*
Director, Senate Democratic Research Staff
RE: Educational Assistance and Educational Leave Report

This report shall serve as the annual Educational Assistance and Educational Leave Report for the Senate Democratic Research Staff, as required by Section 79.25 of the Code of Iowa.

EDUCATIONAL LEAVE APPROVED: None

EDUCATIONAL ASSISTANCE APPROVED: None

Iowa Department of Personnel

EDUCATIONAL LEAVE/EDUCATIONAL ASSISTANCE REPORT

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8. Totals - Add up totals for following columns: Hours Missed, Direct Costs, Indirect Costs, and Cost Savings.

GENERAL ASSEMBLY OF IOWA

LEGAL DIVISION

HARD L. JOHNSON
DIVISION CHIEF
DOUGLAS L. ADKISSON
AIDA AUDEH
MICHAEL J. GOEDERT
MARK W. JOHNSON
GARY L. KAUFMAN
DEANNE S. NAIL
SUSAN E. VOSS
JANET L. WILSON
DANIEL PITTS WINEGARDEN
LESLIE E. WORKMAN

RESEARCH DIVISION

PATRICIA A. FUNARO
THANE R. JOHNSON
JOHN C. POLLAK



LEGISLATIVE SERVICE BUREAU
STATE CAPITOL BUILDING
DES MOINES, IOWA 50319
515 281-3566
DIANE E. BOLENDER, ACTING DIRECTOR

ADMINISTRATIVE CODE DIVISION

LUCAS BUILDING 515 281-5285
PHYLLIS V. BARRY
ADMINISTRATIVE CODE EDITOR

PUBLIC INFORMATION OFFICE

GERALDINE FRIDLINGTON
ACTING DIRECTOR

IOWA CODE DIVISION

LUCAS BUILDING 515 281-5285
JoANN G. BROWN
IOWA CODE EDITOR

September 13, 1989

MEMORANDUM

To: CHAIRMAN CONNORS AND MEMBERS OF THE SERVICE COMMITTEE
From: Diane Bolender *DB*
RE: Parental and Family Leave

Enclosed is a proposed revision of the parental and family leave portion of the personnel guidelines. The revision reflects the consensus of representatives from the central staff agencies, House and Senate staffs, and the partisan staffs as they reviewed the previous version. Changes from the previous version are noted by strikes and underscores.

The agenda for the September 20 meeting includes a discussion of the proposed revision as well as discussion about emergency leave. In addition, Chairman Connors is proposing an addition to the personnel guidelines that would allow legislative employees to donate a portion of their vacation leave to fellow employees. Enclosed is an article from the September 1989 State Legislatures magazine relating to this issue.

If you have any questions, do not hesitate to contact me.

Serv913
db/dg/20

REDRAFT OF PARENTAL AND FAMILY LEAVE POLICY
FOR THE CENTRAL LEGISLATIVE STAFF AGENCIES

September 11, 1989

Insert on page 10, after paragraph c entitled "Rights of Return" and delete subsections 4 and 5 on pages 10 and 11:

d. Parental and Family Leave.

(1) Eligibility and Request for Leave. All permanent, full-time employees are eligible for parental and family leave benefits regardless of their length of service at the Legislature. A request for parental or family leave shall be made in writing by the employee reasonably in advance of the beginning of the leave, unless a planned leave is precluded by an unforeseen circumstance. The request for leave shall state the purpose of the leave, the expected duration of absence, and the intention of the employee to return to work following completion of the leave. An employee's supervisor may agree to an arrangement for reduced working hours in lieu of granting parental or family leave.

(2) Parental Leave. An employee is entitled to parental leave, not to exceed three months in duration, upon the birth or placement for adoption of a child. Parental leave shall begin no later than six weeks following the birth or placement for adoption of a child. ~~The---employee's---supervisor---may---extend---the---parental---leave---in increments---of---one---month,---except---that---an---employee---shall---not---be granted---a---total---period---of---parental---leave---which---exceeds---one---year.~~

~~Alternative---#1---The---employee,---at---the---employee's---own---option,---may use---accrued---vacation,---sick,---compensatory,---or---holiday---leave---or---leave without---pay---during---the---period---of---parental---leave.~~

~~Alternative---#2---The employee may use accrued vacation, sick, compensatory, or holiday leave or leave without pay during the period of parental leave. However, an employee on parental leave shall be required to use accrued leave before being granted a leave without pay, except that an employee is entitled to retain a minimum of forty hours of vacation leave and forty hours of sick leave upon the taking of leave without pay as part of the employee's parental leave.~~

Parental leave includes the period of time that a pregnant employee is absent from work due to physical disability related to pregnancy and childbirth. This period of physical disability is presumed to be two weeks before the birth of the child and six weeks following the birth of the child but may be extended before or after that period of time by a physician's statement of disability.

(3) Family Leave. An employee's supervisor may grant to the employee a period of family leave, not to exceed four weeks in duration per year to care for a family member who is seriously ill, or upon the death of a family member, ~~or to provide child care for~~

~~the--employee's--children,--stepchildren,--or--children--living--in--the household. Family leave is in addition to the forty hours per year of accrued sick leave provided for the temporary care of immediate family members, for child care, or for bereavement leave. See Chapter 6(C)(1)(b)(3) of these guidelines.~~

~~Alternative--#1-- The employee, at the employee's own option, may use accrued vacation, sick, compensatory, or holiday leave or leave without pay during the period of family leave.~~

~~Alternative--#2-----The--employee--may--use--accrued--vacation,--sick, compensatory,--or--holiday--leave--or--leave--without--pay--during--the period--of--family--leave.---However,--an--employee--on--family--leave--shall be--required--to--use--accrued--leave--before--being--granted--a--leave without--pay,--except--that--an--employee--is--entitled--to--retain--a--minimum of--forty--hours--of--vacation--leave--and--forty--hours--of--sick--leave--upon the--taking--of--leave--without--pay--as--part--of--the--employee's--family leave.~~

For the purposes of family leave, "family member" means the employee's spouse, children, grandchildren, foster children, stepchildren, legal wards, parents, grandparents, foster parents, stepparents, brothers, foster brothers, stepbrothers, sons-in-law, brothers-in-law, sisters, foster sisters, stepsisters, daughters-in-law, sisters-in-law, aunts, uncles, nieces, nephews, first-cousins, corresponding relatives of the employee's spouse, and other persons who are members of the employee's household, and other persons for whom the employee is the primary caretaker.

(4) Seniority and Benefits During Leave. During any period of authorized parental or family leave, seniority and ~~leave continue~~ continues to accrue, state benefits continue in force, and the employer's share of state benefit premiums or payments continue to be paid by the employer. ~~However,--during--periods--of--leave--without pay,--the--provisions--of--Chapter--6(C)(2)(a)(2)*--apply--with--regard--to the--accrual--of--seniority--and--leave--and--the--payment--of--the--employer's share--of--insurance--benefits.~~

(5) Right of Return. Following any period of authorized parental or family leave, the employee is guaranteed the same position, if possible, at at least the same grade and step. Otherwise a similar position at at least the same grade and step is guaranteed and the employee retains the right to return to the employee's former position if it subsequently becomes available. Chapter 6(C)(3)(c) of these guidelines, entitled "Rights of Return," does not apply to parental and family leave.

~~*Chapter--6(C)(2)(a)(2)--reads--as--follows:--(2)--For--leave--without--pay of--thirty--days--or--less,--the--state's--share--of--insurance--benefits shall--continue--and--the--employee--shall--accrue--seniority--as--if--the employee--had--not--taken--the--leave.---The--employee--shall--not--accrue vacation--or--sick--leave.~~

~~NOTE:---The--Personnel--Department--should--be--consulted--to--clear--these provisions--with--the--state--benefit--contracts.~~

Redraft

RATIONALE OF STAFF COMMITTEE FOR PROPOSED CHANGES
IN PARENTAL AND FAMILY LEAVE

1. The Term "adoption" was replaced with "placement for adoption" since children may be placed for adoption several months prior to the official adoption.

2. Parental leave is limited to a three-month period. Extensions at the discretion of the employee's supervisor beyond that period are eliminated. Under parental leave without pay the employer continues to pay the employer's share of benefit costs and seniority continues to accrue. The staff committee questioned whether these payments and the accrual of seniority should continue beyond the three-month period. In addition, the Department of Personnel pointed out that the state contract for long-term disability coverage does not allow continuing coverage beyond a six-month leave of absence.

The staff committee recommends that alternative 2 be used for parental leave. Alternative 2 allows employees to retain up to forty hours of accrued vacation and up to forty hours of accrued sick leave when the employee begins using leave without pay. This allows an employee to use sick leave and vacation time after the employee returns to work.

4. The use of family leave for providing child care was stricken. The staff committee noted that up to forty hours of sick leave may be used for child care under the emergency leave provisions. After using the forty hours of emergency leave, at the discretion of the director, the employee may use vacation time or leave without pay for child care.

~~5. The staff committee recommends that alternative 1 be used for family leave allowing the employee to use accrued leave at the employee's option.~~

6. Language was added to include in the definition of "family member" for purposes of family leave, other persons who may not be family members but for whom the employee is the primary caretaker. First cousins were stricken from the definition of family member.

7. Language was stricken relating to the accrual of leave during periods of authorized parental or family leave so that leave will continue to accrue if the employee is using vacation, compensatory time, or sick leave but not if the employee is using leave without pay.

8. No action was taken by the staff committee on a proposal to include "foster children" under the parental leave provisions.

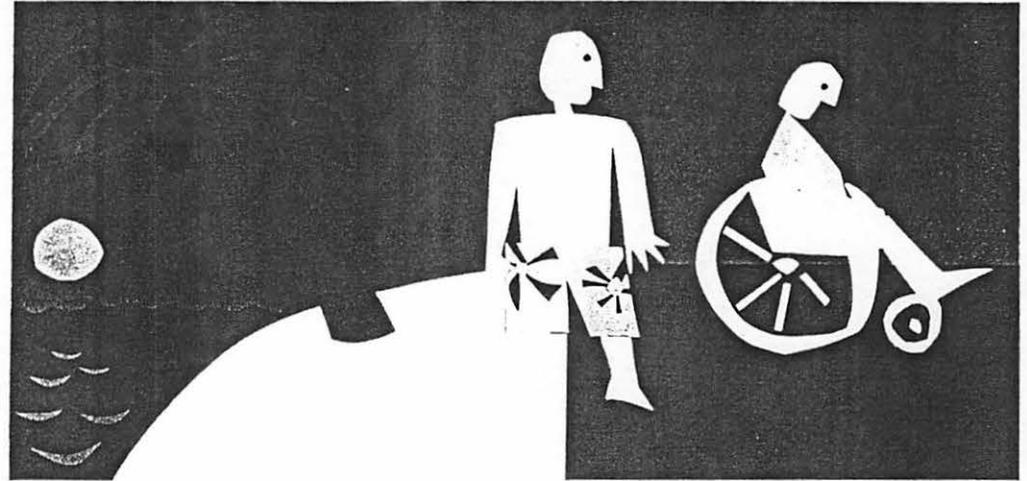
Washington State Workers Can Donate Vacation Time

State employees in Washington can now contribute their annual leave pay to co-workers.

Washington is the first state to enact such a plan, although several federal agencies, including the Internal Revenue Service, already have leave sharing policies available to workers. San Francisco pioneered leave sharing on the city level, in response to its high number of AIDS patients. Suffolk County, New York also has a similar policy for county employees.

According to its sponsor, Senator Al Williams, the new Washington law was written simply, leaving the administrative matters to be ironed out by the various state personnel offices to allow for maximum flexibility and cost-effectiveness.

Dorothy Donaldson, an employee of the Washington state Department of Employment Security, is indirectly



responsible for the new law. A series of surgeries left her with exhausted benefits and without pay—often for months at a time.

Senator Williams saw a way out for unfortunate state workers like Donaldson, without burdening the taxpayers. "Workers want to help their fellow colleagues at a time like this, and by donating a portion of their

annual leave, they can really make a positive difference in that person's life," he said.

Williams' law provides safeguards against misuse and burnout by requiring that all employees keep 10 days of vacation for themselves and that the recipient of the benefits must be a colleague who is seriously ill or injured or someone whose close family member is.

Isiah Turner, Department of Employment Securities commissioner, explained that "there is only a minimal fiscal impact on state agencies in the administration of the program. Any potential administrative costs would be more than offset by situations where higher paid employees share their annual leave with lower paid employees."

PROPOSED VACATION LEAVE SHARING PROGRAM
FOR CENTRAL LEGISLATIVE STAFF AGENCIES

September 20, 1989

Add the following new Paragraph D to Chapter 6 of the Personnel Guidelines for the Central Legislative Staff Agencies:

D. Vacation Leave Sharing.

1. The director shall permit a permanent employee to transfer any vacation leave accrued by the employee in excess of eighty hours to another permanent employee of the same or another agency, and the director of that same or other agency shall permit the other permanent employee to receive and use such transferred vacation leave, if all of the following conditions relating to the employee receiving and using the transferred vacation leave are met:

a. The employee suffers from, or has a relative or household member suffering from an illness, injury, impairment, or physical or mental condition which is of an extraordinary or severe nature and which has caused, or is likely to cause the employee to go on leave without pay status or to terminate employment with the agency.

b. The employee has depleted or will shortly deplete the employee's vacation leave, compensatory leave, and sick leave.

c. The employee has complied with agency rules regarding sick leave use.

2. An employee receiving vacation leave under this paragraph shall not receive more than two thousand eighty-eight hours of transferred vacation leave per calendar year under this paragraph.

3. While an employee is using vacation leave transferred to the employee under this paragraph, the employee shall be treated as if the employee were using the employee's own vacation leave. As soon as an employee accrues forty hours of vacation leave while using vacation leave transferred to the employee under this paragraph, the employee shall be required to use that accrued vacation leave and all accrued sick leave before continuing to use the transferred vacation leave.

4. Vacation leave transferred under this section shall be transferred on an hour-for-hour basis without regard to any difference in hourly pay between the employee transferring the vacation leave and the employee receiving the vacation leave. The number of hours of vacation leave transferred by an employee under this paragraph shall be deducted from that employee's accrued vacation leave. The number of hours of vacation leave received by an employee under this paragraph shall be added to that employee's vacation leave.

5. Vacation leave transferred under this paragraph which remains unused for any reason shall be returned to the employee, or to the employees on a pro rata basis, who transferred the vacation leave.

T E N T A T I V E A G E N D A
SERVICE COMMITTEE OF THE LEGISLATIVE COUNCIL
Wednesday, September 20, 1989
Senate Room 22

11:00 a.m. Call to Order

Roll Call

Review of Minutes of Meetings of August 15 (Corrected)
and August 28 (Previously Distributed)

Parental and Family Leave Policy

Vacation Leave Sharing Policy

Family Death Leave Policy

Use of Application Forms

Personnel Reports -

- Legislative Service Bureau
- Legislative Fiscal Bureau
- Computer Support Bureau

Receipt of Proposed Budgets of Central Staff Agencies

Report of Computer Subcommittee

ADDITIONAL BUSINESS, IF ANY

Adjournment

Agenda, service920
db/dg/20