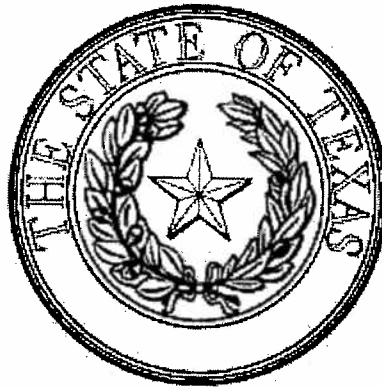


# **WALLER COUNTY APPRAISAL DISTRICT**



# **EMPLOYEE HANDBOOK**

**EFFECTIVE: May 13, 2009**

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## **Philosophy**

Waller County Appraisal District (WCAD) provides an environment in which the appraisal rolls produced each year fully comply with the Texas Property Tax Code.

## **Mission Statement**

In partnership with the taxpayers of Waller County, the taxing units comprising the District, and the general public, WCAD strives for excellence in the appraisal process.

## **Goal**

WCAD seeks to achieve the rating of "Local Value" each year for each of the four school districts: Hempstead, Katy, Royal, and Waller. In doing so, the District meets the perceived requirement of appraisal districts as set out in the Texas Property Tax Code.

## **NATURE OF EMPLOYMENT, AT-WILL STATUS AND DISCLAIMER OF CONTRACTUAL RIGHTS**

Employment with the District is voluntarily entered into, and the employee is free to resign at-will at any time, with or without cause. Similarly, the District may terminate the employment relationship at-will at any time, with or without notice or cause, and notwithstanding any other provision in this Handbook.

This Handbook is comprised of general guidelines and employment related policies. Nothing in this Handbook is intended to create a contract, nor should it be construed to constitute contractual obligations of any kind or a contract of employment between the District and any of its employees. No manager, supervisor, or employee of the District has any authority to enter into any agreement for employment for any specified period of time or to make any agreement for employment other than at-will. Only the Chief Appraiser, with the consent of the Board of Directors, has the authority to make any such agreement and then only in writing.

No employee handbook can anticipate every circumstance or question about policy. The need will arise and the District reserves the right to revise, supplement, or rescind any policies or portion of the Handbook.

## CODE OF ETHICS

Waller County Appraisal District employees shall comply with standard practices and ethical conduct towards the taxpaying public, professional colleagues, District officials and fellow staff members. District employees shall always comply with the Texas Property Tax Code; shall respect and obey the law, demonstrate personal integrity and honesty.

### I. Professional Ethical Conduct, Practices, and Performance

The District employee shall not knowingly engage in deceptive practices regarding official policies of the District.

The employee shall not knowingly misappropriate, divert, or use monies, personnel, property, or equipment committed to his or her charge for personal gain or advantage.

The employee shall not submit fraudulent requests for reimbursement, expenses, or pay.

The employee shall neither accept nor offer gratuities, gifts, or favors that impair professional judgment or to obtain special advantage.

The employee shall not falsify records, or direct or coerce others to do so, shall comply with state regulations, district policies, and other applicable state and federal laws.

Applying for, accepting, offering a position or a responsibility shall be on the basis of professional qualifications.

### II. Ethical Conduct Toward Professional Colleagues

The District employee shall not reveal confidential health or personnel information concerning colleagues unless disclosure serves lawful professional purposes or is required by law.

The employee shall not harm others by knowingly make false statements about a colleague or the district.

The employee shall adhere to written district policy and state and federal laws regarding the hiring, evaluation, and dismissal of personnel.

The employee shall not interfere with a colleague's exercise of political, professional, or citizenship rights and responsibilities.

The employee shall not discriminate against or coerce a colleague on the basis of race, color, religion, national origin, age, sex, disability, or family status.

The employee shall not use coercive means or promise of special treatment in order to influence professional decisions or colleagues.

The employee shall not retaliate against any individual who has filed a complaint.

### III. Financial Ethics

The District prohibits fraud and financial impropriety in the actions of its Directors, employees, vendor, contractors, consultants, volunteers, and others seeking or maintaining a business relationship with the District.

Fraud and financial impropriety shall include but not be limited to:

1. Forgery or unauthorized alteration of any document or account belonging to the District.
2. Misappropriation of funds, securities, supplies or other District assets, including employee time.
3. Improprieties in handling money or reporting District financial transactions.
4. Profiteering as a result of insider knowledge of the District.
5. Unauthorized disclosure of confidential or proprietary information to outside parties.
6. Unauthorized disclosure of investment activities engaged or considered by the District.
7. Accepting or seeking anything of material value from contractors, vendors, or other persons providing services or materials to the District.
8. Destroying, removing, or inappropriately using records, furniture, fixtures, or equipment.
9. Failing to provide financial records required by state or local entities.
10. Failure to disclose conflicts of interest required by law.
11. Any other dishonest act regarding the resources of the District.

### **Qualifications**

#### **Items required to be on file in the office.**

- Application
- General Information Sheet
- Official documents which establish your identity and employment eligibility to work in the United States such as your Texas Driver's License, US Passport, Employment Authorization Card or Social Security card.
- Employee's Withholding Allowance Certificate, W-4 Form on file
- Additional Information and Confidentiality Form

### **Health Requirements**

The district may require that an employee undergo a physical examination if at any time his/her ability to perform adequately is in question.



## **Statement of Confidentiality**

According to the Open Records Act (effective 9/1/85), the home addresses, home telephone numbers (including former home addresses and telephone numbers), and any information that reveals whether the person has family members are confidential if the individual has, in writing, opted to keep this information closed. As an employee of the Waller County Appraisal District, you may indicate whether you wish this information to be released by completing the Statement of Confidentiality Form. Failure to complete the form indicates that you have no objection to having this information released. You can file a new form at any time to reflect a change in your choice concerning confidentiality.

## **District Documents**

Employees are to complete all District documents accurately. Falsification of any record, including application, time card, etc., may result in termination.

## **JOB PROCEDURES**

Employees shall comply with the standards of conduct set out in this policy and with any other policies, regulations, and guidelines that impose duties, requirements, or standards attendant to their status as District employees. Violation of policies, regulations, or guidelines may result in disciplinary action, including termination of employment.

## **Acceptable Use Policy**

All employees are expected to read and adhere to the Computer/Network/Internet Acceptable Use Guidelines which can be found on pages 19 - 20 in the handbook. A violation of any of these guidelines will be dealt with as a personnel matter by the Chief Appraiser. Access to the District's electronic communications system, including the Internet, is a privilege, not a right.

## **Proper Attire**

The dress and grooming of District employees shall be clean, neat, in a manner appropriate for the assignments, and in accordance with any additional standards established by their supervisors and approved by the Chief Appraiser.

## **Employee Hours**

Employee hours will be as follows:

Monday – Friday	8:00 a.m. to 5:00 p.m.
Saturday – Sunday	As may be required during ARB hearings and other times designated by the Chief Appraiser.

### **Drug-Free Workplace Requirements**

The District prohibits the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance, as that term is defined in state and federal law, in the workplace.

Employees who violate this prohibition may be referred to drug counseling programs, drug rehabilitation programs, employee assistance programs, or may be terminated from employment with the District.

As a condition of employment in the District, each employee shall abide by the terms of the requirements and prohibitions set out in this statement and shall notify the district of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction. Within 30 days of receiving notice of a conviction for any drug statute violation occurring in the workplace, the District shall either (1) take appropriate personnel action against the employee, up to and including termination, or (2) require the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health agency, law enforcement agency, or other appropriate agency.

### **Tobacco**

Smoking and the use of tobacco products by employees shall be prohibited on appraisal district property and in appraisal district-owned vehicles.

### **Prohibition of Weapons (including handguns)**

A District employee may be subject to immediate termination if he/she brings or carries prohibited weapons onto District property. Prohibited weapons include, firearms, illegal knives, clubs, or any item that may be construed as a weapon.

### **Conflict of Interest / Outside Employment**

An employee cannot engage in any outside employment or activity for monetary gain which interferes with or detracts from the ability to function in his/her assignment.

Employees who desire to engage in any type of employment outside their assigned duties during the work year shall request approval from the chief appraiser. Approval shall be obtained each year. The "Request for Outside Employment" form is to be completed and submitted to the chief appraiser.

### **Accident Reporting**

Employees shall report any on-the-job injury or accident immediately to the chief appraiser. If an employee fails to report the accident within 30 days of the incident, the claim may be denied by the Texas Department of Insurance – Division of Workers' Compensation. The chief appraiser shall conduct a thorough investigation, involving the employee and any witnesses that observed the accident. It is the employee's

responsibility to fill out the Employee First Report of Injury. Complete and send the completed form to the chief appraiser. If the employee is unable to fill out the form, then the chief appraiser is responsible for either filling out the form or delegating it to someone else. The employee must contact the chief appraiser before seeking medical treatment for the reported injury. If emergency medical treatment is needed, the chief appraiser must contact the Insurance Company/Workers' Comp to inform which emergency care facility the injured employee was transported to. The chief appraiser will ensure corrective action is taken to avoid a recurrence of the accident.

## **Care of District Facilities and Equipment**

The District has provided excellent facilities and equipment. Employees take pride in the careful use of the building and all District equipment. Report defective equipment or broken electrical outlets to the Administrative Coordinator. Also, see WCAD Facilities Guidelines pamphlet regarding office décor and upkeep.

## **Federal and State Worksite Postings**

Required state and federal postings are found in the District's office building. The following postings can be found in an area common to all employees: Equal Employment Opportunity is the Law, Americans with Disabilities Act of 1990, Worker's Compensation Insurance Notification, Workplace Safety Violation Reporting Information, Texas Unemployment Compensation Act, Texas Payday Law, Attorney General's Whistleblower Act, Your rights Under the Fair Labor Standards Act, Family Medical Leave Act of 1993, and the Texas Hazard Communication Act. Postings are in both English and Spanish.

## **Attendance**

Employees are expected to come to work each scheduled duty day at the assigned reporting time, unless specifically relieved of duty by their department supervisor. Failure to report for duty as assigned or in a timely manner may be grounds for termination of employment.

## **Evaluations**

Every employee receives at least one annual evaluation that is filed in his/her personnel file. The purpose of this evaluation is to record success and to aid in improving job proficiency. An employee's work and performance are continually evaluated by the chief appraiser/supervisor. In the summer, a formal evaluation is completed and discussed with the employee. The employee may make written comments on the evaluation. Those having difficulty will be counseled by the chief appraiser/supervisor, if appropriate, and a plan of action with recommendations will be developed. This could

include further counseling, if necessary. All evaluations are signed by the employee and the supervisor/chief appraiser, if applicable.

All employees shall receive a copy of their annual written evaluation. Employees may present complaints regarding the evaluation and appraisal process in accordance with the District's complaint policy for employees.

## **Personnel-Management Relations: Employee Complaints**

This policy provides employees an orderly process for the prompt and equitable resolution of grievances when a concern has not been resolved. The Board intends that, whenever feasible, grievances be resolved at the lowest possible administrative level. Employees may not present a complaint to the Board until all administrative remedies (appeal processes) have been exhausted. This policy shall not be construed to create new or additional rights beyond those granted by Board policy or law.

### **Definitions**

For purposes of this policy, "days" shall mean district business days. The terms "complaint" and "grievance" shall have the same meaning. A grievance under this policy may include, but shall not be limited to, any of the following:

1. Grievances concerning an employee's wages, hours, or conditions of work.
2. Specific allegations of unlawful discrimination in employment on the basis of sex (including allegations of sexual harassment), race, religion, national origin, age, or disability.
3. Specific allegations of unlawful discrimination or retaliation on the basis of the employee's exercise of constitutional rights.
4. "Whistleblower" complaints.

### **"Whistleblower" Complaints**

Employees who allege adverse employment action in retaliation for reporting a violation of law to an appropriate authority shall initiate a grievance under this policy within 15 days after the date the alleged adverse employment action occurred or the employee first knew of the alleged adverse employment action. The complaint shall first be filed in accordance with Level One, below. Time Lines for the employee and the District set out in this policy may be shortened to enable the Board to make a final decision within 60 days of the initiation of the complaint.

### **General Requirements**

A grievance must specify the individual harm alleged. An employee is prohibited from bringing separate or serial grievances regarding the same event or action. All time limits shall be strictly complied with unless modified by mutual consent. Costs of any grievance shall be paid by the party incurring them.

## Consolidation

When the Chief Appraiser determines that two or more individual grievances are sufficiently similar in nature and remedy to permit their resolution through one proceeding, he or she may consolidate the grievances.

## Initiating Grievance

Unless otherwise specified in policy, an employee shall initiate a grievance as provided at Level One, below.

### **Level One**

An employee who has a grievance shall request a conference with the chief appraiser or immediate supervisor by submitting the grievance in writing on a form provided by the District. The form must be filed within 15 days of the time the employee first knew or should have known of the event or series of events about which the employee is complaining. The chief appraiser or supervisor shall hold the conference within ten days after receipt of the written request. The chief appraiser or supervisor shall have ten days following the conference within which to respond.

**Level Two** [Employees may not present a complaint to the Board until all administrative remedies (appeal processes) have been exhausted]

If the outcome of Level One is not to the employee's satisfaction or if the time for a response has expired, the employee may request to place the matter on the agenda of a future Board meeting. The request shall be in writing on a form provided by the District and must be filed within ten days following receipt of a written response or, if no response is received, within ten days of the response deadline. The chief appraiser shall inform the employee of the date, time, and place of the meeting. The chief appraiser shall provide the Board with copies of the employee's original grievance, all response, and any written documentation previously submitted by the employee and the administration. The Board is not required to consider documentation not previously submitted or issues not previously presented.

The presiding officer may set reasonable time limits. The Board shall hear the grievance and may request a response from the administration. The District shall make an audio tape record of the Level Two proceeding before the Board. The Board shall then make and communicate its decision orally or in writing at any time up to and including the next regularly scheduled Board meeting. If for any reason the Board fails to reach a decision regarding the complaint by the end of the next regularly scheduled meeting, the lack of a response by the Board upholds the administrative decision at Level One.

## Closed Meeting

If the grievance involves the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of the employee bringing the grievance, it may be heard by the Board in closed meeting unless the employee bringing the grievance requests it

to be heard in public.

#### Exception

However, if the grievance involves a complaint or charge against another District employee or Board member, it shall be heard in closed meeting unless an open hearing is requested in writing by the employee or Board member against whom the complaint or charge is brought.

#### **Employee Harassment**

Employees shall not engage in conduct constituting sexual harassment. The District shall investigate all allegations of such harassment and shall take appropriate disciplinary action against employees found to engage in such harassment. An employee who believes he or she has been or is being subjected to any form of sexual harassment shall bring the matter to the attention of the chief appraiser. A complainant who is not satisfied with the outcome of the investigation may appeal through the District's grievance policy.

## **PAYROLL**

All paychecks are issued and deductions are made for retirement, withholding of federal tax, and other optional programs.

Semi-monthly paychecks are issued on the first and fifteenth of each month. During the year, the chief appraiser/supervisor distributes paychecks.

#### **Payroll Direct Deposit**

All WCAD employees are eligible to participate in the payroll direct deposit program. This program allows your net payroll amount to be automatically deposited into either your checking or savings account at the financial institution of your choice. Direct deposit insures that your money is credited to your account on the designated payday.

#### **Income Tax Withholding**

This deduction is based on individual salary and dependents. Contact the Administrative Coordinator for any changes in withholding status.

#### **Texas County and District Retirement System (TCDRS)**

A required deduction for Texas County and District Retirement System (TCDRS) employees, the Retirement Program is based on an employee's contribution of 7 percent of his/her gross salary, with the district adding an additional amount.

### **Tax-deferred Investment**

In addition to the required Texas County and District Retirement System contribution, a voluntary retirement investment plan is available under Section 457 of the Internal Revenue Code. Contributions to this plan are made before income tax withholding is calculated and can significantly reduce current taxes.

### **Medicare**

Employees hired by WCAD on or after April 1, 1986, are required to contribute to the Medicare Program operated by the Social Security Administration. The deduction for Medicare is 1.45% of gross salary. Employees who contribute to Medicare for a sufficient number of calendar quarters (of a year) will become eligible for this coverage at age 65 on the same basis as participants in Social Security. Employees who do not contribute to Medicare for enough calendar quarters must purchase this coverage at additional cost upon reaching age 65 or they may qualify for Medicare Coverage based on their spouse's work record.

### **Compensation**

The Board of Directors shall establish a salary schedule for all positions and assignments on an annual basis.

## **INSURANCE**

### **Eligibility**

All new employees are eligible for benefits on the first day of the month following the first day of work. At no time will this date be before the first day worked by the employee.

### **District Provided Benefits**

All employees who are eligible for membership in the Texas County District Retirement System (TCDRS) are eligible to participate in the District's benefit programs. The plan year for all benefits is January 1 to December 31.

### **Medical Benefits**

WCAD offers medical coverage to all eligible employees. The medical coverage plan(s) is/are approved annually by the Board of Directors. Typically the District contributes a significant portion of the employee-only cost for those employees who elect coverage. The actual amount of District contribution to the medical plan(s) is approved on an annual basis by the Board of Directors. The details concerning all aspects of the health coverage provided are explained during the open enrollment period.

### **Life Insurance Benefits**

WCAD also provides group life and accidental death and dismemberment coverage in these amounts: administrators, \$20,000 generally; all other eligible employees, \$20,000.

### **Payroll Deduction Benefits**

The following plans are available to eligible WCAD employees through regular payroll deduction:

- Dependent Medical Insurance
- Dental Insurance
- Vision Plan
- Supplemental Life Insurance \*
- Dependent Life Insurance\*
- Section 457 Deferred Compensation Plan

\*Not available as of April 1, 2009

### **Unemployment Compensation Insurance**

In accordance with federal law, each employee of WCAD is covered by unemployment insurance.

### **Worker's Compensation Insurance**

Each employee of WCAD is insured under the Texas Workers' Compensation Law which provides that benefits are payable to any employee who has been injured in an on-the-job accident or who has been disabled by an occupational disease.

**On-the-job accidents must be reported as soon as possible to the chief appraiser/supervisor.**

### **Liability Insurance**

The District provides insurance covering each employee while performing official duties for the district. Coverage, including attorney fees, is limited to \$1,000,000.

### **HIPAA**

The Health Insurance Portability and Accountability Act of 1996, HIPAA, established rules for protecting individual Personal Health Information, PHI. HIPAA provides individuals certain rights regarding their PHI, and requires employees and other individuals to adhere to restrictions on how PHI is disclosed. Every employee should respect the rights of others and only disclose PHI about themselves and others to those with a need to know. Disclosure of PHI without written approval of the individual is a violation of Federal law.



## LEAVES AND ABSENCES

### Sick Leave

Full-time employees are granted seven (7) days of sick leave without loss of pay, when absence is caused by personal illness or the death or illness of a member of his/her immediate family. Sick leave shall not be approved for more workdays than have been accumulated in prior years plus those earned during the current year. All unused days of sick leave actually earned are added to the employee's sick leave reserve at the end of each fiscal year. When an employee exceeds his/her accumulated sick leave full pay will be deducted. A doctor's release is required for all absences in excess of five (5) consecutive days. When returning to duty, it should be presented to the chief appraiser/supervisor. An employee who is rehired after leaving the District does not retain sick leave accumulated during the prior employment period(s).

"Immediate family" includes:

1. Spouse
2. Son or daughter, including biological, adopted, or foster child, a son- or daughter-in-law, a stepchild, a legal ward, or a child for whom the employee stands in loco parentis.
3. Parent, stepparent, parent-in-law, or other individual who stands in loco parentis to the employee.
4. Sibling, step-sibling, sibling-in-law.
5. Grandparent or grandchild.
6. Any person who may be residing in the employee's household at the time of illness or death. Approved leave for death in the immediate family is limited to five (5) work days for each occurrence. **"Family emergency"** is limited to natural disasters and life threatening situations involving the employee or a member of the employee's immediate family.

Local sick leave is limited to that accumulated in prior years, plus that which has actually been earned during the current year. For family illness, certification of illness from the family member's physicians will be required for absences in excess of five (5) consecutive days.

### Personal Leave

Each full-time employee is provided five (5) days per year of personal leave, with no limit on accumulation. Personal business leave taken will only be deducted from personal leave.

## Guidelines for Use of Personal Leave

The following rules shall apply to the use of personal leave. Employees who fail to comply with these rules will be subject to a dock in pay for each infraction. Except for illness of employee or illness or death in employee's immediate family:

1. Personal leave may not be taken the day before or the day following a holiday.
2. No more than ten percent of the total staff may be on personal leave at one time.
3. No more than five personal leave days may be taken consecutively.
4. Requests for personal business leave will be considered on a first come first served basis.
5. Requests for personal business days are made on a "Request for Personal Business Leave/Other Absences" and submitted by noon two days prior to requested date (i.e., by noon on Wednesday if Friday is the requested date). If personal leave requests are within the ten percent limit, the supervisor may use discretion in requests received after the deadline.

Personal leave will be used primarily for personal business but may also be used for illness of employee or immediate family.

Sick leave will be used primarily for illness of employee or immediate family or death in the immediate family. Sick leave cannot be used for personal business.

### **Compliance with a Subpoena**

The district shall not discharge, discipline, or otherwise penalize in any manner an employee because the employee complies with a valid subpoena to appear in a civil, criminal, legislative, or administrative proceeding. Labor Code 52.051(a)

### **Adoptive Parent Leave**

Full time employees who qualify for FMLA leave may request up to twelve (12) weeks of absences to adopt a child. Employees who do not qualify for FMLA are limited to 6 weeks of absences to adopt a child. If both parents are employed by the District, these employees are entitled, in combination, to 6 or 12 weeks of leave based on FMLA eligibility as applicable. Requests, which include dates of departure and return, are submitted to the chief appraiser/supervisor. Local sick leave and/or personal leave may be used for primary care of an adopted son or daughter, or for the placement of a child with the employee for foster care.

### **Catastrophic Event Leave**

In the event of a catastrophic health event involving possible loss of life of the employee or an immediate family member living in the employee's home, an employee may be granted up to 20 days of catastrophic leave after all local, and personal leave has been exhausted. During these 20 days the employee shall receive his or her full salary minus the cost of a catastrophic leave day. All full-time employees with two or more continuous

years of service are entitled to apply for catastrophic event leave. The chief appraiser or supervisor shall consider requests for this type of leave. Additional catastrophic event leave shall not be granted for a period of 12 months from the end of the last catastrophic event leave. At the end of the catastrophic event leave period, an employee unable to return to work shall be granted a leave of absence without pay for the remainder of the period of the temporary disability leave. The employee shall be responsible for payment of all insurance premiums during the leave of absence if he or she wishes to continue participating in the District's insurance plan.

## **Military Leave**

Employees who are called into short-term military service (a period not to exceed 15 work days in a federal fiscal year) for training during the regular work year are paid their regular salary for this period of service.

## **Jury Duty**

No salary deduction is made for days that an employee misses work when called to serve on a jury or subpoenaed as a witness. A signed statement from the court or copy of the subpoena for the number of days that the employee is in court must be obtained and presented to the chief appraiser/supervisor.

## **Medical Leave Procedures**

When an employee must go on medical leave, it is the employee's responsibility to do the following:

- The employee must contact the chief appraiser to set an appointment to come in and fill out the appropriate medical leave paperwork
- The employee must have a doctor complete the form stating that the employee cannot work and must take a medical leave of absence. This document should also state the expected date of return to work.
- The employee must follow Waller County Appraisal District guidelines for documentation required before returning to work. Leave for employees who do not qualify for FMLA is limited to a maximum of six (6) weeks.

## **Family and Medical Leave Act Rights**

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to "eligible" employees for certain family and medical reasons. Employees are eligible if they have worked for a covered employer for at least one year, and for 1,250 hours over the previous 12 months. FMLA regulations (29 C.F.R. §825.200(b)) promulgated by the U.S. Department of Labor provide four alternatives for calculating an employee's 12-month "leave year". Waller County Appraisal District uses a "rolling" 12-month period measured backward from the date the employee uses any FMLA leave.

### Reasons for Taking Leave

- Unpaid leave must be granted for any of the following reasons:
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

At the employee's or employer's option, certain kinds of paid leave may be substituted for unpaid leave.

### Advance Notice and Medical Certification

The employee may be required to provide advance leave notice and medical certification. Taking of leave may be denied if requirements are not met.

- The employee ordinarily must provide 30 days advance notice when the leave is "foreseeable."
- An employer may require medical certification to support a request for leave because of a serious health condition, (and may require second or third opinions at the employer's expense) and a fitness for duty to report to work.

### Job Benefits and Protection

- For the duration of FMLA leave, the employer must maintain the employee's health coverage under any "group health plan."
- Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.
- The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

### Unlawful Acts of Employers

- FMLA makes it unlawful for any employer to:
- interfere with, restrain, or deny the exercise of any right provided under FMLA;
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

### Enforcement

- The U.S. Department of Labor is authorized to investigate and resolve complaints of violations.
- An eligible employee may bring a civil action against an employer for violations. FMLA does not affect any Federal or State law prohibiting discrimination,

or supersede any State or local law or collective-bargaining agreement which provides greater family or medical leave rights.

### **District Business Leave**

District Business Leave will be used for an absence involving any district related business, including, but not limited to schools, workshops, administrative meetings, conferences and seminars. A District Business / Conference / Meetings Leave form must be completed for each of these types of absences PRIOR to the absence. The Chief Appraiser must approve the leave prior to the absence.

### **Vacations**

Paid vacation is accumulated by all employees who work 261 days or more per year according to the number of years of employment in the District as follows:

<b>Years Worked</b>	<b>Max Vacation Days Earned</b>	<b>Rate of Accumulation</b>
1	5	.5 day per month
2 - 9	10	1 day per month
10 - 14	15	1.5 days per month
15 - 19	20	1.7 days per month
20 +	25	2 days per month

#### **First Year Regulations**

Vacation is earned from the employment date to the first anniversary of the employment date. Vacation days earned in the first year of continuous employment must be used within six months following the first anniversary of the employment date. Vacation days may be earned, but may not be taken during the first six months of employment with the district. Upon attainment of the first anniversary of the employment date, an employee begins to accumulate vacation at the rate of one day per month not to exceed ten days until the following Jan 1. If the first anniversary of the employment date falls on the first day of the month, accumulation of vacation at the new rate begins immediately; otherwise accumulation of vacation begins the first day of the month following the first anniversary of the employment date.

#### **Second and Subsequent Year Regulations**

Vacation days are earned from Jan 1 to Dec 31 at the rates of accumulation stated above to the appropriate maximum. All vacation days earned by Jan 1 in any year must be taken before January 1 of the following year or the employee forfeits the right to use those days accrued. In no case may vacation days taken exceed the number of days accumulated to date. All vacations must be approved ahead of time and placed on the calendar to ensure adequate available staff at all times to operate the District. Vacation days may not be worked for additional pay unless specified in contract. A formal request shall be submitted to the employee's supervisor on a District "Request for Vacation"

form. To request vacations, submit the "Request for Vacation" form to your supervisor.

### **Holidays Observed**

New Year's Eve	January
Martin Luther King	January
Good Friday/Easter	April
Memorial Day	May
Juneteenth	June
July 4 <sup>th</sup>	July
Labor Day	September
Veterans Day	November
Thanksgiving	November
Christmas	December

### **Worker's Compensation Leave**

Employees injured while on duty with WCAD may be eligible for worker's compensation leave. The criteria and amounts paid for worker's compensation leave are established by state law. An employee becomes eligible for worker's compensation disability payments on the eighth calendar day of work-related disability. Employees may use accumulated sick leave for any scheduled work days which occur within this initial waiting period before worker's compensation payments begin. Any reasonable medical expenses arising from a work-related injury will be paid by the district's worker's compensation insurance and from no other source. Injuries occurring on the job must be reported immediately to the supervisor.

### **Donated Sick Leave**

Full time employees who suffer from a critical illness or critical disability and/or a member of the employee's immediate family who suffers from a critical event may request donated sick leave days. The following procedures have been developed to permit voluntary donation of sick leave by District staff to assist an employee requesting sick leave donations. Sick leave days are the only days that can be designated as donated sick leave days. An employee may receive a maximum of ninety (90) donated days per occurrence under these guidelines. Employees must provide appropriately specific medical documentation of the condition that is the basis of the request for donated days. An employee may donate a maximum of five (5) sick leave days during an annual donation period. An annual donation period is defined as one calendar year with dates falling between Jan 1 and Dec 31. The use of donated sick leave days per occurrence shall end when the employee leaves employment, when the available days have been exhausted, or when the condition which required the leave has been medically declared to be ended. Unused donated days revert to the donors. To receive

donated sick leave, the requesting employee must first use all of his or her personal leave, sick leave, catastrophic leave (if applicable), compensatory time, and vacation days. All forms of paid leave must have been exhausted. An employee submits the "Request for Donated Sick Leave" form, attaches a statement documenting the need for leave from his/her physician, and routes the request to the chief appraiser. The chief appraiser verifies that all forms of paid leave, including catastrophic leave days (if applicable), have been exhausted and that the employee is eligible to receive sick leave donations. An employee wishing to donate days completes one (1) donation form for each local day to be donated, and routes the form(s) to the chief appraiser. Donated days will be contributed only in cases of unexpected critical illness, unexpected complications thereof or temporary disability due to an injury. The normal recuperation period following the birth of a child (including cesarean deliveries) shall be excluded.

### **Limitation of Leave**

State law provides for a minimum of 180 calendar days of leave for certified employees on a medical leave for their own personal illness or injury. The maximum length of temporary disability leave for all employees shall be 180 calendar days unless additional paid leave has been earned. Temporary disability leave under this provision will run concurrently with FMLA leave. Applications for temporary disability leave shall be submitted to the supervisor for approval.

All employees who have been on leave for 180 calendar days must provide medical certification that they are able to return to duty upon the expiration of the 180-day period or they must resign or be subject to termination. Employees must also report for duty at their assigned worksite on the effective date of the release to return to duty. If the effective date of the release to return to work is not a scheduled duty day for the employee, he or she must report for duty on the first scheduled duty day after the effective date of the release. This limitation on leave applies without regard to the circumstances associated with the illness or injury.

## **JOB STATUS AND CHANGE**

### **Assignment and Dismissal – At – Will Employee**

The Board of Directors delegates the authority to employ and dismiss non-contractual employees on an at-will basis to the chief appraiser. At - will employees may be dismissed at any time for any reason not prohibited by law or for no reason, as determined by the needs of the District. At – will employees who are dismissed shall receive pay through the end of the last day worked.

## **RETIREMENT PROGRAM**

Employees retiring under the Texas County and District Retirement System (TCDRS) of Texas should follow these procedures:

- Notify Chief Appraiser in writing as soon as the retirement decision is made.
- Notify Texas County and District Retirement System well ahead of retirement date, at 1-800-823-7782 or the website [www.TCDRS.ORG](http://www.TCDRS.ORG)
- Allow sufficient time to select the method of retirement and get necessary certified papers.

### **Change of Status Report/Personal Data**

Employee Initiated

When there is a change of address, phone number, or name, the employee should notify the Administrative Coordinator to initiate a "Change of Status Report/Personal Data". The completed form is then returned to the Administrative Coordinator.

### **Resignation**

An employee may relinquish her/his position and leave the District provided he/she makes a written resignation to the chief appraiser. The employee may resign with the consent of the Board at any mutually-agreed-upon time. The employee's personnel file must be complete and ready for audit before the final paycheck is issued.

### **Termination/Exit Meeting**

Once a written resignation is received and accepted, exit paperwork, including the "Termination or Exit Report", will be given to the resigning employee. These forms must be completed and signed by the employee. Completed exit paperwork must be returned to the chief appraiser. A "Termination or Exit Report" must be prepared for everyone who leaves employment with the District. Upon completion, the "Termination or Exit Report" will become a permanent part of the employee's personnel file.

## **COMPUTER/NETWORK/INTERNET**

### **Acceptable Use Guidelines**

The Waller County Appraisal District makes a variety of communications and information technologies available to district employees through computer/network/internet access. These technologies, when properly used, promote excellence in the District by facilitating resource sharing, innovation, and communication within the



District. Illegal, unethical or inappropriate use of these technologies can have dramatic consequences, harming the District. These Acceptable Use Guidelines are intended to minimize the likelihood of such harm by educating employees and setting standards which will serve to protect the District. The District firmly believes that the valuable information and interaction available on the computer/network/Internet far outweighs the possibility that users may procure material that is not consistent with the District's goals.

**Mandatory Review** To educate District employees on proper computer/network/Internet use and conduct, users are required to review these guidelines at the beginning of his/her employment. All District employees shall be required to acknowledge receipt and understanding of all administrative regulations governing use of the system and shall agree in writing to allow monitoring of their use and to comply with such regulations and guidelines. The employee is required to acknowledge receipt and understanding of Acceptable Use Guidelines.

**Definition of District Technology System** The District's computer systems and networks (system) are any configuration of hardware and software. The system includes but is not limited to the following:

- Telephones, cellular telephones, pagers and voicemail facilities;
- Electronic mail (e-mail) accounts;
- Fax machines;
- Servers;
- Computer hardware and peripherals;
- Software including operating system software and application software;
  
- Digitized information including stored text, data files, e-mail, digital images and audio files;
- Internally accessed databases or tools;
- Externally accessed databases (such as the Internet); and,
- New technologies as they become available

## **AVAILABILITY OF ACCESS ACCEPTABLE USE**

Computer/Network/Internet access will be used to enhance and improve the District's task of creating the best possible appraisal roll for the participating taxing units. The District requires legal, ethical and appropriate computer/network/Internet use.

**Privilege** Access to the District's computer/network/Internet is a privilege, not a right.

### **Access to Network/Internet**

Computer/Network/Internet access is provided to all district employees. Access to the

District's electronic communications system, including the Internet, shall be made available to employees primarily for administrative purposes and in accordance with administrative regulations.

Limited personal use is permitted if the use imposes no tangible cost to the District, does not unduly burden the District's computer or network resources, and has no adverse affect on an employee's job performance. All nonemployee/taxpayer users must obtain approval from the chief appraiser to gain individual access to the District's system. All individual users of the District's system must complete and sign an agreement to abide by District policies and administrative regulations regarding such use. All such agreements will be maintained on file in the Administrative Coordinator's office. System users are required to maintain password confidentiality by not sharing the password with others. System users may not use another person's system account. Any system user identified as a security risk or having violated District Acceptable Use Guidelines may be denied access to the District's system. Other consequences may also be assigned.

**Content/Third-Party Supplied Information** System users with access to the District's system should be aware that use of the system may provide access to other electronic communications systems in the global electronic network that may contain inaccurate and/or objectionable material. An employee who knowingly brings prohibited materials into the District's electronic environment will be subject to disciplinary action in accordance with District policies.

**Subject to Monitoring** All District computer/network/Internet usage shall not be considered confidential and is subject to monitoring by designated staff at any time to ensure appropriate use. System users should not use the computer system to send, receive or store any information, including e-mail messages, that they consider personal or confidential and wish to keep private. All electronic files, including e-mail messages, transmitted through or stored in the computer system will be treated no differently than any other electronic file. The District reserves the right to access, review, and copy, modify, delete or disclose such files for any purpose. Users should treat the computer system like a shared or common file system with the expectation that electronic files, sent, received or stored anywhere in the computer system will be available for review by any authorized representative of the District for any purpose.

## **USER RESPONSIBILITIES**

Computer/Network/Internet users are responsible for their actions in accessing available resources.

**District - Wide Responsibilities** The chief appraiser or designee will:

1. Be responsible for disseminating and enforcing the District Acceptable Use Guidelines for the District's system.

2. Ensure that all individual users of the District's system complete and sign an agreement to abide by District policies and administrative regulations regarding such use. All such agreements will be maintained on file in the supervisor's office.
3. Monitor and examine all users of the District's systems to ensure appropriate and ethical use.

### **Waller CAD Employee Code of Conduct**

District employees are expected to maintain appropriate conduct when accessing the communications and information technologies available through computer/network/Internet access. All employees must comply with the District's Computer/Network/Internet Acceptable Use Guidelines at all times when accessing any part of the technology system.

Employees will guard and protect access to secure systems by:

1. Protecting passwords and similar authorization information.

Passwords are the primary way in which users are and allowed to use the District's computing resources. Employees will not disclose personal password(s) to any individual, including a staff member. Similarly, employees will not disclose other identifying information (e.g., PIN numbers) used to access specific system information, recognizing that if they do so, they will be held accountable for their actions as well as those of other parties to whom they have given access.

2. Guarding unauthorized use of resources. Employees will not allow others to make use of their accounts or network access privileges to gain access to resources to which they would otherwise be denied.

3. Not circumventing or compromising security. Employees must not utilize any hardware or software in an attempt to compromise the security of any other system, whether internal or external to the District's systems and network. Examples of prohibited activities include (but are not limited to) Trojan horses, password crackers, port security probes, network snoopers, IP spoofing, and intentional transmission of viruses or worms. Computer/Network/Internet usage is subject to monitoring by designated staff at any time to ensure appropriate use. Electronic files sent, received or stored anywhere in the computer system are available for review by any authorized representative of the District for any purpose. Employees will affirm, in writing that at all times their actions while using the District's system will not violate the law or the rules of network etiquette, will conform to the guidelines set forth in the Acceptable Use Guidelines, and will not violate or hamper the integrity or security of the District's technology system.

If a violation of the Acceptable Use Guidelines occurs, employees will be subject to one or more of the following actions, at the discretion of the Chief Appraiser:

1. Revocation of access;
2. Disciplinary action;

3. Loss of employment with the District;
4. Appropriate legal action.

**Employee Responsibilities** District employees are bound by all portions of the District's Computer/Network/Internet Acceptable Use Guidelines. An employee who knowingly violates any portion of the Acceptable Use Guidelines will be subject to suspension of access and/or revocation of privileges on the District's system and will be subject to disciplinary action.

**Use of System Resources** System users are asked to purge e-mail or outdated files on a regular basis.

## **INAPPROPRIATE USE**

Inappropriate use includes, but is not limited to, those uses that violate the law, that are specifically named as violations in this document, that violate the rules of network etiquette, or that hamper the integrity or security of this or any components that are connected to the computer/network/Internet. The following actions are considered inappropriate uses and are prohibited:

**Violations of Law** Transmission of any material in violation of any federal or state law is prohibited. This includes, but is not limited to:

- Copyrighted material;
- Plagiarized material;
- Threatening, harassing, defamatory or obscene material; or
- Material protected by trade secret.

Tampering with or theft of components from District systems may be regarded as criminal activity under applicable state and federal laws.

Any attempt to break the law through the use of a District computer/network/Internet account may result in litigation against the offender by the proper authorities. If such an event should occur, the District will fully comply with the authorities to provide any information necessary for the litigation process.

**Intellectual Property** Employees must always respect copyrights and trademarks of third-parties and their ownership claims in images, text, video and audio material, software, information and inventions. The copy, use, or transfer of others' materials without appropriate authorization is not allowed.

**Transmitting Confidential Information** Employees may not redistribute or forward confidential information (i.e. records, directory information, personnel records, etc.) without proper authorization. Confidential information should never be transmitted, redistributed or forwarded to outside individuals who are not expressly authorized to receive the information. Revealing such personal information as home addresses or phone numbers of users or others is prohibited and may subject the employee transmitting such information to criminal prosecution.

**Modification of Computer** Modifying or changing computer settings and/or internal or external configurations without appropriate permission is prohibited.

**Commercial Use** Use of the system for any type of income-generating activity is prohibited. Advertising the sale of products, whether commercial or personal is prohibited.

**Marketing by Non-Appraisal District Functions** Use of the system for promoting activities or events for individuals or organizations not directly affiliated with or sanctioned by the District is prohibited.

**Vandalism/Mischief** Any malicious attempt to harm or destroy District equipment, materials or data; or the malicious attempt to harm or destroy data of another user of the District's system, or any of the agencies or other networks to which the District has access is prohibited. Deliberate attempts to degrade or disrupt system performance are violations of District policy and administrative regulations and may constitute criminal activity under applicable state and federal laws. Such prohibited activity includes, but is not limited to, the uploading or creating of computer viruses. Vandalism as defined above is prohibited and will result in the cancellation of system use privileges. System users committing vandalism will be required to provide restitution for costs associated with system restoration and may be subject to other appropriate consequences.

**Impersonation/Plagiarism** Fraudulently altering or copying documents or files authored by another individual or assuming the identity of another individual is prohibited.

**Illegally Accessing or Hacking Violations** Intentional or unauthorized access or attempted access of any portion of the District's computer systems, networks, or private database to view, obtain, manipulate, or transmit information, programs, or codes is prohibited.

**File/Data Violations** Deleting, examining, copying, or modifying files and/or data belonging to other users, without their permission are prohibited.

**Copyright Violations** Downloading or using copyrighted information without following approved District procedures is prohibited.

**System Interference/Alteration** Deliberate attempts to exceed, evade or change resource quotas are prohibited. The deliberate causing of network congestion through mass consumption of system resources is prohibited.

## **ELECTRONIC MAIL**

Electronic Mail (e-mail) is one of the most used communications tools in the District. It should be used primarily for appraisal district needs. All of the staff is issued e-mail accounts and should keep the following points in mind:

### **Perceived Representation**

Using appraisal district related e-mail addresses might cause some recipients or other readers of the e-mail to assume that the user's comments represent the District, whether or not that was the user's intention.

### **Privacy**

E-mail communication should not be considered a private, personal form of communication. Private information, such as home addresses or phone numbers, should not be divulged in e-mail without the permission of the individual involved.

### **Inappropriate Language**

Using obscene, profane, lewd, vulgar, rude, inflammatory, threatening, or disrespectful language in e-mails distributed through District e-mail is prohibited. Sending messages that could cause danger or disruption, personal attacks, including prejudicial or discriminatory attacks are prohibited.

### **Political Lobbying**

Consistent with State ethics laws, District resources and equipment, including, but not limited to, e-mail, must not be used to conduct any political activities, including political advertising or lobbying. This includes using District e-mail to create, distribute, forward, or reply to messages, from either internal or external sources, which expressly or implicitly support or oppose a candidate for nomination or election to either a public office or an office of a political party or support or oppose an officeholder, a political party, or a measure (a ballot proposition).

These guidelines prohibit direct communications as well as the transmission or forwarding of e-mails, hyperlinks, or other external references within e-mails regarding any political advertising.

### **Forgery**

Forgery or attempted forgery of e-mail messages is prohibited. Attempts to read, delete copy or modify the e-mail of other system users, deliberate interference with the ability of other system users to send/receive e-mail, or the use of another person's user ID and/or password is prohibited.

## **Junk Mail/Chain Letters**

Generally users should refrain from forwarding e-mails which do not relate to the benefit of the District. Chain letters or other e-mails intended for forwarding or distributing to others is prohibited. Creating, distributing or forwarding any annoying or unnecessary message to a large number of people (spamming) is also prohibited.

## **Resource Limits.**

Users should limit e-mail messages to administrative functions. Users should check e-mail frequently, delete unwanted messages promptly, and stay within the e-mail server space allocations. E-mail attachments are limited to 2MB or smaller, unless larger attachments are necessary. The employee's immediate supervisor shall be notified whenever an attachment larger than 2mb is required to be sent or received.

## **Personal E-mail Accounts**

Internet access to personal e-mail accounts is not allowed.

## **CONSEQUENCES OF AGREEMENT VIOLATION**

Any attempt to violate the provisions of this agreement may result in revocation of the user's access to the computer/network/Internet, regardless of the success or failure of the attempt. In addition, district disciplinary action and/or appropriate legal action may be taken.

## **DISCLAIMER**

The District's system is provided on an "as is, as available" basis. The District does not make any warranties, whether express or implied, including, without limitation, those of merchantability and fitness for a particular purpose with respect to any services provided by the system and any information or software contained therein. The District does not warrant that the functions or services performed by, or that the information or software contained on the system will meet the system user's requirements, or that the system will be uninterrupted or error free, or that defects will be corrected. Opinions, advice, services, and all other information expressed by system users, information providers, service providers, or other third-party individuals in the system are those of the providers and not the District. The District will cooperate fully with local, state, or federal officials in any investigation concerning or relating to misuse of the District's electronic communications system.

**WALLER COUNTY APPRAISAL DISTRICT**

**EMPLOYEE HANDBOOK ACKNOWLEDGEMENT**

I acknowledge that I have read the Waller County Appraisal District (the "District") Employee Handbook ("the Handbook") and understand that it is my responsibility to comply with these policies. Violations of the policies contained in the Handbook could result in the termination of my employment.

I further understand that the information contained in the Handbook represents guidelines for the District and that the District reserves the right to modify the Handbook or amend or terminate any policies, procedures, or employee benefit programs at any time.

I further understand that the contents of the Handbook do not form a written employment contract and its contents do not alter my at-will employment relationship with the District. Either the District or I can terminate the employment relationship, with or without cause, at any time, without further liability.

I further understand that no manager, supervisor or representative of the District, other than the Board of Directors, has any authority to enter into any agreement guaranteeing employment for any specified period of time. I also understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by both me and the Chairman of the Board of Directors at the direction of the Board of Directors.

I further understand that if I have any questions about the interpretation or application of any policies contained in the Handbook, I should direct these questions to my supervisor, the director, or the Chief Appraiser.

Employee's Name: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

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



**CONFIDENTIALITY STATEMENT FORM**

**WALLER COUNTY APPRAISAL DISTRICT**

I, \_\_\_\_\_ as an employee of the Waller County Appraisal District, request that the home addresses, home telephone numbers (including former home addresses and telephone numbers), and any information that reveals whether the person has family members are confidential and remain confidential.

The Appraisal District recognizes that we to have an obligation to protect the confidentiality of the information acquired and that it only may be disclosed with the consent of the individual whom the information concerns.

As an employee, you understand that failure to complete this form indicates that you have no objection to having this information released. You can file a new form at any time to reflect a change in your choice concerning confidentiality.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Appraiser: \_\_\_\_\_ Date: \_\_\_\_\_

## Waller County Appraisal District Employee First Report of Injury

Last Name:	First Name:	Date of Injury	Time of Injury _____ a.m. _____ p.m.
Lost time: <input type="checkbox"/> YES <input type="checkbox"/> No		If Yes, then doctor's release is required to return to work.	
Type of Injury:		Position:	
<input type="checkbox"/> Strain/Sprain	<input type="checkbox"/> Scrape	<input type="checkbox"/> Left	<input type="checkbox"/> Internal
<input type="checkbox"/> Fracture	<input type="checkbox"/> Exposure	<input type="checkbox"/> Right	<input type="checkbox"/> Other
<input type="checkbox"/> Bite	<input type="checkbox"/> Foreign Object	<input type="checkbox"/> Both	
<input type="checkbox"/> Bruise	<input type="checkbox"/> Foreign Subject	<input type="checkbox"/> Middle	
<input type="checkbox"/> Cut	<input type="checkbox"/> Other	<input type="checkbox"/> Upper	
<input type="checkbox"/> Puncture		<input type="checkbox"/> Lower	
How and why did injury/illness occur:			
What caused injury?			
Where did injury occur? (Stairs, Parking Lot, Hallway, etc.)			
What was employee doing before injury occurred?			
Was employee doing his/her regular job?			
Did accident occur on Waller County Appraisal District location?			
If No, name of location where injury occurred:			
Address (street or nearest intersection):			
City:	State	Zip	County
Witness(s) to actual accident/incident: ("N/A" if None)			
Name:		Phone:	Date supervisor notified of injury:
Name:		Phone:	Time supervisor notified of injury:
Name:		Phone:	Transported to hospital: <input type="checkbox"/> Yes <input type="checkbox"/> No
Initial treatment:		If transported to hospital, by whom?	
<input type="checkbox"/> None		<input type="checkbox"/> Ambulance	
<input type="checkbox"/> EMS		<input type="checkbox"/> Friend	
<input type="checkbox"/> Emergency Room		<input type="checkbox"/> Family	
<input type="checkbox"/> Doctor		<input type="checkbox"/> Self	
<input type="checkbox"/> Self-care			
Work Status:	Date returned to work: _____	Full Day	Modified Duty
Date first full day of missed work: _____		Expected to return: _____	

**EMPLOYEE COMPLAINT FORM – LEVEL ONE**

Any employee filing a complaint must fill out this form completely and submit it to his or her chief appraiser or immediate supervisor. All complaints will be processed in accordance with the policies set out by the Waller County Appraisal District Board of Directors.

- 1. Name: \_\_\_\_\_
- 2. Position: \_\_\_\_\_
- 3. Please state the date of the event or series of events causing the complaint:  
\_\_\_\_\_
- 4. Please state your complaint, including the individual harm alleged:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5. Please state specific facts of which you are aware to support your complaint (list in detail).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 6. Please state the remedy you seek for this complaint.  
\_\_\_\_\_  
\_\_\_\_\_
- 7. If you will be represented by an individual or organization at the conference, please identify that individual or organization:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Case Number: \_\_\_\_\_

**EMPLOYEE COMPLAINT FORM – LEVEL TWO**

This form must be filled out completely by an employee appealing a Level One decision, or the lack of a timely response after a Level One conference, to the Board of Directors in accordance with the policies set out by the Waller County Appraisal District Board of Directors.

- 1. Name: \_\_\_\_\_
- 2. Position: \_\_\_\_\_
- 3. Name of administrator whose Level One complaint decision your are appealing:  
\_\_\_\_\_
- 4. Date of Level One complaint conference:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5. If you will be represented by an individual or organization at the conference, please identify that individual or organization:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_
- 6. Attach a copy of the original complaint.
- 7. Attach a copy of all complaint decisions.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Case Number: \_\_\_\_\_

**Waller County Appraisal District  
Request for Personal Business Leave/Other Absences**

Last Name:	First Name:	Middle:	Maiden:
Position:			Effective Date:

**Reason for Leave request:**

Please Print Name
<input type="checkbox"/> Leave Request Approved
<input type="checkbox"/> Leave Request Not Approved

**Complete and forward signed original to Chief Appraiser or supervisor**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Chief Appraiser's Signature

Date:

## Waller County Appraisal District Request for District Business / Conferences / Meetings

Complete form and route copy to office administrator.

Requesting: <input type="checkbox"/> Professional Meeting <input type="checkbox"/> District Business <input type="checkbox"/> Conferences <input type="checkbox"/> Other			
Last Name:	First Name:	Middle:	Maiden:
Position:			Date Requested:
Title of Meeting/Session:		Date(s) of Meeting/Session	
Sponsoring Organization:		Location of Meeting/Session	

### District Cost

Registration Fee:	Meals:	Personal Cost:	Travel Expense:	Other Cost
Other Funding Sources:		<b>TOTAL COST to DISTRICT:</b>		

### Description

Brief description of session and reason for meeting/trip:	
Employee Signature:	Chief Appraiser Signature(Signature verifies funds availability)

### Funding

<input type="checkbox"/> Approved <input type="checkbox"/> District Business <input type="checkbox"/> No Pay Deducted <input type="checkbox"/> Full Pay Deducted	
Must be completed if expenses are to be paid by organization	
Budget Code:	_____
Budget Code:	_____
Budget Code:	_____

### For Administrative Use Only

Authorized Signature:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
-----------------------	--

**Waller County Appraisal District  
Vacation Request Form**

**Obtain the Chief Appraiser's approval & give as much advance notice as possible (24 hours).  
We will try to accommodate everyone.**

Last Name:	First Name:	Middle:	Maiden:
Position:			Date:

<b>I request that my vaction be approved for the following dates:</b>		
First Choice:	From	To
Second Choice:	From	To
Third Choice:	From	To

District Experience	Max Vaction Days Earned	Years of Employment	Used Days
1 year	5		
2-9 yrs	10		
10-14 yrs	15		
15-19 yrs	20		
20 + yrs	25		

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Appraiser Signature

\_\_\_\_\_  
Date

## Waller County Appraisal District Request for Donated Sick Leave

Last Name:	First Name:	Middle:	Maiden:
Position:			Effective Date:

According to the policies and procedures of the Waller County Appraisal District, donated sick leave days may be requested by an employee for personal illness or disability and/or illness of a member of the employee's immediate family when all forms of paid leave have been exhausted.

<b>Reason for request:</b>		
Relationship, if for a Family Member:		
First date of Absence:	Estimated Return to Duty Date:	
Certifying Physician's Name:	Physician's Phone Number:	
Physician's Address:		
City:	State:	Zip:
<p>I am submitting this request for donated sick leave in compliance with the policies and procedures of the Waller County Appraisal District. I understand that my physician is providing a statement of my condition, and I give permission for WCAD to review this statement for verification purposes necessary to consider this request. I have exhausted all forms of paid leave available to me.</p>		

Signature of Employee:	Date:
------------------------	-------

Note: A physician's statement documenting the need for a personal or family-related medical leave must be attached in order to process this request.



\_\_\_\_\_ Request Approved                      \_\_\_\_\_ Request Denied

Signature of Supervisor:	Date:
--------------------------	-------



**Waller County Appraisal District  
Change of Status Report /Personal Data**

**Complete and forward signed original to the Chief Appraiser or supervisor**

Last Name:	First Name:	Middle:	Maiden:
Position:			Effective Date:

**Check one or more of the following and explain:**

<input type="checkbox"/> Name Change	<input type="checkbox"/> Phone Number Change	<input type="checkbox"/> Single
<input type="checkbox"/> Address Change	<input type="checkbox"/> Divorced	
<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	

From: \_\_\_\_\_ Phone Number: \_\_\_\_\_

From: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Comments:

**Complete and forward signed original to Chief Appraiser or supervisor**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Submitted

## Waller County Appraisal District Termination of Employment Report/Exit Report

Effective Date of Termination:		Last Date Worked:		Social Security No.:
Last Name:	First Name:	Middle:	Maiden:	
Position:				Supervisor:

**Reasons For Termination:**

<input type="checkbox"/> Abandoned Position	<input type="checkbox"/> Job Performance
<input type="checkbox"/> Deceased	<input type="checkbox"/> Leave Expired
<input type="checkbox"/> Dissatisfied with Assignment	<input type="checkbox"/> Military
<input type="checkbox"/> Employed Elsewhere	<input type="checkbox"/> Moved/Relocated
<input type="checkbox"/> Family Reasons	<input type="checkbox"/> Needs a Job Closer to Home
<input type="checkbox"/> Going Back to School	<input type="checkbox"/> Other
<input type="checkbox"/> Health Reasons	<input type="checkbox"/> Professional Status Change
	<input type="checkbox"/> Staying Home with Family

**Disposition of Employment**

Resigned                     
  Retired                     
  Terminated

Please explain in the space provided below:

Chief Appraiser Signature:	Date:
----------------------------	-------

**WALLER COUNTY APPRAISAL DISTRICT**  
**Computer/Network/Internet Acceptable Use Guidelines**  
**SIGN OFF**

As an employee of the Waller County Appraisal District, I understand that I am expected to maintain appropriate conduct when accessing the communications and information technologies available to District employees through network/Internet access. I am aware that I must comply with the Waller County Appraisal District Computer/Network/Internet Acceptable Use Guidelines at all times when accessing any part of the District's Technology system.

I understand that my Computer/Network/Internet usage is subject to monitoring by designated staff at any time to ensure appropriate use. I further understand that electronic files sent, received or stored anywhere in the computer system are available for review by any authorized representative of the Waller County Appraisal District for any purpose. I affirm that at all times my actions while using the District's system will not violate the law or the rules of network etiquette, will conform to the guidelines set forth in the Acceptable Use Guidelines, and will not violate or hamper the integrity or security of the District's technology system. Should my actions result in a violation of the Acceptable Use Guidelines I understand that I will be subject to one or more of the following actions:

1. Revocation of my access;
2. Disciplinary action;
3. Loss of employment with the Waller County Appraisal District;
4. Appropriate legal action.

Please check below to indicate your agreement with the statement:

\_\_\_\_\_ I have read the Computer/Network/Internet Acceptable Use Guidelines.

My signature below indicates that I have read and accept the guidelines set forth in the Waller County Appraisal District Policies Manual concerning the Computer/Network/Internet Acceptable Use Guidelines. I will abide by the policies and procedures stated therein and understand the consequences of non-compliance.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**Waller County Appraisal District  
Request for Approval to Engage in Outside Employment**

**Complete and forward signed original to the Chief Appraiser or supervisor**

Last Name:	First Name:	Middle:	Maiden:
Position:			Effective Date:

<b>In accordance with Board of Directors Policy/Conflict of Interest: Dual Employment, I request approval:</b>

**Comments:**

--

**Complete and forward signed original to Chief Appraiser or supervisor**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Chief Appraiser

\_\_\_\_\_  
Date Approved

## Request for Leave or Approved Absence

1. Name (Last, first, middle)	2. Employee or Social Security Number
-------------------------------	---------------------------------------

3. Organization

4. Type of Leave/Absence						5. Family and Medical Leave
Check appropriate box(es) and enter date and time below)	Date		Time		Total Hours	If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:
	From	To	From	To		
<input type="checkbox"/> Accrued annual leave						<input type="checkbox"/> I hereby invoke my entitlement to family and medical leave for: <input type="checkbox"/> Birth/Adoption/Foster care <input type="checkbox"/> Serious health condition of spouse, son, daughter, or parent <input type="checkbox"/> Serious health condition of self  <i>Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.</i>
<input type="checkbox"/> Restored annual leave						
<input type="checkbox"/> Advance annual leave						
<input type="checkbox"/> Accrued sick leave						
<input type="checkbox"/> Advance sick leave						
Purpose: <input type="checkbox"/> Illness/injury/incapacitation of requesting employee <input type="checkbox"/> Medical/dental/optical examination of requesting employee <input type="checkbox"/> Care of family member, including medical/dental/optical examination of family member, or bereavement <input type="checkbox"/> Care of family member with a serious health condition <input type="checkbox"/> Other						
<input type="checkbox"/> Compensatory time off						
<input type="checkbox"/> Other paid absence (specify in remarks)						
<input type="checkbox"/> Leave without pay						

6. Remarks

**7. Certification:** I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a. Employee signature	7b. Date signed
------------------------	-----------------

8a. Official action on request       Approved       Disapproved      *(If disapproved, give reason. If annual leave, initiate action to reschedule.)*

8b. Reason for disapproval

8c. Signature	8d. Date signed
---------------	-----------------

**Privacy Act Statement**  
 Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

## WALLER COUNTY APPRAISAL DISTRICT EMERGENCY PROCEDURE INSTRUCTIONS

PRINT OR TYPE ALL INFORMATION

Name: Last	First	Middle	Telephone No. (    )	Other Telephone No. (    )
Address: Street	City	State	Zip Code	Social Security Number _____ - _____ - _____
Child's Name		AGE	Child's Name	Age
Child's Name		AGE	Child's Name	Age

In case of emergency, illness, or accident to the person named above, the appraisal district is authorized to proceed as indicated below: List each item in numerical order of desired action. i.e., #1, #2, #3, #4

<b>Contact person (name) #1</b>		<b>Contact other person (name) #2</b>	
(#    )	Day Phone	(#    )	Day Phone
Relationship:	Day Phone (    )	Relationship:	Day Phone (    )
Occupation:	Cell Phone (    )	Occupation:	Cell Phone (    )
<b>Contact person (name) #3</b>		<b>Contact other person (name) #4</b>	
(#    )	Day Phone	(#    )	Day Phone
Relationship:	Day Phone (    )	Relationship:	Day Phone (    )
Occupation:	Cell Phone (    )	Occupation:	Cell Phone (    )
<b>Contact family physician (name)</b>		<b>Take to emergency hospital (name)</b>	
Address	Phone	Address	Phone
Special instructions/comments on unique health conditions and/or allergies:			

The appraisal district also request not only do we have home phone numbers but also cell phone numbers and contact person(s) work numbers as well. The district is also requesting that you provide a list of medications that you may be taking. Granted your medications will change from time to time and we will probably send out update request forms to you so that we may have the most updated information. On the contacts, please use the #1 & #2 contacts as the first and most important person(s) that we will need to get a hold off. The remainder is anyone else that you would like for us to contact or may contact if #1 and #2 could not be reached. Last but not least, please know that we are concerned for each of your well beings. Thank you, Chief Appraiser .

**Waller County Appraisal District  
Employment Reference Form - Telephone**

<b>Applicant Information:</b>		
<b>Applicant:</b>	<b>Social Security #:</b>	<b>Position:</b>

<b>Reference Information:</b>	
<b>Reference Name:</b>	<b>Phone Number:</b>
<b>Company/Firm</b>	<b>Position:</b>

<b>Areas of Inquiry:</b>	
1. Date of employment:	How long have you known the applicant?
What position did the applicant have?	
2. Would you rehire this person?	Yes      No
3. Has this applicant resigned to avoid termination or had contract terminated or non-renewed?    Yes    No	
4. Strengths of applicant:	
5. Areas for improvement:	

<b>Rate the Following, if Applicable:</b>				
6. Subject Knowledge:	Poor	Average	Good	Excellent
7. Relationship with co-workers:	Poor	Average	Good	Excellent
8. Management skills:	Poor	Average	Good	Excellent
9. Rapport with public:	Poor	Average	Good	Excellent
10. Flexibility:	Poor	Average	Good	Excellent
11. Maturity of judgment:	Poor	Average	Good	Excellent
12. Punctuality:	Poor	Average	Good	Excellent

I conducted this telephone reference check:

<b>Administrator Signature:</b>	<b>Date:</b>
---------------------------------	--------------

<b>Additional Comments:</b>

## Waller County Appraisal District Technical Evaluation

Last Name:	First Name:	Middle:	Maiden:
Position:			Effective Date:

**Function:**

The purpose of this evaluation is to promote improved performance of individual employees and may be used to make recommendation regarding continued employment with the Waller County Appraisal District. Items in parts A, B and C will be marked "3" (exceeds work performance standards), "2" (meets work performance standards) or "1" (needs improvement). Offer additional written comments when desired. Written explanation is required on a rating of "needs improvement."

**A. Personal and Professional Characteristics (rate all items)**

**Comments**

	3	2	1	
1. Complies with district policies and procedures	__3__	__2__	__1__	
2. Demonstrates willingness to help others/shares responsibilities	__3__	__2__	__1__	
3. Maintains a positive and supportive attitude	__3__	__2__	__1__	
4. Helps to present a positive image of the appraisal district	__3__	__2__	__1__	
5. Maintains a cooperative, courteous relationship with others	__3__	__2__	__1__	
6. Demonstrates neat and appropriate dress and grooming	__3__	__2__	__1__	
7. Demonstrates dependability and punctuality in meeting deadlines	__3__	__2__	__1__	
8. Accepts responsibility/makes appropriate decisions	__3__	__2__	__1__	
9. Maintains confidentiality	__3__	__2__	__1__	
10. Shows adaptability and flexibility in emergencies and new situations	__3__	__2__	__1__	
11. Uses appropriate and proper communication skills	__3__	__2__	__1__	

**B. General Job Skills/ Responsibilities (rate only items that apply to this position)**

**Comments**

	3	2	1	
1. Enhances, demonstrates and shares knowledge and skills	__3__	__2__	__1__	
2. Provides technical assistance to departments in area of responsibility	__3__	__2__	__1__	
3. Demonstrates initiative/commitment to task and effective followthrough	__3__	__2__	__1__	
4. Maintains appropriate documentation and communication to assure that the chief appraiser is informed of problems, progress and productivity.	__3__	__2__	__1__	
5. Uses available technology to the greatest possible degree to advance the interest of the district	__3__	__2__	__1__	
6. Participates in professional growth activities, shares ideas and information with colleagues, and maintains current knowledge of latest development in area of responsibility	__3__	__2__	__1__	
7. Demonstrates technical competence in area of assignment	__3__	__2__	__1__	
8. Seeks to improve and/or refine technical skills	__3__	__2__	__1__	
9. Adapts to technical change in area of responsibility	__3__	__2__	__1__	



## Technical Evaluation - Page 2

### C. Specific Job Skills/Responsibilities

### Comments

(The employee and Chief Appraiser will mutually agree upon any additional specific job skills/responsibilities to be evaluated.)

1. Personnel Management	___ 3 ___ 2 ___ 1	
2. Equipment Management	___ 3 ___ 2 ___ 1	
3. Records Management	___ 3 ___ 2 ___ 1	
4	___ 3 ___ 2 ___ 1	
5	___ 3 ___ 2 ___ 1	
6	___ 3 ___ 2 ___ 1	

### D. Assessment of Attendance and Punctuality


### E. Comments on Job-Related Strengths


### F. Assessment of Goal Attainment/Professional Development


### G. Recommendation for Goals/Professional Development


This evaluation has been discussed with me.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator's Name - Printed

## Waller County Appraisal District Evaluation of Appraisers, Clerical, and Paraprofessional

Last Name:	First Name:	Middle:	Maiden:
Position:			Effective Date:

**Function:**

The purpose of this evaluation is to promote improved performance of individual employees and may be used to make recommendation regarding continued employment with the Waller County Appraisal District. Items in parts A, B and C will be marked "3" (exceeds work performance standards), "2" (meets work performance standards) or "1" (needs improvement). Offer additional written comments when desired. Written explanation is required on a rating of "needs improvement."

**A. Effectiveness and Performance**

**Comments**

1. Demonstrates ability to follow instructions	__ 3 __ 2 __ 1	
2. Possesses and maintains skills necessary for the assigned duties and tasks	__ 3 __ 2 __ 1	
3. Uses correct spelling, grammar and punctuation	__ 3 __ 2 __ 1	
4. Produces assigned tasks in an accurate and timely manner	__ 3 __ 2 __ 1	
5. Shows evidence of following rules, routines and practices	__ 3 __ 2 __ 1	
6. Demonstrates a willingness to try new procedures and adapt to change	__ 3 __ 2 __ 1	

**B. Management Characteristics**

**Comments**

1. Exhibits neatness in the work area	__ 3 __ 2 __ 1	
2. Demonstrates proper care of equipment and property	__ 3 __ 2 __ 1	
3. Demonstrates adequate knowledge as it pertains to current position	__ 3 __ 2 __ 1	
4. Uses time efficiently	__ 3 __ 2 __ 1	
5. Organizes and administers routine activities effectively	__ 3 __ 2 __ 1	

**C. Professional Qualities**

**Comments**

1. Shows evidence of initiative, leadership, industry, and dedication to task	__ 3 __ 2 __ 1	
2. Uses good sense of judgment - used tact	__ 3 __ 2 __ 1	
3. Maintain confidentiality	__ 3 __ 2 __ 1	
4. Demonstrates ability to work cooperatively with staff and others involved in the appraisal process	__ 3 __ 2 __ 1	
5. Shows interest in personal improvement - willing to accept suggestions and improve skills; receptive to constructive criticism	__ 3 __ 2 __ 1	
6. Demonstrates a professional image (general appearance; grooming; oral communication skills; telephone etiquette; etc.)	__ 3 __ 2 __ 1	
7. Exhibits good public relations skills with the taxpayers	__ 3 __ 2 __ 1	
8. Demonstrates reliability in attendance and punctuality	__ 3 __ 2 __ 1	
9. Demonstrates responsibility (attention to duty; plans ahead; and works without supervision)	__ 3 __ 2 __ 1	

## Evaluation of Appraisers, Clerical, and Paraprofessional -Page 2

### C. Specific Job Skills/Responsibilities

### Comments

(The employee and Director of Appraisal will mutually agree upon any additional specific job skills/responsibilities to be evaluated.)

1	__ 3 __ 2 __ 1	
2	__ 3 __ 2 __ 1	
3	__ 3 __ 2 __ 1	
4	__ 3 __ 2 __ 1	
5	__ 3 __ 2 __ 1	
6	__ 3 __ 2 __ 1	

### D. Assessment of Attendance and Punctuality


### E. Comments on Job-Related Strengths


### F. Assessment of Goal Attainment/Professional Development


### G. Recommendation for Goals/Professional Development


This evaluation has been discussed with me.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator's Name - Printed

# **Notice of Employee Rights Regarding Harassment, Including Sexual Harassment/Sexual Abuse**

## ***What is the District policy concerning harassment and sexual harassment?***

The District forbids employees from engaging in conduct that constitutes harassment and/or sexual harassment of other employees or of students. The District encourages employees to come forward with allegations regarding any type of harassment or misconduct in the workplace. Employees who report harassment will not be subjected to adverse treatment for reporting such conduct.

## ***What is harassment?***

Harassment includes, but is not limited to, offensive or derogatory language directed at another person's religious beliefs or practices, accent, skin color or need for workplace accommodation; threatening or intimidating conduct; offensive jokes, name calling, slurs, or rumors; physical aggression or assault; display of graffiti or printed material promoting racial, ethnic, or other negative stereotypes; or other types of aggressive conduct such as theft or damage to property.

## ***What is sexual harassment?***

"Sexual harassment" includes, but is not limited to, unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature. Such conduct constitutes sexual harassment when submission to such conduct is made a term or condition of employment or submission to or rejection of such conduct is used as the basis for employment decisions. Unlawful harassment occurs when the conduct has the purpose or effect of unreasonably interfering with an individual's work performance, creating an intimidating, hostile, or offensive working environment or otherwise adversely affecting the individual's employment opportunities. "Sexual harassment" includes same-sex harassment when the harassment constitutes discrimination because of gender.

## ***What laws address harassment?***

Title VII is a federal law that requires employers to maintain a working environment free from harassment on the basis of sex, race, color, religion, and national origin. The Texas Labor Code, Section 21.051, makes it an unlawful employment practice for an employer to discriminate on the basis of race, color, disability, religion, sex, national origin, or age. Title VII does not prohibit genuine but innocuous differences in the way men and women routinely interact with members of the same sex and of the opposite sex. It forbids only behavior so objectively offensive as to alter the "conditions" of the victim's employment.

## ***What do I do if I believe I have been the victim of harassment and/or sexual harassment?***

Employees are encouraged to report allegations of harassment and/or sexual harassment as soon as possible. Complaints may be brought to the Chief Appraiser. If the Chief Appraiser is the subject of the complaint, the complaint should be brought to that individual's supervisor. No procedure or policy should have the effect of requiring you to present the matter to a person who is the subject of the complaint. You may make your request in writing or orally, and you are encouraged to file your complaint promptly, so that any problems may be resolved at the earliest possible time. Although the District will not reject any such complaint because it is filed too late, employees should understand that the sooner the issue is brought to the District's attention, the sooner it can be resolved.

***What will happen once I file a complaint?***

Whether you report your problem to the Chief Appraiser, or supervisor, the process will be the same. If you have made your complaint orally, the person to whom you complain will put it in writing and ask you to verify that it has been transcribed accurately. The person to whom you complain will hold a conference with you as soon as possible, but at the latest, within seven days to clarify the allegations and receive any additional information you want to provide before commencing an investigation. Following the conference, an investigation will commence and the person to whom you complain ordinarily will have seven days to offer a response, unless the investigation takes longer to resolve. You will be informed if there is a delay in the response.

***What if I'm not happy with my supervisor's response?***

The District provides a two-level complaint process. If you are not satisfied with the initial outcome, you may appeal to the Chief Appraiser. The Chief Appraiser or designee will hold another conference with you and attempt to resolve the situation. If you still feel that the problem has not been solved, you may appeal to the Board of Directors.

***How will the District respond to claims of harassment and/or sexual harassment?***

The District will respond promptly to all allegations of harassment and/or sexual harassment. Prompt remedial action, reasonably calculated to tend the harassment, will be taken when claims are substantiated.

***Will my complaint be confidential?***

To the greatest extent possible, complaints will be treated in a confidential manner. Limited disclosure may be necessary in order to complete a thorough investigation.

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**Employee Acknowledgment**

I have reviewed the Waller County Appraisal District's "Notice of Employee Rights Regarding Harassment, Including Sexual Harassment/Sexual Abuse." I understand that this notice reflects current law and District policy. My signature certifies that I understand the contents.

\_\_\_\_\_  
Printed Name of Employee

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date