Hourly & Seasonal Orientation Materials

Checklist *PDF*

1. Welcome Letter (Mayor) *PDF*
2. Federal Withholding Allowance Certificate (W-4A) *PDF*
3. Wisconsin Withholding Certificate *PDF*
4. Employee Eligibility Verification Form (I-9) / Instructions *PDF*
5. Employee Self-Identification Form *PDF*
6. Emergency Contact Information *PDF*
7. Declaration of Disability Memo and Form *PDF*
8. Direct Deposit Information *PDF* / Authorization Agreement *DOC*
9. Credit Union (links to the website)
10. Employee Assistance Program (EAP) - Contact EAP for brochure
11. Benefits & Employment Information *PDF*
12. Affordable Care Act *PDF*
13. Workers' Compensation Information *PDF*
14. Pay Calendar (links to Payroll on Employeenet)
15. Drug-Free Workplace Notice *PDF*
16. Rules of Conduct, APM 2-33 *PDF* -
    - Seasonal Employee Background Check Authorization Form *PDF*
17. Prohibited Harassment & Discrimination Policy, APM 3-5 *PDF*
    - Video: Prohibited Harassment & Discrimination Policy Training
    - Seasonal Employee Acknowledgement Form *PDF*
    - Talking Points for Seasonal Employees *PDF*
    - Prohibited Harassment & Discrimination Information, *Civil Rights*
18. Workplace Violence Prevention and Response Policy, APM 2-25 *PDF*
19. Prohibition of Weapons, APM 2-46 *PDF*
20. Code of Ethics Simplified *PDF*
21. Performance Excellence (links to Performance Excellence on Employeenet)
22. Bus Pass Benefit Information
23. Bloodbourne Pathogen Awareness *PDF*

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WELCOME

Welcome to City of Madison employment! Employees are a valuable resource to the City of Madison and its residents. City of Madison employees are responsible for upkeep and maintenance of over 700 miles of city streets, 13 beaches, over 240 parks, approximately 260 buildings, 4 golf courses, and over 200,000 trees and shrubs. Employees also maintain the safety and well-being of the citizens through the Police, Fire and Public Health Departments. Hourly/Seasonal employees play an important role in the City government and work in the majority of City departments.

This orientation packet has been prepared for you, the Hourly/Seasonal employee, to assist you as you begin your employment with the City of Madison. Please take the time to review the material. The policies and procedures enclosed apply to all employees. As you begin your employment, you will learn the policies and work rules specific to your department. If you have any questions, please ask at your departmental orientation session or your supervisor.

Again, I welcome you to employment with the City of Madison and hope you will find it to be a rewarding experience.

Thank you.

Satya Rhodes-Conway
Mayor

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2025

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		**Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at *www.irs.gov/W4App*.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 $

Multiply the number of other dependents by $500 . . . . . $

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . . **3** $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

1. Are submitting this form after the beginning of the year;

2. Expect to work only part of the year;

3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;

4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or

5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

CAUTION ***Multiple jobs.*** *Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.*

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at *www.irs.gov/W4App*.

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** $ _____

2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** $ _____

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** $ _____

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** $ _____

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** _____

4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** $ _____

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

1 Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** $ _____

2 Enter:
- $30,000 if you're married filing jointly or a qualifying surviving spouse
- $22,500 if you're head of household
- $15,000 if you're single or married filing separately

. . . . . **2** $ _____

3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** $ _____

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . **4** $ _____

5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** $ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$0	$700	$850	$910	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020
$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$200	$850	$1,020	$1,020	$1,020	$1,370	$1,870	$1,870	$1,870	$1,870	$1,870	$2,040
$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$450	$850	$1,000	$1,020	$1,020	$1,020	$1,020	$1,870	$1,870	$1,870	$1,890
$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550

Employee's Wisconsin Withholding Exemption Certificate/New Hire Reporting

WT-4

Employee's Section (Print clearly)

Employee's legal name (first name, middle initial, last name)			Social security number	☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note**: If married, but legally separated, check the Single box.
Employee's address (number and street)			Date of birth	
City	State	Zip code	Date of hire	

FIGURE YOUR TOTAL WITHHOLDING EXEMPTIONS BELOW

Complete Lines 1 through 3

1. (a) Exemption for yourself – enter 1 . . . . . _____
   (b) Exemption for your spouse – enter 1 . . . . . _____
   (c) Exemption(s) for dependent(s) – you are entitled to claim an exemption for each dependent . . . . . _____
   (d) Total – add lines (a) through (c) . . . . . [ ]
2. Additional amount per pay period you want deducted (if your employer agrees) . . . . . _____
3. I claim complete exemption from withholding (see instructions). Enter "Exempt" . . . . . _____

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming complete exemption from withholding, I certify that I incurred no liability for Wisconsin income tax for last year and that I anticipate that I will incur no liability for Wisconsin income tax for this year.

Signature _____ Date Signed _____ , _____

EMPLOYEE INSTRUCTIONS:

- **WHO MUST COMPLETE:**
  Effective on or after January 1, 2020, every newly-hired employee is required to provide a completed Form WT-4 to each of their employers. Form WT-4 will be used by your employer to determine the amount of Wisconsin income tax to be withheld from your paychecks. If you have more than one employer, you should claim a smaller number or no exemptions on each Form WT-4 provided to employers other than your principal employer so that the total amount withheld will be closer to your actual income tax liability.

  You must complete and provide your employer a new Form WT-4 within 10 days if the number of exemptions previously claimed DECREASES.

  You may complete and provide to your employer a new Form WT-4 at any time if the number of your exemptions INCREASES.

  Your employer may also require you to complete this form to report your hiring to the Department of Workforce Development.

- **UNDER WITHHOLDING:**
  If sufficient tax is not withheld from your wages, you may incur additional interest charges under the tax laws. In general, 90% of the net tax shown on your income tax return should be withheld.

- **OVER WITHHOLDING:**
  If you are using Form WT-4 to claim the maximum number of exemptions to which you are entitled and your withholding exceeds your expected income tax liability, you may use Form WT-4A to minimize the over withholding.

WT-4 Instructions – Provide your information in the employee section.

- **LINE 1:**
  (a)-(c) Number of exemptions – Do not claim more than the correct number of exemptions. If you expect to owe more income tax for the year than will be withheld if you claim every exemption to which you are entitled, you may increase your withholding by claiming a smaller number of exemptions on lines 1(a)-(c) or you may enter into an agreement with your employer to have additional amounts withheld (see instruction for line 2).

  (c) Dependents – Those persons who qualify as your dependents for federal income tax purposes may also be claimed as dependents for Wisconsin purposes. The term "dependents" does not include you or your spouse. Indicate the number of dependents that you are claiming in the space provided.

- **LINE 2:**
  Additional withholding – If you have claimed "zero" exemptions on line 1, but still expect to have a balance due on your tax return for the year, you may wish to request your employer to withhold an additional amount of tax for each pay period. If your employer agrees to this additional withholding, enter the additional amount you want deducted from each of your paychecks on line 2.

- **LINE 3:**
  Exemption from withholding – You may claim exemption from withholding of Wisconsin income tax if you had no liability for income tax for last year, and you expect to incur no liability for income tax for this year. You may not claim exemption if your return shows tax liability before the allowance of any credit for income tax withheld. If you are exempt, your employer will not withhold Wisconsin income tax from your wages.

  You must revoke this exemption (1) within 10 days from the time you expect to incur income tax liability for the year or (2) on or before December 1 if you expect to incur Wisconsin income tax liabilities for the next year. If you want to stop or are required to revoke this exemption, you must complete and provide a new Form WT-4 to your employer showing the number of withholding exemptions you are entitled to claim. This certificate for exemption from withholding will expire on April 30 of next year unless a new Form WT-4 is completed and provided to your employer before that date.

Employer's Section

Employer's name				Federal Employer ID Number
Employer's payroll address (number and street)		City	State	Zip code
Completed by	Title	Phone number ( )	Email	

EMPLOYER INSTRUCTIONS for Department of Revenue:

- If you do not have a Federal Employer Identification Number (FEIN), contact the Internal Revenue Service to obtain a FEIN.
- If the employee has claimed more than 10 exemptions OR has claimed complete exemption from withholding and earns more than $200.00 a week or is believed to have claimed more exemptions than they are entitled to, mail a copy of this certificate to: Wisconsin Department of Revenue, Audit Bureau, PO Box 8906, Madison WI 53708 or fax (608) 267-0834.
- Keep a copy of this certificate with your records. If you have questions about the Department of Revenue requirements, call (608) 266-2772 or (608) 266-2776.

EMPLOYER INSTRUCTIONS for New Hire Reporting:

- This report contains the required information for reporting a New Hire to Wisconsin. If you are reporting new hires electronically, you do not need to forward a copy of this report to the Department of Workforce Development. Visit https://dwd.wi.gov/uinh/ to report new hires.
- If you do not report new hires electronically, mail the original form to the Department of Workforce Development, New Hire Reporting, PO Box 14431, Madison WI 53708-0431 or fax toll free to 1-800-277-8075.
- If you have questions about New Hire requirements, call toll free (888) 300-HIRE (888-300-4473). Visit dwd.wi.gov/uinh/ for more information.

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations enacted as of August 23, 2023: sec. 71.66, Wis. Stats., and sec. Tax 2.92, Wis. Adm. Code.

The address will be displayed appropriately in a left window envelope.

DEPARTMENT OF WORKFORCE DEVELOPMENT
NEW HIRE REPORTING
PO BOX 14431
MADISON WI 53708-0431

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.	First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: **(1)** NOT VALID FOR EMPLOYMENT **(2)** VALID FOR WORK ONLY WITH INS AUTHORIZATION **(3)** VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: **(1)** The same name as the passport; and **(2)** An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document.
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with “RE” notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

City of Madison
Employee Self-Identification Form

TO BE COMPLETED BY ALL NEW EMPLOYEES AND RETURNED TO:
Human Resources Department
215 Martin Luther King, Jr. Blvd., Suite 261
Madison, WI 53703

Please Print:

Name:_____ Date:_____

Department:_____

The City of Madison has adopted an Affirmative Action Ordinance in compliance with Federal law. The disclosure of the following information is voluntary and allows us to meet government-reporting requirements and judge the effectiveness of our recruitment efforts. The information will be used in accordance with City of Madison policies and ordinances, and State and Federal law, which forbids discrimination, based on this information.

Gender: *(Check one)*

☐ Man
☐ Woman
☐ Non-binary / Genderqueer
☐ My gender is not listed

Sex: *(Check one)*
While the City of Madison is committed to gender inclusivity, there are unfortunately times where we must use the binary to comply with forms for the State of Wisconsin and United States Governments. What would you prefer we indicate on these forms?

☐ Male
☐ Female

Race/Ethnic Heritage: *(Check one or more)*

☐ **American Indian or Alaskan Native**
All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal association or community recognition.

☐ **Asian or Pacific Islander**
All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

☐ **Black or African American** (Not of Hispanic Origin)
All persons having origins in any of the black racial groups of Africa.

☐ **Hispanic or Latino**
All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

☐ **White** (Not of Hispanic Origin)
All persons having origins in any of the original peoples of Europe, North African or the Middle East.

☐ **Other** (Specify)_____

Hourly/Seasonal Employee
EMERGENCY CONTACT INFORMATION

Please print.

Last Name | First Name | Middle Name

Address | City | State | Zip Code

Home Phone Number | Cell Phone | E-mail Address

In case of emergency, please contact:

Primary Contact:

First Name | Last Name | Middle Initial | Relationship to you

Address | City | State | Zip Code

Home Phone Number | Cell Phone | E-mail Address

Secondary Contact:

First Name | Last Name | Middle Initial | Relationship to you

Address | City | State | Zip Code

Home Phone Number | Cell Phone | E-mail Address

Signature | Date

CITY OF MADISON

INTER-DEPARTMENTAL

CORRESPONDENCE

DATE: May 16, 2025

TO: All City of Madison Employees

FROM: Leah Reinardy, Occupational Accommodations Specialist

SUBJECT: **Self-Declaration of Disability Form**

It is City policy to provide equal employment opportunities for all persons. Under Federal law and City ordinances, the City of Madison has the responsibility to collect work force data about the number of employees who have a disabling condition.

The Self-Declaration of Disability Form is used to determine how many persons with disabilities are represented in our workforce. The information requested is intended for use in connection with the City's voluntary affirmative action efforts. Although the City is required to collect this information, disclosing a disability is **voluntary** on the part of the employee. Verification of disability is only required when a reasonable job accommodation is requested.

Your completed form will not be filed in your personnel file. The Occupational Accommodations Specialist in the Human Resources Department will retain it in a separate file. All information provided shall remain **confidential** and will not be released to anyone without prior written permission of that individual, and would only be used to secure positive employment benefits. Your refusal to provide the information will not subject you to any adverse treatment.

Please complete the attached Self-Declaration of Disability Form whether or not you wish to declare a disability, and seal it in the white confidential envelope.

If you have any questions or concerns, please feel free to contact Leah Reinardy at (608) 267-1156 or accommodations@cityofmadison.com.

DEFINITION OF "DISABILITY"

American's with Disabilities Act (ADA)

An individual with a disability is a person who:

a. Has a permanent physical or mental impairment that substantially limits one or more major life activities;
b. Has a record of such impairment; or
c. Is regarded as having such impairment.

Wisconsin Fair Employment Act (WFEA)

An individual with a disability is a person who:

a. Has a physical or mental impairment which makes achievement unusually difficult or limits the capacity to work;
b. Has a record of such impairment; or
c. Is perceived as having such impairment.

USE OF THE SELF-DECLARATION OF DISABILITY FORM

1. The Self-Declaration Form alerts the Occupational Accommodations Specialist of an employee with a disability, whether or not any modifications may be needed.

2. Department of Civil Rights, Affirmative Action Division

   Disabilities that are declared may be grouped by Job Families City-Wide and utilized by Affirmative Action Division for goal setting. In order to maintain confidentiality, specific names are not released. The Affirmative Action Division shall only advise a department/division of those Job Families wherein hiring goals should target the recruitment and selection of individuals with disabilities.

Voluntary Self-Identification of Disability

OMB Control Number 1250-0005
Expires 04/30/2026

Name (Print): _____ Date: _____

Signature: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

☐ Yes, I have a disability.
☐ I have had a disability in the past.
☐ No, I do not have a disability and have not had one in the past.
☐ I do not want to answer

If you have declared a current disability, please answer the questions below:

Have you received reasonable accommodations in the past to help you be successful in work or school?

☐ No ☐ Yes: (please specify) _____

If you haven't received accommodation in the past, is there any accommodations that would help you in the workplace going forward? (For ideas on potential accommodations, check out the Job Accommodation Network)

☐ No ☐ Yes: (please specify) _____

The Occupational Accommodation Specialist is here to assist you with the accommodation process. Would you like to be contacted by the Occupational Accommodation Specialist? ☐ Yes ☐ No

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

City of Madison
Direct Deposit Authorization Agreement

I hereby authorize the City of Madison to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below and the financial institution(s) named below to credit and debit the same entries to such account(s). If this is changing banking information, please provide the previous account information.

PREVIOUS FINANCIAL INSTITUTION 1: _____ **NEW FINANCIAL INSTITUTION 1:** _____

PREVIOUS ROUTING NUMBER 1: _____ **NEW ROUTING NUMBER 1:** _____

PREVIOUS ACCOUNT NUMBER 1: _____ **NEW ACCOUNT NUMBER 1:** _____

AMOUNT 1: Net Check NET CHECKING: ☐ SAVINGS ☐

PREVIOUS FINANCIAL INSTITUTION 2: _____ **NEW FINANCIAL INSTITUTION 2:** _____

PREVIOUS ROUTING NUMBER 2: _____ **NEW ROUTING NUMBER 2:** _____

PREVIOUS ACCOUNT NUMBER 2: _____ **NEW ACCOUNT NUMBER 2:** _____

AMOUNT 2: $ _____ AMOUNT 2: $ _____ CHECKING ☐ SAVINGS ☐

PREVIOUS FINANCIAL INSTITUTION 3: _____ **NEW FINANCIAL INSTITUTION 3:** _____

PREVIOUS ROUTING NUMBER 3: _____ **NEW ROUTING NUMBER 3:** _____

PREVIOUS ACCOUNT NUMBER 3: _____ **NEW ACCOUNT NUMBER 3:** _____

AMOUNT 3: $ _____ AMOUNT 3: $ _____ CHECKING ☐ SAVINGS ☐

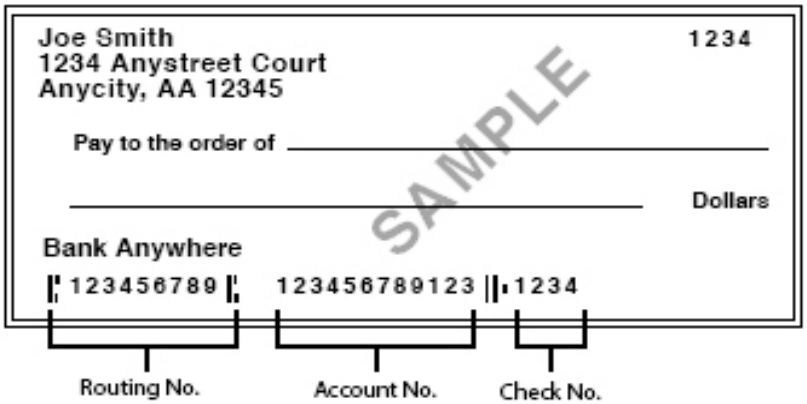
This authority is to remain in full force and effect until the City of Madison Payroll Office has received written notification from me on its termination in such time and in such manner as to afford the City of Madison a reasonable time to act on it. I understand that, due to circumstances that are beyond the City's control, there may be instances that may delay this deposit.

MUNIS EMPLOYEE NUMBER REQUIRED: _____ NAME: _____

PREVIOUS EMAIL: _____ NEW EMAIL:* _____

SIGNATURE: _____ DATE: _____

*As a participant in Direct Deposit, you will no longer receive a printed check. You will receive an electronic Direct Deposit advice via the email address you provide.



DIRECT DEPOSIT INFORMATION

To participate in direct deposit, you must complete an authorization agreement form. Instead of a paycheck, you will receive an earnings statement which reflects the same information that would have been shown on your paycheck stub. Every effort will be made to deposit the funds into your account on the normal payday. However, there may be circumstances, beyond our control that may delay this deposit. Prepays and early releases will not be available to those who are on direct deposit.

INSTRUCTIONS FOR COMPLETING THE DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Using the example on the bottom of the form, fill in your checking or savings account number, the transit number and the name of your financial institution. You may choose to have your whole net paycheck deposited to one account or have it spread over 2 or 3 accounts. If you want to use more than 1 account, you must tell us how to divide your net check. Please indicate whether each account is a checking or savings account.

For example, you have 2 accounts at Federal Bank and 1 account at State Bank. You have decided that you want $100 to go into your savings account at Federal Bank, $200 to go into your savings account at State Bank and the remainder of your paycheck to go into your checking account at Federal Bank. For Account Number 1, you must fill in the information for your checking account at Federal Bank. You then fill in the information and dollar amounts for your savings amounts at Federal Bank and State Bank for Account Numbers 2 and 3.

Staple a voided blank check or savings account deposit slip for each account on the bottom on the form. Give the form to your payroll clerk or to Central Payroll in Room 414, City-County Building.

MAKING CHANGES

A new authorization agreement must be completed if you want to change account numbers, financial institutions or amounts. These forms may be obtained from your payroll clerk or Central Payroll.

TERMINATING DIRECT DEPOSIT

Complete a Direct Deposit Termination form which may be obtained from your payroll clerk or Central Payroll. If you terminate your direct deposit, you may not re-enroll for 6 months.

Benefits and Employment Information
(Hourly/Seasonal Employees)

Hourly/Seasonal employees are eligible for:

Paid Holidays: You must work the scheduled work day before and the scheduled work day after the holiday to receive this benefit unless your absence has been pre-approved in writing by your supervisor.

Wisconsin Retirement System (WRS):

For employees who participated in WRS before July 1, 2011 and have not taken a lump sum/annuity benefit from that participation: Upon completion of 12 months of employment and working at least 600 hours, you are eligible to participate in the retirement system.

For employees who have not previously participated in WRS prior to July 1, 2011 or have taken a lump sum/annuity benefit from their prior to 7/1/11 participation: Upon completion of 12 months of employment and working at least 1,200 hours, you are eligible to participate in the retirement system.

Eligible employees will be automatically enrolled as a participating member by Central Payroll. Contributions are based on earnings. The City of Madison and employee each contribute a percentage. The employee's (your) percentage is deducted from your gross earnings on your paycheck. Each year a total (%) contribution rate is determined by Wisconsin Retirement System. You will be notified by Central Payroll when you are eligible for this benefit.

Health Insurance: Hourly employees who are enrolled in the WRS are also eligible to enroll in health insurance plans. The City of Madison will not, however, contribute to the health insurance premium cost until you have been participating with the WRS (see above) 6 complete months. Upon completion of 6 months of participation in WRS, the contribution the City of Madison will make toward your health insurance premium is based on the number of hours you worked in the previous 12 months. If you worked more than **600 hours** but fewer than 1,044 hours in the previous 12 months, the City of Madison will contribute **25%** of the regular City contribution to the health insurance premium. If you worked more than **1,044 hours** in the previous 12 months, the City of Madison will contribute **50%** of the regular City contribution to the health insurance premium. You will be notified by the Human Resources Department when you are eligible for this benefit.

Sick Leave: Seasonal/hourly employees shall receive one (1) day (8 hours) of sick leave upon completion of every two hundred (200) hours of work to a maximum of three (3) days in the payroll year. If a seasonal/hourly employee is terminated or resigns prior to the end of the season or payroll year, s/he shall forfeit accumulated sick time. If a seasonal/hourly employee is laid off at the end of the season or to return to school, the employee shall receive a payout for 1/2 of the unused accumulated sick time.

As an Hourly/Seasonal employee, you are eligible to apply and compete for promotions that have been exclusively posted to City employees in addition to those available to the general public. Job announcements are posted on bulletin boards in each department or may be accessed through the City of Madison EmployeeNet. Please watch the postings carefully as some positions may be limited to employees of a particular department/division. If you have questions on your eligibility to apply for certain positions, please contact our office at (608) 266-4615. If you are selected for a permanent position and you have not had a break in service, you may be given credits for the length of employment as an Hourly/Seasonal employee. In accordance with the Employee Benefits Handbook for General Municipal Employees, and based on the total hours of employment as an Hourly/Seasonal employee, you may be credited with vacation and sick leave. This time will be given to you upon successful completion of your probation period.

Mayor's Administrative Procedure Memorandum No. 3-7 restricts City employees from holding concurrent multiple positions and/or classifications with the City of Madison. You may hold only one position in one classification in one agency at any time.

Hourly/Seasonal employees are also eligible to receive an annual Madison Metro Employee Bus Pass. Just take your City of Madison photo ID to the City Treasurer's Office, Room 107, City-County Building, to pick up your employee bus pass. This is an annual pass that has to be renewed each year.

Human Resources Department
Harper Donahue, IV, Director
Madison Municipal Building, Suite 261
215 Martin Luther King, Jr. Blvd.
Madison, WI 53703
Phone: (608) 266-4615 | Fax: (608) 267-1115
hr@cityofmadison.com
cityofmadison.com/human-resources

Date: May 21, 2018

To: City of Madison Employees Who Are Not Eligible for Employer-Provided Health Insurance

From: Human Resources Department

Subject: Affordable Care Act: Employer Notice – Health Insurance Marketplace

The Affordable Care Act (ACA) became law when it was signed by President Obama on March 23, 2010. It requires that most people must have health insurance starting in 2014.

> There are some exemptions from the requirement (this may not be an exhaustive list, please visit https://www.healthcare.gov/exemptions-tool/# for more information): People whose health insurance costs would be greater than 8% of their income; those whose income is too low to require filing taxes; those who would have qualified for Medicare if their state did not expand the program; those who qualify for religious exemptions; those who are members of Indian tribes; those who are undocumented immigrants; people who are incarcerated.

In the absence of an exemption from the ACA requirements, fees may be assigned for people who are required to have health insurance coverage and fail to obtain it. These fees, known as the individual shared responsibility payment (sometimes referred to as the "individual mandate", "penalty", or "fine") remain in force for the 2018 tax year. Visit https://www.healthcare.gov/fees/fee-for-not-being-covered for more information.

Your current City employment does not include eligibility for employer-provided health coverage.

Detailed information on the Health Insurance Marketplace is available online at https://www.healthcare.gov/get-coverage/#state=wisconsin or by phone at (800) 318-2596. The Health Insurance Marketplace will provide choices of certified health plans.

If you need this information in another language, please visit https://www.healthcare.gov/language-resource or call HealthCare.gov at (800) 318-2596.

Provided with Memo: New Health Insurance Marketplace Coverage Options and Your Health Coverage: Part A: General Information; and Part B: Information About Health Coverage Offered by Your Employer

This information is not open enrollment information.
Open enrollment information will be provided to eligible employees during the annual Open Enrollment period (generally beginning the first Monday in October).

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-31-2020)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution –as well as your employee contribution to employer-offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about coverage offered by your employer, please check your summary plan description (available online at etf.wi.gov and/or the health plan's website) or contact the City of Madison Human Resources Department.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name	4. Employer Identification Number (EIN)
City of Madison, Wisconsin	39-6005507
5. Employer address	**6. Employer phone number**
215 Martin Luther King, Jr. Blvd. Suite 261	608-266-4615

7. City	8. State	9. ZIP code
Madison	WI	53703

10. Who can we contact at this job?
Human Resources Department

11. Phone number (if different from above)	12. Email address
608-266-4615 (same)	benefits@cityofmadison.com

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees

☒ Some employees. Eligible employees are:

Active employees who are participating in the Wisconsin Retirement System (WRS), retired employees receiving an annuity from WRS and who were participants in the employer's previous group health plan, insured employees who terminate employment after age 55 (age 50 for protective service employees) and who have 20 years of creditable service under the WRS, surviving insured spouse of an insured employee or an insured retiree.

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Spouse, children (natural children, stepchildren, adopted children and pre-adoptive placements, legal wards that become employee's permanent ward before age 19).

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you are eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. When you visit HealthCare.gov, you may need to enter the employer information above to find out if you can get a tax credit to lower your monthly premiums.

City of Madison

Workers' Compensation Information

Policy

It is the City's policy to insure the timely payment of all Workers' Compensation benefits provided for by state statute, City ordinances and union contract provisions; to promote appropriate medical care; and to safely return injured employees to the workplace as soon as possible.

Responsibilities

It is the employee's responsibility to **promptly complete an Employee Injury Report** if you've been involved in an accident at work or if your medical provider feels that you're suffering from a work-related illness. This accident report should be given to your supervisor. Your supervisor will comment on your accident and forward the report to WI Municipal Mutual Insurance (WMMIC), the City's Workers' Compensation Administrator.

If you receive medical care, it is the employee's responsibility to **keep your supervisor informed** of your medical status (as it relates to your ability to return to work). Each time you see a medical provider, you must have them **complete a Medical Status Report** and return it to your supervisor immediately. The information provided in this form will help your supervisor to determine the type of work you may safely perform while in the healing process, and when they may anticipate your return to full duty.

Further, it is the employee's responsibility to **provide medical documentation** for any related time loss so that it may be charged to your workers' compensation claim. Your supervisor, Payroll Clerk or the Finance Department should be able to provide any required forms.

Return to Work

The City actively promotes the return of injured employees to the workplace. Your medical provider should know that the City is generally able to temporarily modify your assignment, or assign you other work consistent with your medical restrictions.

Benefits

If your injury is determined to be work-related, all directly related medical expenses become the City's responsibility and all bills should be forwarded to WMMIC for payment.

If it is determined that you cannot work, you will continue to be paid consistent with the state statutes and governing union contracts provisions (with generally no waiting period for permanent employees).

Depending on the nature of your injury you may also be eligible for other types of payments and reimbursements. A WMMIC claims representative at (608) 852-8645 will be able to advise you on your benefits and respond to any questions you may have.

Questions or Concerns

Brad Lovell, Safety Coordinator
Finance Department
City-County Building, Room 406
(608) 266-9128
blovell@cityofmadison.com

Office of the Mayor
Satya Rhodes-Conway, Mayor
City-County Building, Room 403
210 Martin Luther King, Jr. Blvd.
Madison, WI 53703
Phone: (608) 266-4611 | Fax: (608) 267-8671
mayor@cityofmadison.com
cityofmadison.com

Date: May 6, 2019

To: All City Employees

From: Satya Rhodes-Conway, Mayor

Subject: **Drug-Free Workplace Notice**

This notice is required under the Drug-Free Workplace Act of 1988.

The unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited on any premises owned or used by City of Madison employees. Appropriate disciplinary action, which may include termination, will be taken against employees who violate this prohibition. (Possession or use of controlled substances prescribed by your physician and used as directed is not unlawful and not prohibited).

A "controlled substance," as used in this notice, means a controlled substance listed in Schedules I through V or Sec. 202 of the Controlled Substance Act (21 U.S.C. Sec. 812) and as further defined by federal regulations. (21 C.F.R. Sec. 1300.11 through 1300.15) This list includes, but is not limited to, marijuana, heroin, cocaine, amphetamines and PCPs. A complete list is available upon request.

It is a condition of employment for employees of the City of Madison that each employee will:

1. Abide by the terms of this notice, and

2. If any City employee is convicted of any violation of a criminal drug statute where the violation occurred in the workplace, the employee must notify her/his department head no later than five (5) days after such conviction.

    a. Conviction means a finding of guilt (including a finding based on a plea of guilty or no contest) or imposition of sentence, or both, by any judicial authority charged with responsibility to determine violation of the federal or state criminal drug statutes.
    b. "Criminal drug statute" means a criminal statute involving manufacture, distribution, dispensation, use or possession of any controlled substance.

3. Within ten (10) days after receiving such notice, in the case of an employee who is directly engaged in the performance of work in connection with a grant of federal funds, the City will notify the funding agency.

4. Within thirty (30) days after receiving notice of the conviction:

   a. The City will take appropriate disciplinary action against such employee, which may include termination; or
   b. The City will require the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purpose by a federal, state or local health, law enforcement or other appropriate agency.

This notice supplements, and does not replace or modify, existing work rules already applicable to all City employees. The City retains its authority to take appropriate disciplinary action outside the time limits stated above.

Office of the Mayor
Satya Rhodes-Conway, Mayor
City-County Building, Room 403
210 Martin Luther King, Jr. Blvd.
Madison, WI 53703
Phone: (608) 266-4611 | Fax: (608) 267-8671
mayor@cityofmadison.com
cityofmadison.com

Date: May 6, 2019

To: All City Employees

From: Satya Rhodes-Conway, Mayor

Subject: **City of Madison Drug-Free Awareness Program**

It is the policy of the City of Madison to maintain a drug-free workplace. To promote drug-free awareness among employees of the City of Madison, the City will provide information through the Employee Assistance Program and by other means to inform employees that:

1. Drug abuse in the workplace creates a dangerous environment for the employee engaged in the drug abuse and endangers the health, safety and welfare of all employees and other persons in the workplace.

2. It is the policy of the City of Madison to maintain a drug-free workplace. The illegal manufacture, distribution, possession or use of drugs, or acting under the influence of drugs in the workplace is strictly prohibited, and violations will result in discipline up and including termination.

3. Confidential information will be available from the Employee Assistance Program on public and private drug counseling and rehabilitation, upon the request of any employee.

4. Convictions for violations of criminal drug statutes, when the violation occurs in the workplace, must be reported to the department/division head within five (5) days of the conviction.

FROM THE OFFICE OF THE MAYOR **ADMINISTRATIVE PROCEDURE MEMORANDUM NO. 2-33**

SUBJECT: STANDARD EXPECTATIONS AND RULES OF CONDUCT

Purpose: The City is committed to providing a safe, welcoming, and inclusive workplace and to ensuring all employees are treated in a respectful and fair manner. To ensure our Madison is inclusive, innovative, and thriving, and to provide the best possible work environment, the City of Madison requires all City employees to meet all of the following expectations and rules of conduct. These expectations have been developed to protect the interests and safety of all customers, co-workers, and members of the public, and to provide the highest quality of service for the common good of our residents and visitors.

Policy: Employees are required to meet all of the following standard expectations and rules of conduct while on City premises, while attending City functions, while performing work-related activities, or while off work (if co-workers, customers, or the business interests of the City are impacted). Failure to meet these expectations and rules of conduct may be grounds for discipline, ranging from coaching to immediate discharge, depending upon the seriousness of the offense and/or the number of violations. Serious violations will result in more serious disciplinary action. Serious violations include, but are not limited to, insubordination, theft, harassment or discrimination in violation of APM 3-5, and willful harm to individuals or damage to property. While the following are standard expectations for all City employees, individual agencies and/or positions may have specific expectations and rules of conduct.

Citywide Standard Expectations:

A. General

1. Employees will be courteous and respectful to all customers, co-workers, and members of the public. Employees will refrain from making false or malicious, discourteous, or abusive comments toward or about customers, co-workers, and members of the public.

2. Employees will meet performance expectations, and will efficiently and effectively carry out their duties during work hours or while on work premises. In doing this, employees will not engage in horseplay, roughhousing, or other disorderly behavior that will interfere with carrying out their or other employees' work.

3. Employees will complete all assignments and duties in a timely manner, as directed by supervisors, managers, leadworkers, or other authorized employees and will not engage in insubordinate behavior.

4. Employees will perform assignments and duties with attention, care, and efficiency. Employees must strictly limit unauthorized personal business during work hours so that it does not affect the timely completion of assignments and duties. This includes, but is not limited to, unauthorized or excessive personal phone or technology use.

5. Employees will provide accurate and complete information whenever required by their position or as requested by an authorized person.

6. Employees, including returning hourly employees, are required to report any arrests and convictions (excluding traffic offenses such as speeding or failure to fasten a seatbelt) to Human Resources within 48 hours, absent extenuating circumstances. This requirement does not apply in agencies (Madison Police Department), who have internal reporting requirements that are more extensive.

7. Employees will be truthful and accurately record all required information, including but not limited to, timesheets, payroll, purchasing card transactions, and/or itineraries.

8. Employees will maintain confidentiality of all confidential information or records (including but not limited to: photos, video, medical documentation, and restricted materials).

9. Employees will be committed to the efficient performance of their duties and will refrain from engaging in a work slowdown, work stoppage, or attempting to interrupt or prevent the performance of work in any way.

10. Employees will maintain appropriate licenses, credentials, and/or qualifications necessary to perform their job, and will immediately report any change or loss of said license, credentials, and/or qualifications to their supervisor.

B. Attendance

1. Employees will report to work on time, observe the time limits of breaks and lunches, and will obtain supervisor approval for any change from defined work schedules.

2. Employees will maintain consistent attendance, follow all required policies for reporting leave, and will refrain from unexcused absences or excessive absenteeism.

3. Employees will provide proper notification to the appropriate person if unable to report for work or for the need to leave work for any reason.

C. Personal Actions and/or Appearance

1. Employees will create and maintain a welcoming, respectful, and inclusive work environment and are strictly prohibited from engaging in unruly, abusive, violent, bullying, or other threatening or intimidating behavior (non-verbal) or language (verbal) in accordance with APM 2-25. Bullying is repeated, unwanted, aggressive physical or verbal behavior which hurts another individual, physically, mentally, or emotionally. Bullying is a subcategory of aggressive behavior characterized by the following criteria: (1) hostile intent, (2) imbalance of power, and (3) repetition over a period of time.

2. Employees will create and maintain a welcoming, respectful, and inclusive work environment and are strictly prohibited from engaging in harassment or discrimination on the basis of a person's race, sex, gender, gender identity (how an individual defines their gender), gender expression (how an individual expresses their gender), religion, creed, color, age, disability/handicap, marital status, HIV status, source of income, familial status, ancestry or national origin, sexual orientation, arrest record, conviction record, current or past military service, less than honorable discharge, use or non-use of lawful products off the employer's premises during non-work hours (notwithstanding the exceptions noted in Sec. 111.35, Wis. Stats.), physical appearance, political beliefs, or the fact that a person is a student, as prohibited by APM 3-5.

3. Employees will report to work free from the influence of any drug, controlled substance, or alcohol. Employees will not use drugs, alcohol, or controlled substances during working hours, unless such substance can be safely taken and is prescribed by a physician. Employees are required to adhere to Federal Motor Carrier Safety Administration Clearinghouse requirements for Commercial Driver's License holders.

4. Employees must maintain a workplace free from possession, distribution, sale, transfer or use of alcohol or illegal drugs. Employees are strictly prohibited from engaging in such activity in the workplace, while on duty, or while operating City vehicles or equipment.

5. Employees will follow all safety practices, rules, and/or procedures.

6. Employees will report all work related injuries and any illness that may interfere with or affect the performance of work duties to appropriate supervisors or managers in a timely manner, and will fill out the appropriate paperwork as required.

7. Employees will refrain from smoking in unauthorized areas, including City vehicles (this includes electronic cigarettes).

8. Employees will adhere to Federal, State, and local laws, and refrain from engaging in any illegal activity during work hours or while on the work premises.

9. Employees are expected to meet any dress code provisions and ensure dress or personal hygiene does not constitute a health or safety violation. Employee dress and hygiene should not adversely affect the performance of the individual or fellow employees, and departmental operations.

10. Employees are free to exercise their constitutional rights and are required to ensure the freedom of the rights of others through refraining from engaging in political activity in the workplace, or other conduct as prohibited by Madison General Ordinance 3.35, Code of Ethics.

11. Employees will meet performance expectations, and will efficiently and effectively carry out their duties during work hours or while on work premises. In doing this, employees will not engage in horseplay, roughhousing, or other disorderly behavior that will interfere with carrying out their or other employees' work. This also applies in communication, whether verbal, non-verbal, or written.

12. Employees are reminded that these expectations and rules of conduct pertain not only to the workplace, but also may pertain to social media. Use of social media, direct texts, or the internet in a manner that violates APM 2-25, 2-33, 3-5 or 3-9 prohibiting harassment and discrimination in the workplace, or in a manner that impedes the individual, fellow employees, or management from carrying out their duties or functions is expressly prohibited. This may include the use of social media, direct texts, or the internet off work duty if the conduct has a connection to or severe impact on the workplace.

13. Employees will conduct themselves in a manner that does not prevent themselves or others from adequately carrying out their duties and functions.

D. Use of City Equipment, Materials, and other Property

1. Employees will be effective stewards of City materials and equipment. City materials and equipment must be used carefully and only as authorized.

2. Employees must respect the property of the City and others. Employees are strictly prohibited from engaging in theft, unauthorized possession, removal, destruction of City or other person's property, salvaging as prohibited by APM 2-19.

3. Employees will only access authorized areas of City property and enter those during assigned work hours, except with Supervisor approval or in adherence with agency work rules.

4. Employees will report any accident, no matter how minor, involving a City vehicle or personal vehicle being used for City business in a timely manner, and will fill out the appropriate paperwork as required.

5. Employees will not operate a City vehicle without appropriate licensing or endorsements, and will report any change or loss of required licensing or endorsements immediately to appropriate supervisors.

While it is not possible to list all of the forms of behavior required of City employees, employees are encouraged to use the City's vision, values, and service promise, as a guide. In addition to the expectations and rules of conduct provided herein, rules are also provided by other City APMs, ordinances, department/division work rules, standard operating procedures, or commonly accepted standards for reasonable conduct (common sense).

Authority: The Human Resources Director shall maintain and interpret this policy.

Satya V. Rhodes-Conway
Mayor

APM No. 2-33
February 18, 2021

Original APM dated 11/12/2004
(Revised 10/12/2005, 10/06/2014)

The City is in the process of updating APM 2-33, City of Madison Work Rules.

As part of this updated APM, as a returning seasonal employee, I understand that I must report any arrests or convictions that happen after the beginning of my employment to the HR Services Manager at 608-266-4516. This includes any arrests or convictions that occurred during the period of time that I was not employed by the City (in between seasons), and includes any change to my driver's license status (if my position requires me to hold a driver's license). This reporting must occur before I start working again. I also understand I do not have to report traffic offenses like speeding or failure to fasten a seatbelt but I do have to report an OWI.

I understand that the City will not discriminate against me because I may have been arrested or convicted of a crime. I acknowledge the City will review my arrest or conviction to see if it relates to my current job duties and will follow up with me as appropriate.

I understand that if I do not report an arrest or a conviction, and the City later finds out, I will be subject to discipline, up to and including termination of employment, for failing to report.

X _____

Employee Name

X _____

Date

FROM THE OFFICE OF THE MAYOR **ADMINISTRATIVE PROCEDURE MEMORANDUM NO. 3-5**

SUBJECT: PROHIBITED HARASSMENT AND/OR DISCRIMINATION POLICY

Purpose

The City of Madison's vision is Inclusive, Innovative, and Thriving. The City of Madison is committed to equity, diversity, inclusion, and equal employment for all. Our policy is to be welcoming, safe, and fair to all employees and members of the community. The goal of our policy is for the work environment to be free of harassment, discrimination, and retaliation. To that end, this policy will be liberally construed and strictly enforced.

Covered Behaviors

We expect all employees to treat their colleagues and members of the public in a welcoming, fair, respectful, and equitable manner. The following behaviors are prohibited under this policy: discrimination, harassment, retaliation, hazing, quid pro quo or other types of sexual harassment, micro-aggressions (subtle acts of exclusion), and creating a hostile work environment due to protected class. See the APM 3-5 Resource Guide for definitions of these behaviors as well as a full list of protected classes.

Scope

This policy applies to the delivery of city services and the official interactions between city employees as well as community members. This policy applies to all employees delivering city services: permanent, seasonal, temporary, contracted, lead-workers, supervisors, managers, and Department/Division Heads. It also applies to our clients, independent contractors, visitors, and vendors who have interactions with the City and our customers. This policy applies to conduct that occurs at the workplace and at any location or on any platform that can be reasonably regarded as an extension of the workplace, including but not limited to the use of a telephone, voicemail, text messages, and any social media or online platforms.

Consequences for Violating APM 3-5

City employees: engaging in any types of prohibited conduct (bullying, discrimination, harassment, intimidation, micro-aggressions, retaliation, etc.) could result in disciplinary action being taken against the offender, up to and including discharge from City employment. Violations of this policy are also considered violations of APM 2-33 Rules of Conduct and will result in progressive discipline when appropriate.

Corrective Action Panel: When allegations under this policy are Sustained, the Department Head (or the Mayor if the Respondent is a Department/Division Head) will receive a debriefing from the investigators. Within 10 business days after this debriefing, the Department Head or Mayor will schedule a meeting with the Corrective Action Panel (ensuring the investigators are not a part of this panel) made up of the Directors or designees from the Office of the City Attorney, Human Resources, Department of Civil Rights along with the Department's assigned Deputy Mayor. The Corrective Action Panel will make recommendations about the corrective action based on the policy violation. The ultimate decision on discipline rests with the Department/Division Head or the Mayor. If the recommendation of the panel is unanimous, or if a majority of the panel has the same recommendation, and the Department Head or the Mayor issues less severe corrective action than what the panel recommended, they must document in writing the discipline they issued, why it differs from the panel's recommendation, and send it to the director of Human Resources and the Department of Civil Rights, as well as their designee that was a member of the panel. Within 5 business days after meeting with the Corrective Action Panel, the Department Head or Mayor must issue the corrective action to the employee that violated the policy and submit the final corrective action plan to the Department of Civil Rights Director and the Director of Human Resources.

Non-City Employees: If it is found that a client, independent contractor, visitor and/or vendor has engaged in behaviors that violate this policy, actions must be taken to protect the City of Madison employee. If a mandatory reporter witnesses or becomes aware of violations of this policy by a non-city employee and do not report the incident or take measures to protect the employee, they may be in violation of this policy.

Consequences for a non-city employee found to violate this policy will vary depending on the job type of the employee and severity of the incident. Some examples of consequences could include: requiring a client to receive service from a different staff member or location, ending a contract with an independent contractor or vendor, or prohibiting a visitor from returning for a period of time or indefinitely. All decisions regarding consequences for non-city employees should follow written internal policies developed by a department. These policies must be approved by the Department of Civil Rights and Office of the City Attorney. If a department does not have such written procedures approved, the department must consult with the Department of Civil Rights and the Office of the City Attorney before making a decision on a case by case basis.

Filing a Complaint

Reporting a Complaint: All City employees are strongly encouraged to report any violations of this policy. Complaints shall be filed within three hundred (300) days of the alleged violation. If there are repeated incidents that demonstrate a pattern of behavior, the most recent incident should have occurred in the previous 300 days from date of filing a complaint. The Department of Civil Rights Director and/or Affirmative Action Manager, after approval from the Office of the City Attorney, may waive the 300-day time restriction if they believe it is warranted given the severity of an incident. No employment or disciplinary action will be taken against any employee who makes a good faith complaint even if the investigation fails to substantiate any or all allegations of the complaint. No employee may file a complaint in bad faith. Employees who witness a violation of this policy can also file a complaint. At their option, employees may file their complaints with any of the following:

a. Any lead-worker, supervisor, or manager *(Not necessarily their own lead-worker, supervisor, or manager.)*
b. Any Department/Division Head
c. Human Resources/Labor Relations
d. The Department of Civil Rights
e. The Mayor's Office *(especially if the complaint is against a Department/Division Head, an Alderperson, DCR staff, or a Mayoral staff person.)*

No person may require an employee to file a complaint with them. No person may prohibit an employee from filing their complaint with any other person or department. No employee shall be discouraged from filing a complaint under this policy. Prohibiting or discouraging an employee from filing a complaint under this policy is itself a prohibited behavior subjecting the individual to investigation and possible discipline under this policy.

Complaint Form: The Department of Civil Rights shall create and distribute a complaint form to facilitate the recording of complaints and to promote the uniformity of information gathered in response to such reports. The form shall also capture the resolution to the matter which the complaining employee requests. However, no one can be forced to use the complaint form. Complaints may be made verbally, electronically, or in writing. The recipient of a verbal complaint shall document the allegations in writing.

Anonymous Complaints**:** Anonymous complaints may be filed at any time, and the Department of Civil Rights will implement a procedure for making such claims to be codified in the APM 3-5 Resource Guide.

Safety Assessment

If, at any time during the complaint analysis or investigation, investigators feel the emotional or

physical safety of any employee is at risk, the Department of Civil Rights will work with the Department Head, Employee Assistance Program, and Human Resources to assess the need to move the alleged offender or to take other measures to provide for a safe and secure workplace environment. The Complainant should not be reassigned if at all possible. If there are severe enough safety concerns, complainants may be kept anonymous at the discretion of the Department of Civil Rights.

Investigation Procedures

All employees are required to cooperate fully with any investigation into alleged violations of this APM. Investigations under this policy are confidential. Any employee discussing any part of the investigation with another City employee except, where appropriate, their personal attorney, Union, or Association representatives, may be in violation of City policy and subject to discipline, up to and including termination of employment. Legal, Union and Association representatives are strictly prohibited from sharing information from a confidential investigation with anyone else.

Written acknowledgement of receipt of a complaint must be forwarded to both the appropriate Department/Division Head (or to the Mayor if the Respondent is a Department/Division Head) and the Department of Civil Rights within 24 hours if received during business hours on a work day and by the following work day if received after business hours on Friday or on the weekend. Failure to follow this timeline may be a violation of this policy.

If the complaint alleges a violation of both this policy and other City policies/procedures, the relevant agencies will work together to investigate and resolve the matter. If the Department of Civil Rights determines the complaint alleges a violation of other City policies/procedures, the Department of Civil Rights will refer the complaint to the appropriate agency for investigation.

Investigations must follow the investigation procedures set out in the APM 3-5 Resource Guide.

Investigators: After receipt of the complaint, the Department of Civil Rights will have fifteen (15) days to assign investigators. After consultation with the appropriate Department/Division Head, the Department of Civil Rights will appoint the investigators who will conduct an immediate investigation into alleged violations of this policy. If none of the appointed individuals are a member of the Respondent's Department/Division, the Department/Division Head will appoint someone from the department/division to assist the investigators with department specific information including Department organization, policies, procedures, etc. relevant to the investigation. In the case of complaints involving sworn law enforcement and firefighters, the Department of Civil Rights will assist the lead investigators from those agencies. Investigations of complaints filed under this policy must be given the highest priority. Such investigations should be promptly initiated and swiftly completed.

Complaints Regarding the Conduct of Elected Officials Involving City Employees: The City has a legal obligation to investigate complaints against elected officials. Accordingly, elected officials of the City of Madison are covered as Respondents under this policy. However, any discipline for sustained violations of this policy against an elected official are conducted pursuant to the statutory authority set forth in the Wisconsin Statutes recognizing the most effective remedy for such violations are those belonging to the electorate - i.e. the power of the ballot box. Any person receiving a report or a complaint alleging a violation of this policy by an elected official shall forward such information to the Department of Civil Rights Director and the Human Resources Director who shall then jointly conduct a prompt, thorough and fair investigation into such allegations as set forth in the Resource Guide. The Department of Civil Rights Director, the Human Resources Director in consultation with the Office of the City Attorney shall, upon completion of their investigation, issue a public report in compliance with sec. 19.356, Wis. Stats., redacting such information as required under Wisconsin's Public Records Law.

Confidentiality Protected: A high degree of confidentiality is necessary to foster effective

resolutions to complaints filed under this policy. Wherever possible, complaints are to be maintained and processed in a manner that can protect confidentiality of all parties within the boundaries of federal, state and local laws. These prohibitions shall not apply to communications between a City employee and their chosen representative/personal attorney.

Roles and Responsibilities

Department/Division Heads**:** Department/Division Heads must take affirmative steps to ensure equal employment opportunities and a welcome, fair, and equitable culture for all City employees. While such affirmative management will take many forms, the following steps are required under this policy:

1. Circulate this memorandum to all employees, at least once a year and review this policy with all lead-workers, supervisors and managers at least once each year.
2. Ensure all new hires are trained on the policy within 45 days of hire or at the earliest date that training is available.
3. Ensure all supervisors and lead workers receive refresher training on the policy.
4. Ensure supervisors and lead workers are following these procedures and are accountable to their roles and responsibilities below.
5. Ensure all employees receive refresher training on the policy on a regular basis set forth by the Department of Civil Rights in the APM 3-5 Resource Guide.
6. Ensure staff members assigned to investigations by the Department of Civil Rights are made available to complete the investigation in a timely manner.
7. Issue corrective action following the guidelines set out in the Resource Guide no later than 10 days after the Corrective Action Panel meeting.
8. Forward a copy of the corrective action (written warning, suspension, performance improvement plan, last chance agreement, etc.) taken to the Department of Civil Rights. If the corrective action is a verbal warning, the Department/Division Head will prepare a memo so stating and forward that document to the Department of Civil Rights.

Mandatory Reporters Under This Policy: Department Heads, Managers, Supervisors, and Lead-Workers are held to a higher standard of conduct and are expected to serve as role models by demonstrating their commitment to this policy in their everyday conduct. Lead workers, Supervisors and Managers (including Department/Division Heads) are mandatory reporters under this policy. Any mandatory reporter who fails to take appropriate action upon observing an act prohibited by this policy, or who fails to take appropriate action upon receiving knowledge of a possible violation of this policy is subject to investigation for violating this policy and is subject to discipline up to, and including, termination. Lead-workers, supervisors, and managers are required to:

1. Fully cooperate with the Department of Civil Rights Investigations.
2. Take all complaints and allegations seriously and maintain confidentiality.
3. Take appropriate action, which may include immediate intervention, when they observe conduct that violates this policy.
4. All mandatory reporters are required to promptly notify both their Department/Division Head and the Department of Civil Rights, in writing, of all instances of known, observed and/or reported acts which may indicate a violation of this policy. Notification must take place within 24 hours, during business hours on a work day and by the following work day if after business hours on Friday or on the weekend. In addition to the behaviors described in this policy, mandatory reporting also includes acts such as hate crimes, sexual contact, stalking, and battery. When an employee reports an act(s) that could constitute criminal activity, mandatory reporters should contact the Office of the City Attorney who will handle any reporting to law enforcement after consultation with Human Resources and the Department of Civil Rights. If the complaint concerns the Department/Division Head, the lead-worker, supervisor, or manager should refer the complaint to the Mayor's Office or the Department of Civil Rights.
5. Offer the Employee Assistance Program when appropriate.
6. Recuse themselves when a conflict of interest is apparent or suspected in an investigation.

Department of Civil Rights: The Department of Civil Rights is the lead administrative unit under this policy. Its representatives function as a resource for all City employees, including managers and supervisors. The Department shall develop and provide training and education programs for all employees, including specialized training for mandatory reporters, to help promote this policy and the goals embodied therein. The Department of Civil Rights shall work with the City Attorney's Office when necessary and shall confer with Human Resources, the Employee Assistance Program, and the Mayor's Office regarding sensitive cases. The Department of Civil Rights is responsible for the following:

1. Administering the City of Madison's discrimination, harassment, and retaliation investigation process including, but not limited to, conducting fair and impartial investigations of violations under this policy and providing consultation to City Department/Division Heads, mandatory reporters and employees to help ensure compliance with this policy, State and Federal employment laws and best practices.
2. Provide training, guidance, and consultation for all agencies and levels of leadership for the City of Madison.
3. Assign complaint investigators, with recommendations from the Department/Division Heads.
4. Provide information regarding the investigation to Department/Division Heads at the conclusion of investigation.
5. Provide a copy of the investigative findings to the Office of the City Attorney for review prior to the investigators reporting the findings to the Department Head, Complainant and Respondent.
6. Maintain a tracking system for all complaints filed and investigations.
7. Conduct workplace discrimination, harassment, and retaliation investigations and climate assessments when applicable.
8. Review this policy at least every four (4) years in consultation with Human Resources and the Office of the City Attorney.

Mayor's Office: The Mayor's office may contract with an outside third party to conduct an investigation under this policy if needed. The Mayor shall be responsible for developing and implementing any corrective action plan for their staff members or Department/Division Heads found to be in violation of this policy within 10 days of receiving the results of the investigation, and may consult with whomever they desire in that process.

The Mayor's Office shall be responsible for appointing an investigator for any complaint made against the following:

1. Department/Division Heads
2. Mayoral Staff
3. Department of Civil Rights Staff

Satya V. Rhodes-Conway
Mayor

APM No. 3-5
November 30, 2020

Original APM dated 08/30/1996
Revised 10/17/2000
Revised 09/25/2005
Revised 02/28/2012

SEASONAL EMPLOYEE

APM 3-5 Prohibited Harassment and/or Discrimination Acknowledgement Form

I, (print name legibly) _____ have reviewed APM 3-5, Prohibited Harassment and/or Discrimination with my supervisor. I understand the policy, have been given a copy of the policy, and have been given the opportunity to ask questions about the policy. I understand what is expected under the policy.

☐ I have watched the APM 3-5 video.

I understand if I have future questions or concerns, I can contact the Department of Civil Rights at 266-4910 located in room 523 of the City County Building, 210 Martin Luther King, Jr. Blvd., Madison, WI 53703.

Signed: _____ Date: _____

Supervisor Name (please print legibly): _____

Department and Division: _____

Signed: _____ Date: _____

Please email the form to the Department of Civil Rights at dcr@cityofmadison.com.

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Signed: _____ Date: _____

Supervisor Name (please print legibly): _____

Department and Division: _____

Signed: _____ Date: _____

Please email the form to the Department of Civil Rights at dcr@cityofmadison.com.

FROM THE OFFICE OF THE MAYOR **ADMINISTRATIVE PROCEDURE MEMORANDUM NO. 2-25**

SUBJECT: WORKPLACE VIOLENCE PREVENTION AND RESPONSE POLICY

Policy Statement: The City of Madison is committed to a safe work environment and to the safety and security of its employees. City managers and supervisors will work to the extent reasonably possible to ensure that employees are free from intimidating, threatening, or violent behavior . The City will not tolerate any on or off-duty intimidating, threatening or violent behavior directed towards any City site or any City employee by: any employee; any customer participating in a City service or program; any vendor while engaged in City business; or any person who has a personal relationship with a City employee if the intimidating, threatening or violent behavior of that person interferes, in any way, with the business interests of the City.

Scope of Policy: City of Madison employees found to have engaged in intimidating, threatening or violent behavior while on duty will be subject to discipline, up to and including discharge for the first offense. Vendors or participants in City programs found to have engaged in intimidating, threatening or violent behavior may have their contracts canceled or eligibility for funding or loans revoked or called or be barred from further participation in City services or programs. City of Madison employees engaging in intimidating, threatening or violent behavior while off duty will be subject to discipline, up to and including discharge for the first offense, if the intimidating, threatening or violent behavior while off duty creates a connection to the workplace and/or which includes a connection to employees working at the workplace.

Reporting: It is the responsibility of City employees to report incidents of intimidating, threatening or violent behavior to their supervisors, their department or division head, the Human Resources Director, the City EAP staff or the City Attorney. It is the responsibility of City managers to investigate any such reports thoroughly and to take appropriate action according to this policy. There will be no retaliation against an employee who makes a good faith report of such behavior.

Violence and Threats Defined: "Intimidating or threatening," whether on or off duty is:

- Behavior as words or actions that cause a person to avoid social contact or to do or refrain from doing an act, including supervisory discipline, by inducing fear.
- Behavior as words or actions that directly, or indirectly, show an apparent intent to cause physical or emotional harm to another person.
- Behavior as words or actions that a reasonable person would believe creates a danger to a person's safety or property or to the property of the City.

Workplace Violence Prevention and Response Plan:

1. Prevention

   a. Develop and conduct employee and supervisor trainings. Training topics may include:
      - Definition of workplace violence
      - Explanation of the City's policy on workplace violence
      - "Warning signs" of potential workplace violence
      - "Levels of threat" and the appropriate response
      - Management liability regarding workplace violence
      - Process steps for responding when an incident actually occurs

      The Human Resources Department will include a review of the workplace violence policy as part of new employee orientation.

      The Human Resources Department will also identify further workplace violence training needs based on input from City departments and the Workplace Violence Threat Assessment Team.

b. Pre-employment screening and background checks with regards to workplace violence:

i. Interviews: Hiring authorities, with assistance from the Human Resources Department, may include interview questions which measure how candidates might respond to conflict situations. Refer to "A Manager's Guide to Interviews and Background Checks" provided by Human Resources for additional information.

ii. Background Checks: After interviews are conducted, background checks may be run on selected candidates, depending on the nature of the position being filled. The Human Resources Department will review convictions to determine those that are substantially related to the circumstances of a particular job and will screen in accordance with federal, state and local law. This is done by checking official court records and other available sources.

c. Role of EAP

The Employee Assistance Program (EAP), including its Critical Incident Stress Management Program (CISM), will operate in compliance with APM's 2-12 and 2-15 respectively. When information about intimidating, threatening or violent behavior, as defined in this Workplace Violence Policy, is known to the EAP, the EAP will take action in an attempt to prevent harm. This may include the release of information necessary to prevent harm including obtaining a violence assessment or notifying a potential victim. The EAP may also assist employees and families with recovery, should violence occur.

The EAP's role includes the following: policy and procedure development; participation in prevention focused training; participation on the Threat Assessment Team when designated by the Human Resources Director; critical incident stress management services (e.g., on scene, pre-incident education, defusings, debriefings); consultation or problem solving, information, referrals, and support to any employee, family member, and/or management who has sought the EAP's services.

d. Enforcement of Workplace Rules

The possibilities of workplace violence problems are increased where there are inadequate and/or inconsistently enforced work rules. The City's Rules of Conduct are in Administrative Procedure Memorandum (APM) 2-33. The City's rules regarding weapons in the workplace are in APM 2-46. All City employees are expected to adhere to the Rules of Conduct outlined in APM 2-33 and the Prohibition of Weapons outlined in APM 2-46.

e. Security

Any City agency can request a security assessment. The security assessment is conducted by a member of the Madison Police Department's crime prevention staff. It may include:

- A threat assessment specific to that office or agency.
- A review of existing basic security measures, procedures and policies make.
- Recommendations for physical changes or policy and procedure changes.

Where a security assessment determines weaknesses, agencies will develop plans for physical improvements or procedures.

2. Crisis Management

a. Threat Assessment Team

i. Purpose: A Threat Assessment Team is an ad hoc team that is convened to assess a potential workplace violence threat and to develop a management response plan.

ii. When Activated: A Threat Assessment Team may be activated by the Human Resources Director or his/her designee at the request of a department or division head or his/her designee in response to the manager's concerns about a potential workplace violence threat.

iii. Composition: The composition of the Threat Assessment Team will depend on the nature and origin of the reported threat. This team would typically include one or more representatives of the agency affected, the Human Resources Director, the Police Department, the EAP, and the City Attorney. A clinical psychologist or psychiatrist may meet with the team or be consulted by one or more members of the team.

3. Post Incident

First priority would be to contact police or emergency medical services, as needed, for resources and assistance. This contact can be made by anyone who feels it is necessary given the nature of the incident. Once a workplace violence incident occurs, agency managers have a number of responsibilities. Depending on the complexity and/or severity of the incident, the agency manager may wish to consult with the Human Resources Director for the purpose of obtaining assistance with one or more of the following responsibilities.

a. Incident Management

i. Emergency Management: A post-incident medical examination may be needed even if emergency medical personnel are not called.

ii. Investigation: Management is responsible for conducting an internal investigation as soon as possible including: interviewing witnesses, collecting evidence, etc. When applicable, this investigation shall be collaborative with law enforcement and may occur after the law enforcement investigation is completed.

b. Critical Incident Response - Where necessary, management may determine the need for critical incident response in accordance with APM 2-15.

c. Disciplinary Action - Where necessary, agency management will implement appropriate disciplinary action up to and including discharge.

d. Post-Incident Review - Following the incident and post incident response, the agency manager will meet with the Human Resources Director and other appropriate City officials (i.e., Workplace Violence Threat Assessment Team) to review the incident and identify what might have been done to prevent it and/or how incident handling could have been improved.

Paul R. Soglin
Mayor

APM No. 2-25
December 19, 2014

Original APM dated 10/16/1996
(Revised 03/11/2008)

FROM THE OFFICE OF THE MAYOR **ADMINISTRATIVE PROCEDURE MEMORANDUM NO. 2-46**

SUBJECT: PROHIBITION OF WEAPONS

Background: In light of legislation at the State level regarding concealed carry, it is important for City Employees to be informed of their rights under the State law as it relates to their employment with the City.

Policy: City employees, with the exception of commissioned police personnel, are prohibited from carrying, possessing, or transporting any weapon into any City building, into any City owned vehicle, or onto any City property, or at any time while the employee is acting within the scope of employment, with the two following exceptions required by law:

1. Employees with a valid license to carry a concealed weapon may carry a weapon in their personal vehicle onto any City owned parking lot or parking ramp. However, the weapon must remain locked in the vehicle and not be visible to the public.

2. Employees with a valid license to carry a concealed weapon may transport a weapon in their personal vehicle. Again, the weapon must remain locked in the vehicle and not be visible to the public.

This policy does not regulate activities of City employees when they are not acting within the scope of their employment.

Any violation of this policy may result in discipline up to, and including, termination of employment.

Any employee engaging in behavior that is threatening or intimidating may be subject to discipline up to, and including, termination. This behavior may include openly discussing or making comments regarding carrying, possessing, or transporting firearms or other deadly weapons which can be interpreted as threats or acts of intimidation, regardless of whether the employee is licensed to carry a weapon.

Paul R. Soglin
Mayor

APM No. 2-46
October 19, 2011

MADISON ETHICS CODE SIMPLIFIED

The goal of the **Simplified Code** is to describe the City of Madison Ethics Code in everyday language. It is not intended to be a substitute for the Code. **Anyone who is uncertain whether a particular action (or inaction) may be a violation of the Code, or who believes that a violation of the Code has occurred, should obtain a copy of the Code and/or seek the advice of the City Attorney's Office or the City of Madison Ethics Board.**

WHAT IS THE MADISON ETHICS CODE?

The Code spells out ethical standards of conduct intended to foster public trust and promote confidence in the integrity of government by avoiding the appearance of self-interest, personal gain, or benefit. The Code also requires written disclosures by most City elected officials, employees and appointees regarding their private financial or personal interests in matters that may affect the City. Page 3 of the Simplified Code discusses this obligation in greater detail. The Ethics Code is found in Section 3.35 of the Madison General Ordinances (MGO).

WHY HAVE A CODE?

The Madison Ethics Code establishes guidelines to insure that City elected officials, employees, and appointees (a) act impartially, responsibly and independently, (b) make decisions and policies through proper channels of City governmental structure, and (c) serve the public interest rather than some private interest.

The major areas of responsibility and accountability spelled out in the Code include:

- Disclosure of conflicts of interest and possible disqualification from subsequent action
- Use of office for private gain
- Disclosures of confidential or privileged information
- Receipt of gifts and favors
- Incompatible employment
- Restrictions after leaving office or appointment.

By enacting a Code of Ethics, the City recognizes that certain responsibilities accompany public office or public position. These responsibilities address the need for City officials, employees, and appointees to discharge their duties in the public interest, uphold the U.S. and State Constitutions, and carry out the laws of the nation, state, and municipality with impartiality and fairness and without regard to their private interests.

TO WHOM DOES THE CODE APPLY?

The Code applies to all elected City officials, employees and appointed members of City boards, committee and commissions (including sub-committees and ad hoc committees). The Code often uses the word **"incumbent"** to mean individuals in any of these categories. The Code may also refer to an incumbent's **"immediate family."** For these and other definitions, please consult Section 3.35(2) MGO.

In certain circumstances citizens who interact with City employees and officials may also be subject to the Ethic Code's standards of conduct. For instance, the Code prohibits the offering of gifts, or special favors as a reward or in exchange for some official action. The Code also prohibits an incumbent from accepting such gifts or rewards. This is an example how the Code offers guidance to both officials and citizens alike.

WHAT OBLIGATIONS DOES THE CODE IMPOSE?

I. Financial Disclosure on Statements of Interest

The Code requires *incumbents* to file annually a Statement of Interests describing their private financial or personal interests in matters that may affect the conduct of City business. Disclosure of these interests is required to assure the public of the impartiality of those who make decisions on the public's behalf.

Who must file? The filing requirement extends to all elected officials and members of boards, committees, commissions, unless they can demonstrate to the Ethics Board that they are **not** involved in the (a) regulation of economic activity, (b) expenditure or granting of public funds, or (c) entry into City contracts.

Disclosure forms must also be completed by City employees who work on behalf of the City (a) negotiating; the sale or acquisition of property or real estate, (b) overseeing economic development projects, (c) assessing or appraising property for tax purposes, or (d) enforcing City ordinances or state laws. Since Madison police officers are covered by their own departmental policies and disclosure requirements and need to have their identity protected from public disclosure, police officers are exempt from filing a Statement of Interest.

Candidates for elective public office must also file a Statement of Interest with the City Clerk at the same time as nomination papers are filed. Failure to file a Statement of Interest may result in the City Clerk removing the candidate's name from the ballot.

Failure to file: Failure of a City employee to file a Statement of Interest in a timely manner may result in the withholding of salary and other compensation. Failure to file may also prevent an appointee from being confirmed by the Common Council.

Amendments and changes: If a filer becomes aware of *errors* or *omissions* in the original Statement, he/she *must* file an amended version as quickly as possible.

Moreover, elected officials, City employees who head departments or divisions, and mayoral assistants *must also* report any changes on their Statement as soon as possible. Statement of Interest forms and instructions are available from the City Clerk.

II. Standards of Conduct

The following overview of the Code's standards of conduct is not intended to be definitive. The Code should be consulted for a complete description of its obligations and prohibitions.

Use of office or position: The Code states that no *incumbent* may use his/her position or office to obtain financial gain or anything of value or any advantage, privilege, or treatment for the private benefit of the *incumbent*, his/her immediate family, or an organization with which the *incumbent* is associated. Nor may an *incumbent* take any official action in a matter, which may affect a family member or association in which he/she may have a personal or financial interest.

Disclosure and disqualification: The Code states that any *incumbent* who has a financial or personal interest in a matter coming before the Common Council or any board, committee or commission must **disclose** the nature and extent of such interest and if necessary, **disqualify** himself/herself from discussing and, voting on the matter.

Influence and reward: The Code states that no *incumbent* may solicit or accept (directly or indirectly) anything of value that could reasonably be expected to influence a vote, official action, or judgment or be considered a reward for any official action or inaction.

Privileges and advantages: The Code prohibits the use of City-owned vehicles, equipment, materials, or property for personal convenience or profit except as authorized by the Common Council or when such things are available to the public generally.

Outside employment: The Code prohibits *incumbents* from accepting outside employment and/or service (paid or unpaid) that would impair (or reasonably appear to impair) independence of judgment or action in the performance of official duties.

Disclosure of information: The Code prohibits the intentional use or disclosure of privileged information that could result in anything of value for the *incumbent*, his/her immediate family, or for any other person or entity, unless the information has already been communicated to the general public or is a public record.

Cooling off period for *incumbents*: The Code places certain restrictions on the activities of *former incumbents* for **twelve months** after leaving office, employment, or appointment. For instance, restrictions limit *former incumbents* from appearing before and/or negotiating with his/her former entity, office, board, committee or commission for a **one year** period. Such restrictions apply whether or not the former *incumbent* is paid for his/her services.

Receipt of anything of value: The Code prohibits *incumbents* from receiving or keeping any transportation, meals, beverage, entertainment, fees, honoraria, or anything of value except in accordance with the standards of conduct contained in the Code. The Code is very explicit about what may and may not be accepted by *incumbents* in the performance of their duties and in outside activities. *Incumbents* who may be affected by such regulations should review the Code.

Nepotism and equal treatment: Favoritism and special treatment in hiring and promotion based on family and special relationships shall not be allowed.

Contract or leases: The Code places limitations on City contracts or leases (involving more than $3000 per year) with any *incumbent*, his/her immediate family, or any organization in which the *incumbent* owns or controls at least 2% of the outstanding equity. Before accepting such a contract or lease, the *incumbent* must disclose in writing to the. City Clerk the nature and extent of his/her interest in said contract or lease. In turn, the City Clerk will advise the Common Council about the disclosure at the time a vote on the contract or lease is considered.

III. Appointment of City Employees to a non-City Board or Committee

When a City employee is appointed **by the mayor** to a non-City board or committee, that employee is obligated to represent the interests of the City and act with independence of judgment. Careful consideration should be given prior to the appointment to assure that such individuals do not have a conflict of interest which would be incompatible with the proper discharge of their City duties and have the necessary independence of judgment in representing the City's interest.

IV. Political Activities

The Madison Ethics Code prohibits any City employee, during work hours or while on official business, from

- wearing or displaying campaign material,
- distributing campaign literature,
- soliciting or receiving political contributions, or
- actively campaigning for any candidate or referendum.

WHAT IS THE ETHICS BOARD?

The City of Madison appoints an Ethics Board to answer questions, render opinions, and hear complaints on matters concerning the Code. The Board has seven members: four citizen members, one representative of the Mayor, the Common Council President (or designated alderperson), and one representative of organized labor. All members of the Board are appointed by the Mayor with confirmation by the Common Council.

The Board elects its own chair and vice-chair and develops written rules of procedures which are approved by the Mayor and the Common Council. The Human Resources Director provides staff support to the Board, and the City Attorney furnishes the Board with legal assistance.

HOW DOES THE BOARD BECOME INVOLVED IN A MATTER?

Advisory Opinions: When an *incumbent* or candidate for City elected office is uncertain about the Code's application, he/she may ask the Ethics Board for an advisory opinion and be guided by that opinion when given. The individual will have an opportunity to present the facts at issue and state why the Code may or may not apply to a particular situation at hand. When the individual follows the Board's advice, it is considered evidence of his/her intent to comply with the Code. If the applicant desires the request for advice and the Board's opinion to remain confidential, the Board will meet in closed session, and only an anonymous summary of its opinion is made public.

Complaints: Any resident of the City may complain in writing to the Ethics Board about the activity or conduct of any person covered by the Code; however, that complaint must be filed within 12 months of the time the violation is alleged to have occurred. The person making the complaint must be present at the time the complaint is brought before the Ethics Board. The Board may issue subpoenas and administer oaths during the course of the proceeding. The procedure that the Board follows is based on rules and procedures that have been established by the Board and approved by the Common Council.

Copies of the Madison Ethics Code may be obtained from the Office of the City Attorney in Madison, Wisconsin.

The Procedures Manual may be obtained from the Office of the City Attorney in Madison, Wisconsin.

Bloodborne Pathogen Awareness

Bloodborne Pathogens (BBPs) are microorganisms found in infected human blood and bodily fluids that can cause diseases in humans. The most common diseases are Hepatitis B and C, as well as HIV. Bloodborne pathogens get into your body through the eyes, nose, mouth, open cuts in the skin, and other mucous membranes. The contact must be direct. Employees cannot get a BBP disease if an infected person just touches them. However, in order to be safe at work, employees should presume all human blood or other potentially infectious materials (OPIM) (spine, joint, brain, heart, or any body fluid that is visibly contaminated with blood) can infect you and take appropriate precautions. You can keep yourself safe, and prevent exposure by using Personal Protective Equipment (PPE), engineering controls and good work practice controls. Engineering controls are the priority of the three controls.

Engineering controls are devices that isolate or remove the bloodborne pathogens hazard from the workplace. They include sharps disposal containers, self-sheathing needles, and safer medical devices, such as sharps with engineered sharps-injury protection and needleless systems.

Work practice controls are practices that reduce the possibility of exposure by changing the way a task is performed, such as appropriate practices for handling and disposing of contaminated sharps, handling specimens, handling laundry, and cleaning contaminated surfaces and items.

Personal Protective Equipment is the last line of defense, but an important part of handling potential BBP's. Some PPE examples are; wearing gloves whenever exposed to BBP's, wearing eye protection and masks whenever splashes, sprays, spatter or droplets may occur. Washing your hands with soap and water after an exposure.

Eating, drinking, smoking, chewing gum, applying cosmetics or lip balm, and handling contact lenses are banned in areas where BBP exposure is high. These activities increase the chance that a BBP could get into your system so you should avoid these activities at all costs.

The City provides Hepatitis B vaccinations for all workers whose jobs require them to come into contact with BBP's. You can receive the vaccination after you take the City required bloodborne pathogens training.

If you think your eye, mouth, other mucous membrane like your nose, an open cut or sore came into contact with blood or another infectious substance/material, you should notify your supervisor immediately. Some additional steps, like a post-exposure evaluation and follow-up will be required.

Warning labels must be placed on any container that stores or transports blood or OPIM. If you are transporting any of these items, notify your supervisor so they can be disposed of properly without putting anyone at risk.

If you have any questions about how this policy applies to you or any questions about exposure or disposing of blood or OPIM safely, please contact the City of Madison Safety Coordinator at 608-266-9128.

Signature:_____ Date:_____

Print Name:_____