

GRIEVANCE PROCEDURE AND FORM

| | | |
|---|--|--|
| <p>This form shall be utilized to document any claimed violation or inequitable application of the City's Personnel Rules and Regulations and/or any ratified collective bargaining agreement(s) in existence. The grievance procedure shall not be used to appeal or contest a dismissal or discharge (refer to the Disciplinary Action section of the City's Personnel Rules and Regulations). The City maintains a separate policy to appeal dismissals.</p> | <p>Every employee shall have the right to present his/her grievance free from interference, coercion, restraint, discrimination or reprisal. All grievances must be in writing and signed by the grievant.</p> | <p>Times frames outlined in the City's Personnel Rules and Regulations or collective bargaining agreement shall be observed, unless other arrangements are mutually agreed upon in writing. If you have any questions regarding the completion of this form, please contact a representative of the Administrative Services Department for further clarification.</p> <p>In order to help in the resolution of your grievance, please supply the following information completely and honestly. Use additional sheets of paper if necessary. Provide copies of documents that will assist in the resolution of this grievance.</p> |
|---|--|--|

Print Employee Name _____ Department _____ Date _____

Nature of Grievance:

Violation of the City's Personnel Rules and Regulations

Specific Section(s): _____

Violation of the collective bargaining agreement

Specific Article(s): _____

Please give detailed explanation of your grievance:

WHO is involved in the grievance? Please give name(s), title(s), and department(s) of those involved or who witnessed the incident(s) (Designate who is a witness.):

WHAT happened? Please explain in detail, without giving your opinion.

WHEN did the situation occur? Please give exact date and time.

WHERE did the incident take place? Please state exact location (department or area).

WHY do you feel this is a violation of the terms and conditions of your employment?

HOW can this situation be resolved; what adjustment do you feel will be satisfactory?

| | | | |
|---------------------------------|--------------------------|---------------------|---------------------|
| Administrative Services (white) | Department Head (yellow) | City Manager (pink) | Employee (gold/rod) |
|---------------------------------|--------------------------|---------------------|---------------------|

Employee Signature



APPLICATION FOR POSTED JOB
(For Current City Employees Only)

NAME _____ DATE _____

CURRENT POSITION & DEPARTMENT _____

YEARS WITH THE CITY _____ YEARS ON PRESENT JOB _____

SUPERVISOR _____ VETERAN'S PREFERENCE USED _____

I hereby make application for the posted position of:

Reason for wishing to transfer:

Qualifications for new position:

I may be contacted at: _____
Telephone no. or Extension

PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT

STATEMENT OF APPLICANT:- I certify that all answers are true and correct to the best of my knowledge. I authorize investigation of all statements contained in this application.

The City is committed to a Drug-Free Workplace Program, and all applicants selected for safety-sensitive and other positions will be required to submit to screening for illegal drug use prior to appointment.

Pursuant to the City's Personnel Rules and Regulations, Department Heads have the right to select whoever they feel is the most suitable candidate for the position.

Completion and submission of this form does not guarantee you will be called for an interview for the position for which you are applying.

Applications must be turned in to Human Resources by 5:00 p.m. on the closing date of the posting to be considered.

In accordance with The Americans with Disabilities Act of 1990, if you need any assistive device or special accommodation to compete for, or, if selected, please inform Human Resources.

Signed: (Type 4821 to sign) _____ Date: _____

Employee Name: _____ Emp#: _____

Job Title: _____ Department: _____ Band: _____

Period Being Evaluated From: _____ To: _____

ANNUAL PERFORMANCE CRITERIA
PART I

RATE EACH CATEGORY SEPARATELY - Include supporting comment and/or demonstrate example to support rating given.

ER = Exceeds Requirements MR = Meets Requirements DR = Does Not Meet Requirements

PERFORMANCE LEVEL

| ER | MR | DR |
|----|----|----|
| | | |

PERSONAL APPEARANCE/ATTENDANCE: Personal appearance refers to the employee's personal Grooming and attire. Does the employee's personal appearance meet the standards and requirements of the Job? An employee's personal appearance is usually dictated by the nature of the work and department standards, which should be considered in evaluating this quality.

Number of days absent since last review _____

Do not include absences for holidays, vacation, jury duty, bereavement leave, or leave(s) of absence.

Number of days late since last review _____

All instances of DR must be fully explained in Remarks section. Use additional sheets if necessary.

Describe any significant accomplishments.

Remarks: _____

| ER | MR | DR |
|----|----|----|
| | | |

WORKING RELATIONSHIPS: Willingness to cooperate with others and demonstrate a positive outlook toward work and the City.

EXCEEDS REQUIREMENTS: Quick to offer assistance to others, and/or excellent team worker, and/or promotes a favorable City and department image.

MEETS REQUIREMENTS: Cooperative, and/or willing to follow directions, and/or agreeable, and/or interacts well with others.

DOES NOT MEET REQUIREMENTS: Uncooperative, and/or argumentative, and/or unwilling to follow instructions, and/or difficulty working with others.

All instances of DR must be fully explained in Remarks section. Use additional sheets if necessary.

Describe any significant accomplishments.

Remarks: _____

OBSERVANCE OF RULES AND REGULATIONS: Follows City's Policies and Procedures, including departmental procedures.
 Serious infractions will result in progressive discipline up to and including termination.

| ER | MR | DR |
|----|----|----|
| | | |

All instances of DR must be fully explained in Remarks section. Use additional sheets if necessary.

Describe any significant accomplishments.

Remarks: _____

JOB KNOWLEDGE: Understands job methods, procedures and equipment.

| ER | MR | DR |
|----|----|----|
| | | |

EXCEEDS REQUIREMENTS: Exceptional knowledge of job duties, procedures and standards, and/or provides valuable support/input toward meeting departmental goals and/or seeks additional job knowledge and skills, and applies such to overall department/division.

MEETS REQUIREMENTS: Adequate understanding of job duties, procedures and standards, and/or needs minimal additional instruction.

DOES NOT MEET REQUIREMENTS: Inadequate knowledge of job duties, and/or requires frequent direction to apply knowledge/skills properly.

All instances of DR must be fully explained in Remarks section. Use additional sheets if necessary.

Describe any significant accomplishments.

Remarks: _____

APPLICATION TO DUTIES: Evaluate the following criteria:

- A. Quality of work
- B. Quantity of work
- C. Organizational skills
- D. Time Utilization

| ER | MR | DR |
|----|----|----|
| | | |
| | | |
| | | |
| | | |

All instances of DR must be fully explained in Remarks section. Use additional sheets if necessary.

Describe any significant accomplishments.

Remarks: _____

ANNUAL PERFORMANCE CRITERIA RATING:

| ER | MR | DR |
|----|----|----|
| | | |

Overall Comments Regarding Evaluation:
To be completed by Supervisor.

Overall Comments Regarding Evaluation:
To be completed by Employee.

You may attach a separate sheet of paper for further comments.

OVERALL RATING _____

| EXCEEDS REQUIREMENTS | MEETS REQUIRMENTS | DOES NOT MEET REQUIRMENTS |
|--|--|--|
| Eligible for 3% COLA & Eligible for 2% MERIT | Eligible for 3% COLA & Eligible for 2% MERIT | Eligible for 3% COLA only. Employee may be subject to disciplinary action, probation and/or transfer to another position. |

Recommended Increase: % % %
 COLA MERIT Total Increase Eff Date

Employee Signature

Date

Supervisor Signature

Date

Department Head Signature

Date

CITY OF PORT ST. LUCIE
PROPOSED BUDGET - MEDICAL INSURANCE FUND #605 - REBATE CALCULATION
FY 2013-14

| | A | B | C | D | E | F | G | H | I | J | K | L |
|----|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | |
| 27 | | | | | | | | | | | | |
| 28 | | | | | | | | | | | | |
| 29 | | | | | | | | | | | | |
| 30 | | | | | | | | | | | | |
| 31 | | | | | | | | | | | | |
| 32 | | | | | | | | | | | | |

FY 2013-14 total budgeted costs = \$14,891,425. (See calculation below.)
 As an example, if a 4% level of savings was achieved, the savings is \$595,657. (To be inserted in cell C13.)
 Savings is calculated by comparing Total Budgeted Expenditures with actual expenses for the end of the year financial statements.

| DETERMINATION OF TOTAL BUDGETED EXPENDITURES: | |
|--|----------------------|
| (Using page 141 of the FY 2013-14 Proposed Budget) | |
| Total Costs - FY 2013-14 | \$ 17,635,890 |
| Less: | |
| IBNR Reserve | 500,000 |
| Add'l Contingency - Future Years | 273,549 |
| Financial Contingency (60 day) | 1,970,716 |
| Original Budgeted Expenses | <u>\$ 14,891,425</u> |

**GOVERNMENT SUPERVISORS
ASSOCIATION
OF FLORIDA
OPEIU LOCAL 100, AFL-CIO**

3600 Red Road • Suite 405 • Miramar, Florida 3302
 (954) 920-0046 • Fax: (954) 920-0725
 (305) 477-9644 • Fax: (305) 599-9675
 Website: gsaflocal100.org • e-mail: gsaf@bellsouth.net

MEMBERSHIP APPLICATION
 Please complete the following information
 Please print

NAME _____

SOCIAL SECURITY NUMBER OR EMPLOYEE ID _____

DEPARTMENT _____

JOB TITLE _____

WORK ADDRESS (Please include building, site, office no.) _____

CITY _____ STATE _____ ZIP _____

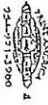
HOME ADDRESS (Please include apartment, etc.) _____

CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ BEEPER/MOBILE PHONE _____

WORK PHONE _____ PERSONAL EMAIL _____

SIGNATURE _____



continued on back

I hereby authorize my employer, City of Port St. Lucie to deduct from my wages each pay period the current Government Supervisors Association dues and transmit this amount to the Treasurer of the Association.

Signed _____
 Date _____

RECRUITED BY _____
 PRINT NAME



AUTHORIZATION FOR PAYROLL DEDUCTION

