

# Missouri Department of Insurance, Financial Institutions & Professional Registration Policy Manual

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I received a copy of the DIFP Policy Manual and understand that employment with the department is on an 'at-will' basis. I am free to resign at will at any time, for any reason or no reason at all and the department may terminate my employment at will at any time, for any reason or no reason, with or without cause or notice, so long as there is no violation of any applicable federal or state law or contract.

NAME \_\_\_\_\_

DATE \_\_\_\_\_

Revised 4/2007

## 2.100 Whistleblower Policy

The Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) will comply with the Whistleblower Law, Section 105.055 RSMo, which states that supervisors and managers are not allowed to prohibit their employees from discussing agency operations with members of the legislature or the state auditor.

### GENERAL GUIDELINES

Disciplinary action may not be taken against an employee for disclosure of information relating to prohibited activities such as:

- Violations of law, rules and regulations;
- Mismanagement, gross waste of funds, or abuse of authority; and
- Substantial and specific dangers to public health and safety.

Employees are not required to give notice to supervisors or members of management before making such disclosures.

This law does not authorize employees to represent their personal opinions as agency opinions nor permit them to leave their work area during work hours without following normal procedures – unless it is at the request of a legislator or legislative committee. The law also does not restrict supervisors and managers from taking disciplinary action against an employee if:

- The employee knowingly or recklessly discloses false information;
- The information disclosed is (by law) closed or confidential information; or
- The disclosure relates to the employee's own violation, mismanagement, gross waste of funds, and abuse of authority or endangerment of the public health or safety.

This law does not prohibit supervisors and appointing authorities from requiring an employee to report to them any legislative requests for information which are made to the agency (not the employee as an individual), and the substance of the testimony made, or to be made on behalf of the agency.

An employee may file an appeal with the Personnel Advisory Board within thirty days of the disciplinary action alleged to have taken place in violation of this policy.

## 2.101 Sexual Harassment

### **POLICY**

The Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) will not tolerate any form of sexual harassment. This policy covers all individuals in the workplace including fellow employees, supervisors, clients/customers, or other non-employees who conduct business with DIFP. Employees, management, and supervisors must report all complaints and instances of sexual harassment immediately to the department or divisional human resource sections or the Director of the Resource Administration Division. All reported incidents of sexual harassment will be investigated promptly and will remain confidential and released only to appropriate parties on a need-to-know basis. Disciplinary action, up to and including dismissal, will be taken against offenders. Such disciplinary action will be determined by the severity of the offense. The department director or divisional director of Finance, Credit Unions or Professional Registration (or their designee) will make the final determination of disciplinary action.

### **DEFINITIONS**

**Sexual harassment:** Any unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature will constitute unlawful sexual harassment when:

1. Submission to sexual conduct is an explicit or implied term or condition of an individual's employment;
2. The submission to or rejection of sexual conduct by an individual is the basis for any employment decision affecting that individual; or
3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creates an intimidating, hostile or offensive work environment.

**Power-differentiated Working Relationships:** Any work relationship in which one employee supervises or manages (directly or indirectly) another employee OR makes decisions concerning another employee's terms, conditions or privileges of employment. This definition is extended to include department employees who, in the scope of their position make decisions concerning other citizens that affect the citizen's livelihood.

**Intimate Relationships:** For the purposes of this policy the department will consider intimate relationships to be those that involve dating, sexual activity and / or romantic involvement.

Managers/Supervisors participating in an intimate relationship with their subordinates or with others where a power-differentiated relationship exists are in violation of this policy. Employees who have power-differentiated working relationships and become intimately involved should report their involvement to their supervisor or human resources for discussion and action to remove the power component from the relationship.

### **EXAMPLES OF SEXUAL HARASSMENT**

The following are examples of actions that could be interpreted as sexual harassment; the list is not exhaustive and should not be viewed as the only prohibited behaviors.

**Verbal:** Sexually suggestive language, comments, innuendoes, threats or jokes.

**Nonverbal:** Sexually suggestive objects or pictures, graphic commentaries, suggestive or insulting sounds, leering and obscene gestures.

**Physical:** Unwanted physical contact including touching, pinching, brushing the body, sexual intercourse and assault.

### **EMPLOYEE RESPONSIBILITY**

If employees believe they have been subjected to sexual harassment or any unwanted sexual attention they are encouraged to:

1. Make their unease and/or disapproval directly and immediately known to the harasser;
2. Make a written record of the date, time, nature of the incident and the names of any witnesses;
3. Report the incident to human resources or the Director of the Resource Administration Division. All incidents of sexual harassment should be promptly reported.
4. Employees involved in power differentiated working relationships should report the involvement to their supervisor or human resources for discussion and action to remove the power component from the relationship.

### **SUPERVISOR/MANAGER RESPONSIBILITY**

Sexual harassment is a violation of federal and state law and cannot legally be ignored or hidden. All managers and supervisors are responsible for:

1. Reporting all incidents of sexual harassment to human resources or the Director of the Resource Administration Division whether or not a written complaint is received.
2. Maintaining a work environment free of sexual harassment and for taking corrective action in incidents of harassment.

### **REMEDIAL ACTION**

1. Appropriate remedial action will be taken to remove all forms of sexual harassment.
2. Violating this policy can result in reprimand, suspension, demotion or dismissal.
3. Any employee who impedes an investigation or provides false information shall be subject to disciplinary action.
4. Any employee who retaliates against another employee for filing or participating in an investigation of sexual harassment shall be subject to disciplinary action up to and including termination.

### **GENERAL PROVISIONS**

1. The complaint procedure is designed to provide employees a means for seeking relief from actions that they believe to be sexual harassment. Employees who believe they have been subjected to sexual harassment or any unwanted sexual attention may file a complaint according to the department's complaint procedure policy 2-325 Employee Complaint Procedure.
2. Employees have the right to file an internal complaint without fear of harassment, coercion, intimidation or any other acts of retaliation.
3. Information contained in the complaint, the investigation and the recommendations shall be confidential information. This information will be released only to appropriate parties on a need to know basis.
4. Upon closure of the complaint, all documents shall be filed separate and apart from the personnel records of the individuals involved, unless disciplinary action is taken. Necessary paperwork will be filed in the disciplined employee's personnel file.

## **2.102 Equal Employment Opportunity/Affirmative Action**

The Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) is committed to the principles and enforcement of laws prohibiting discrimination on the basis of race, color, religion, sex, national origin, disability or status as a Vietnam Era veteran. DIFP follows all such federal and state laws, regulations and guidelines in its employment practices and in providing services to the public. It is the policy of DIFP to promote the principles of fair employment practices and equal access to services.

### **EMPLOYMENT PRACTICES**

This policy extends to all terms, conditions and privileges of employment as well as the use of all department resources and participation in all department sponsored activities, including the following:

- Recruitment, advertisement and job application procedures;
- Hiring, promotion, demotion, layoff, transfer, termination and reemployment;
- Rates of pay or any other form of compensation and change in compensation;
- Job assignments, job classifications, organizational structures and position descriptions;
- Leaves of absence, sick leave or any other leave;
- Fringe benefits available by virtue of employment;
- Selection and financial support for training, including professional meetings, conferences and other related activities and selection for leaves of absence to pursue training;
- Activities sponsored by the department including social and recreational programs; and
- Any other terms, condition or privilege of employment.

### **AFFIRMATIVE ACTION**

In compliance with federal and state laws, the Director or his/her designee will take affirmative steps to ensure persons are recruited for all job classifications, hired, trained and promoted without regard to race, color, sex, religion, national origin, creed, age, ancestry, veteran or disability status.

Federal affirmative action guidelines require that DIFP take measures to ensure that minority groups and women, and protected groups such as the disabled, aged and veterans are equitably represented at all levels of employment throughout DIFP's organizational structure. The intent of Affirmative Action is not merely to remove the barriers which prevent members of these groups from being hired, but to seek out individuals throughout the organization whose potential has not been fully utilized and to assist them in reaching that potential. This will help to assure upward mobility for all qualified individuals. To accomplish this goal, the department will undertake a program of affirmative action to which good faith efforts will be directed. Specifically, efforts will be directed to: 1) Determine the extent to which minorities and women may be underutilized in major job categories; 2) Conduct a program of open recruitment in all positions and undertake a program of affirmative recruitment for target group members in all job categories; and 3) Identify employment practices which may have an adverse impact on these target groups and formulate plans to reduce or eliminate adverse practices.

Harassment, retaliation, coercion, interference or intimidation of any employee due to that employee's race, religion, color, national origin, sex, age or disability is strictly forbidden. Any employee who experiences such activity should report it immediately to his or her supervisor or human resources.

Specific questions on employment practices and their relationship to equal employment opportunities may be directed to human resources.

# DIFP

## DISCRIMINATION COMPLAINT FORM

<b>COMPLAINANT'S NAME</b>	<b>COMPLAINANT'S TITLE</b>	<b>WORK PHONE</b>
<b>SECTION</b>	<b>DIVISION</b>	<b>HOME PHONE</b>
<b>WHO DISCRIMINATED AGAINST YOU? (IF MORE THAN ONE (1), LIST ON SEPARATE SHEET)</b>		
<b>I. DISCRIMINATION BASED ON: (Check box(es) which apply to the charge.)</b> <input type="checkbox"/> RACE <input type="checkbox"/> SEX <input type="checkbox"/> DISABILITY <input type="checkbox"/> AGE <input type="checkbox"/> COLOR <input type="checkbox"/> RELIGION <input type="checkbox"/> VIETNAM/DISABLED VETERAN <input type="checkbox"/> NATIONAL ORIGIN		
<b>II. NATURE OF ALLEGED DISCRIMINATION: (Check box(es) which apply to this charge.)</b> <input type="checkbox"/> TERMS/CONDITIONS <input type="checkbox"/> DISCIPLINE <input type="checkbox"/> SELECTION <input type="checkbox"/> RETALIATION <input type="checkbox"/> ACCOMMODATION <input type="checkbox"/> OTHER _____		
<b>DATE OF MOST RECENT DISCRIMINATION: (MO/DAY/YR)</b>		
<b>III. ALLEGATION: (Explain the alleged violation which caused you to file a complaint. Include date(s), reason(s) given to you for the adverse action(s), name(s) of person(s) involved, and any other relevant information. Use additional sheets, if necessary.)</b>          		
<b>IV. DESIRED REMEDY: (Enter statement of what you are seeking as a remedy. Use additional sheets, if necessary.)</b>		
<b>I believe the above to be true to the best of my knowledge.</b>		
SIGNATURE OF COMPLAINANT		DATE
SIGNATURE OF AGENCY'S REPRESENTATIVE		DATE
YOU HAVE THE RIGHT TO PURSUE THIS MATTER WITH THE EQUAL EMPLOYMENT OPPORTUNITY COMMISSION, MISSOURI COMMISSION ON HUMAN RIGHTS OR ANY FAIR EMPLOYMENT ENFORCEMENT AGENCY.  IF ASSISTANCE IS NEEDED TO COMPLETE THIS FORM, PLEASE CONTACT HUMAN RESOURCES.		

## 2.103 Overtime Compensation Policy

The Fair Labor Standards Act (FLSA) and the State Personnel Law provide specific guidelines for compensating employees who work in excess of 40 hours per defined work week. FLSA is a federal law applicable to overtime compensation only for certain categories of employees. State Personnel Law governs overtime payment for other covered employees of the Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP). Overtime is accrued when an employee has worked forty hours in a workweek and is required to work additional hours.

### **OVERTIME CATEGORIES**

The rate at which overtime is earned and compensated (straight time or time and one-half) is determined by the overtime code assigned to each job classification. Overtime codes for positions covered under uniform classification and pay are assigned in accordance with the following definitions:

**Code 0:** Top level supervisory, managerial and administrative staff and persons employed in very responsible, professional, technical or consultative capacities.

Employees in this category will not be compensated for overtime except under rare and unusual circumstances as approved by the division director or designee. When applicable, these employees receive the straight time rate for overtime hours worked.

**Code 1:** Supervisory, technical, professional and related categories of employees other than those listed as Code 0. Code 1 employees are paid their regular rate of pay (straight time) for each hour worked over 40 during a seven-day work cycle.

**Code 2:** Classes of employees not listed as Code 0 or Code 1. Code 2 employees are compensated for overtime at the time and one-half rate for "hours worked" in excess of 40 hours in a seven-day work cycle.

Employees whose classification is assigned an overtime code of 0 or 1 are exempt from FLSA coverage. Code 2 employees are covered by FLSA.

Overtime codes may change according to the work being performed. The Department, in conjunction with the Division of Personnel, has established overtime codes for job classifications utilized within the Department. Contact human resources if you have questions on a overtime code for a specific job title.

### **COMPUTING OVERTIME**

Overtime work is defined as any period an employee works in excess of his or her normal forty hours per week. The following are terms and definitions that apply in computing overtime.

**Work Week** -- The work week for all DIFP employees, unless otherwise specified, is the seven-day period beginning at 12:00 a.m. on Sunday.

**Partial Hours** – Overtime worked in increments of less than one hour will be reported as using the 7-8 minute rounding rule:

0 – 7 minutes	=	0 hours
8 – 22 minutes	=	.25 hours
23 – 37 minutes	=	.50 hours
38 – 52 minutes	=	.75 hours
53 – 60 minutes	=	1.00 hours

**Hours Worked** – The concept of "hours worked" is a crucial determining factor in complying with FLSA and in computing overtime. For Code 2 employees, "hours worked" refers to:

1. Any and all time an employee is required to be on duty, on the employer's premises, or at a prescribed work place for the employer; and
2. All time during which the employee is "suffered or permitted to work" for the employer.

This applies to both authorized and unauthorized work, if the employer knows or has reason to believe that the work is being performed. For this reason, supervisors must closely monitor and control the accrual of overtime by Code 2 employees.

For Code 1 employees, “hours worked” refer to all authorized work time; i.e. the employee’s regular work schedule plus any additional hours worked which received prior authorization. All overtime must be approved by your immediate supervisor. Unauthorized overtime is not compensable for Code 1 employees. However, under emergency conditions or other extenuating circumstances, an employee’s supervisor may approve overtime after the work has already been performed.

**Annual leave, sick leave, holidays and compensatory time are not considered “hours worked” in computing compensation for overtime in all overtime categories.** (NOTE: waiting time, rest periods, and meal time do not apply to overtime.)

For example, a Code 2 employee who normally works Monday through Friday takes Wednesday as a sick day. The employee then works 8 hours on Saturday of that week. Remember that overtime need only be paid for all hours worked in excess of 40 in a work week. Since the employee worked only 32 hours in this week, an additional 8 hours on Saturday does not place the employee in an overtime situation.

Supervisors should adjust the employee’s work hours over the entire work week to avoid the accrual of overtime. For example, if an employee works twelve hours on the first day and twelve hours on the second day of the work week, the work schedule should be adjusted so that the employee will not exceed 16 hours of work during the remainder of the work week.

### **Training Programs, Lectures and Meetings**

Code 1 and 2 employees who attend programs that are job-related and approved by their immediate supervisor as such are considered compensable for overtime computation. Non-work-related, unapproved, or voluntarily attended programs are not compensable.

Employees attending training must adjust their work hours for the day(s) to coincide with the hours the training is to be conducted. For example, if an employee normally works 8:00 a.m. to 4:30 p.m. with a 30-minute lunch and participates in training that begins at 8:00 a.m. and ends at 5:00 p.m. with a one-hour lunch, the employee must abide by these time frames.

Employees attending training, lectures or meetings must return to their work sites as soon as such activities end if it is reasonably possible to do so within the normal eight-hour workday.

If an employee attends training which ends early causing actual “hours worked” to be less than eight in a workday and it is not reasonably possible for the employee to return to the work site, the employee will not be penalized for a short workday.

Travel time associated with “compensable” training will be governed by the guidelines set forth below:

**Travel Time** – All travel time associated with the performance of job duties is compensable with the following exceptions and limitations:

- For Code 1 and 2 employees, travel time spent as a passenger on, or waiting to board, an airplane, automobile, train, boat, bus or taxicab **outside regular work hours** is not compensable. Code 1 and 2 employees driving said transportation outside of regular work hours are compensable.
- If staying overnight, the time spent at a hotel or motel waiting to attend a training event is not compensable as overtime if the time is outside of normal working hours.
- When required to stay overnight, time spent outside of working hours traveling to and returning from a hotel or motel from a conference site is not counted as “hours worked”.

**Prior Approval** – All overtime work must have the prior approval of the immediate supervisor and, if required, by the division director. **Disciplinary action may be taken against employees who willfully violate the requirement of obtaining prior approval for overtime.**

**Supervisory Responsibilities** – The immediate supervisor is responsible for monitoring and scheduling work in a manner that eliminates the need for overtime. Whenever possible, supervisors should arrange time off during the same work week to keep an employee’s “total hours worked” at 40.

### **COMPENSATORY TIME USAGE AND PAYMENT**

Depending on the availability of funds, employees may be given the option of either compensatory time off or overtime payment at the department’s discretion or division discretion for Finance, Credit Unions or Professional Registration. Employees must be allowed to use their accumulated compensatory time as long as it is requested within a reasonable amount of time and does not



disrupt the agency's business. Compensatory time is accrued when an employee has been in pay status for forty hours during a workweek and is required to work additional hours. Supervisors may require employees to take their compensatory time at any time. Any compensatory time accumulation will be used prior to the use of annual leave accruals except in situations where such policy would result in loss of annual leave accrual for the month involved. **Compensatory time must be earned before it is used.** Supervisors should use the same criteria for approving compensatory time as they use for the approval of annual leave requests. Additionally, supervisors have the right to require employees to use compensatory time and to change work schedules to avoid the accrual of compensatory time. Each division has the right to liquidate the overtime balances of its employees at any time by the use of compensatory time off or by payment of whole or part of the balances subject to the availability of funding.

Employees will be paid for compensatory time balances in effect at the time of separation from employment with DIFP. Code 2 employees will be paid for compensatory time based on their current salary. For Code 1 employees, the annual salary is the one in effect at the time of separation. In all cases, computation for the payoff rate is determined by dividing the employee's annual full-time salary rate by 2,080 (the standard hours in a calendar year).

## 2.104 ADA Reasonable Accommodation Request

The Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) is an equal opportunity employer and makes employment decisions on the basis of merit.

To comply with applicable laws ensuring equal or equally effective employment opportunities for qualified individuals with a disability, the Department will make reasonable accommodations whenever necessary for all employees or applicants with disabilities, provided that:

- the individual is otherwise qualified to safely perform the duties and assignments connected with the job; and
- provided that any accommodations made do not require significant difficulty or expense on behalf of the Department.

Such reasonable accommodations will be made in consultation with the job applicant or employee who has the disability.

Applicants and employees are assured that all information regarding a disability shall be kept completely confidential except that:

- appropriate supervisors and managers may be informed regarding restrictions on the work or duties of disabled employees and any accommodations that have been made;
- if the condition requires emergency treatment or first aid the safety officer will be informed; and
- government officials investigating compliance with federal laws may be informed.

All employees with responsibilities that may require knowledge of disabilities are advised that they are to treat the knowledge with confidentiality.

### **Job Applicant/Employee's Commitment and Obligations**

Any job applicant/employee with a disability who in good faith believes he/she needs an accommodation must request an accommodation by fully completing a *DIFP Request for Accommodation* form and submitting it to the Human Resource manager or the divisional director or his/her designee. The purpose of the form is to enable the Department to adequately evaluate the need for an alternative form of accommodation.

Each job applicant/employee who requests an accommodation is expected to fully cooperate in the reasonable accommodation process, provide complete and accurate information, and submit such information and documents as the Department reasonably requests.

Any job applicant/employee who fails to fully cooperate or provide accurate information/documentation could jeopardize his/her employment opportunities with the Department and may be subject to disciplinary action up to and including termination.

Any job applicant/employee who in good faith believes he/she has been aggrieved during the reasonable accommodation process is encouraged to file a complaint with the division director or designee. DIFP has established an internal review procedure to investigate and resolve discrimination complaints expeditiously. No applicant or employee will be subject to coercion, intimidation, interference or discrimination for registering a complaint or for assisting in an investigation of any alleged violation of laws prohibiting discrimination on the basis of disability.

**DIFP  
REQUEST FOR ACCOMMODATION**

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

DIVISION: \_\_\_\_\_

SECTION: \_\_\_\_\_

CURRENT JOB TITLE: \_\_\_\_\_

1. Please describe in detail the nature of the impairment that you claim limits your ability to fully perform your job.
  
2. Is your impairment temporary or permanent? If temporary, how long do you expect to be impaired?
  
3. Please describe in detail what specific parts of your job you are unable to fully perform because of your impairment.
  
4. Using the job description of your current position, please add at the bottom of it any specific job duties you perform which are not listed on it.
  
5. Using the job description of your current position, please cross out any job duties you never perform.
  
6. Using the job description of your current position, please indicate to the left of each remaining duty the percentage of your time you spend performing that particular duty. (The percentage totals should equal 100 %.)
  
7. Please list any/all suggestions you have for accommodating your impairment. (Please be as creative as you would like, as we would like as many alternatives as possible to consider.)
  
8. Have you seen any health care provider for evaluation or treatment of your impairment?    Yes\_\_\_\_\_    No\_\_\_\_\_
  - A. If yes:
    1. Name: \_\_\_\_\_
    2. Address: \_\_\_\_\_
    3. Phone: \_\_\_\_\_
    4. Date last seen: \_\_\_\_\_  
(If more than one, list the same information on the back of this form for each additional provider.)
  - B. If no, please explain why evaluation or treatment has not been obtained or sought.

**DIFP  
REQUEST FOR ACCOMMODATION**

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9. Has any health care provider advised you not to perform any part of your job? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes:

- A. Name: \_\_\_\_\_
- B. Address: \_\_\_\_\_
- C. Phone: \_\_\_\_\_
- D. Date last seen: \_\_\_\_\_

(If more than one, list the same information on the back of this form for each additional provider.)

10. Has any other employer ever accommodated your impairment? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes:

- A. Name of Employer: \_\_\_\_\_
- B. Immediate Supervisor: \_\_\_\_\_
- C. Address: \_\_\_\_\_
- D. Phone: \_\_\_\_\_
- E. Dates of Employment: \_\_\_\_\_
- F. Description of Accommodation Provided: \_\_\_\_\_

(If more than one, list the same information on the back of this form for each additional employer.)

(We may contact any previous employer listed to discuss the effectiveness of the accommodation provided and to obtain additional suggestions for accommodation.)

11. Please provide any additional information that you believe would be helpful to us in evaluating your need for an accommodation.

I state that I have voluntarily completed this request for accommodation and that all information provided is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE RETURN THIS COMPLETED FORM TO THE **DIVISIONAL HUMAN RESOURCE MANAGER/OFFICER**. WE WILL BE UNABLE TO PROCESS YOUR REQUEST UNTIL YOU FULLY COMPLETE THIS FORM AND RETURN IT.

## 2.106 Political Activity Policy

The Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) employees are selected on the basis of job related qualifications. Political party affiliation or support is not a condition of employment. Department employees do not have to become politically inactive; however, certain restrictions regarding employees' political activities do apply.

### RUNNING FOR OR HOLDING PUBLIC OFFICE

DIFP employees may not run for or hold **partisan** political office unless they resign or take a regularly granted leave of absence. The law defines partisan political office as "*any office for which any candidate is nominated or elected as representing a party pursuant to Chapter 115, RSMo.*"

Employees also may not run for or hold nonpartisan office in conflict with the employee's official state duties. Advisory opinions are available from the State Personnel Director or from the Ethics Commission. "**Nonpartisan**" is defined in 115.013(16) RSMo as: "*a candidate who is not a candidate of any political party and who is running for an office for which party candidates may not run.*"

### PROHIBITED POLITICAL ACTIVITIES

DIFP employees may not:

- Use official authority or influence for the purpose of interfering with the results of an election;
- Knowingly solicit or discourage the participation in any political activity of any person who has an application for any compensation, grant, contract, ruling, license, permit or certificate pending before the employee's department or is a participant in an ongoing audit, investigation or enforcement action being carried out by the department.

Employees may not engage in political activity:

- While on duty;
- In any room or building occupied in the discharge of official duties;
- By utilizing any state resources or facilities;
- While wearing a uniform or official insignia identifying the office or position of the employee; or
- When using any vehicle owned or leased by the state or any agency or instrumentality of the state.

It is illegal to solicit financial subscription or assignment of pay from DIFP employees. DIFP employees also may not knowingly solicit, accept or receive a political contribution from a subordinate.

### POLITICAL ACTIVITY GUIDELINES

A DIFP EMPLOYEE MAY ...

...be an officer of a partisan political club.

...take part in the management or affairs of a political party or a partisan political campaign, e.g. may become a candidate for a position within a political party, a delegate to a political party convention or a member of a political party.

...campaign for a candidate or slate of candidates in a partisan or nonpartisan election and for or against referendum questions, constitutional amendments, and similar issues.

...voluntarily attend a political fundraising function and make voluntary contributions to a political organization or candidate.

...collect voluntary contributions and participate in fundraising for partisan and nonpartisan election campaigns.

...attend and participate in a partisan presidential caucus held to determine a political group's preference for the Office of President of the United States.

...assist in voter registration drives and serve as an election judge.

...be a candidate for nomination or election to a **nonpartisan** public office, which is not in conflict with the duties of the employee's position.

## 2.107 Background Check Policy

### PURPOSE

It is the policy of the Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) to:

- 1) Provide a safe and secure workplace for its employees;
- 2) Protect state property; and
- 3) Secure the integrity of all Department functions.

This Background Check Policy is adopted to further these goals.

### GENERAL PROVISIONS

#### 1. Definitions:

Background checks are actively conducted by the Human Resource staff to find or confirm information about an employee or prospective employee relevant to the purposes of this background check policy may include, but are not limited to: confirming identity of an employee or prospective employee; checking work references; checking work status eligibility; performing criminal records checks; checking driver's license records; making inquiries concerning professional certifications or degrees required for the position; and checking state income tax compliance.

#### 2. Applicants for Employment:

Background checks will be conducted on candidates recommended for employment. Each applicant will be made aware of the background check requirement and must sign all documents requested by the Human Resources in connection with the background check before the applicant is eligible for consideration. Background checks shall be completed, when possible, prior to hire, but the applicant will be advised during the offer of employment that continued employment would be conditioned on an acceptable background check. No further consideration for employment will be given to any applicant who refuses to sign any authorization document. If a background check reveals that a person was detained or arrested, but did not plead guilty, was not found guilty, and was not convicted as a result of the conduct arising from the detention or arrest, neither the detention nor the arrest will be considered in the hiring decision.

#### 3. Persons already employed by the Department are required to:

- A. Notify Human Resources of all arrests, convictions, and pleas of guilty within five days of the event;
- B. Sign written authorizations in connection with a background check as requested by Human Resources or the Division Director or designee.
- C. Provide all written authorization's requested in connection with a background check pursuant to an employee's application to fill a different position within the Department.

#### 4. Leave may or may not be approved by the Director or his/her designee for employees who are unable to report to work due to incarceration and employees may be dismissed for unauthorized absence if they are unable to report for duty.

#### 5. Criteria to be considered in determining suitability for employment or change in job status in conjunction with this policy are:

- A. The nature and severity of the offense as well as a variety of surrounding facts and circumstances including, but not limited to:

- 1) The age of the individual at the time of the offense;
- 2) The number of offenses of the individual;
- 3) The time, which has elapsed since the last offense;
- 4) Whether the circumstances arose out of an employment situation.

- B. The duties, responsibilities and circumstances of the position applied for including, but not limited to:

- 1) The nature and scope of the position's work;
- 2) The nature and scope of the position's autonomy and discretionary authority;

- 3) The extent to which the position holds a measure of fiscal responsibility to the agency;
  - 4) The opportunity presented for the commission of additional offenses; and
  - 5) The extent to which acceptable job performance requires the trust and confidence of the agency, employees, or the public.
6. The critical questions that must be answered in order to substantiate a decision not to hire, promote, transfer, etc. are:
- a. Whether the nature of the offense prevents the individual from performing the job in an acceptable manner; or
  - b. Whether the offense is job-related, i.e., can the individual perform acceptably in spite of the offense?
  - c. Whether the offense impacts the individual's ability to represent the agency effectively.
7. Human Resources will serve as the custodian of the records gathered in background checks. They will be maintained in a file separate from the employee's personnel file.

## **2.110 Alcohol and Drug-Free Workplace Policy**

It is the intent of the Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) to provide a drug-free work environment for all employees, and to support the provisions of the Federal Drug-Free Workplace Act of 1988. The Department recognizes that alcohol and drug abuse adversely affect the workplace resulting in substandard performance, loss of productivity, accidents and absenteeism.

### **PROVISIONS**

DIFP employees are prohibited from manufacturing, distributing, dispensing, using or possessing alcoholic beverages or controlled substances while on state-owned or controlled property, or in state vehicles or while working in their official capacities. Employees who violate this policy are subject to disciplinary action up to and including dismissal and, in certain circumstances, to prosecution under state law. Employees may also be required to attend a mandatory Employee Assistance Program (EAP) referral or successfully complete a drug/alcohol abuse or rehabilitation program in addition to or in lieu of, disciplinary action. This policy includes employees who are found to be intoxicated or under the influence of a non-prescription controlled substance when initially reporting for duty, while on duty or while operating a state vehicle -- whether or not the alcohol or drug was consumed on state premises or on-duty.

### **CONTROLLED SUBSTANCES – DRUG-FREE WORKPLACE ACT REQUIREMENTS**

As a condition of employment, any employee convicted of a violation of a criminal drug statute occurring in the workplace must notify human resource or their division director or designee no later than five (5) days after such conviction. Any member of management who is aware of a workplace violation is also required to report the violation to human resources. DIFP is responsible for notifying federal funding agencies within ten (10) days after receiving notice of a workplace conviction. Such notice will normally include the disciplinary action taken against the employee. These federal requirements in no way preclude the Department from taking disciplinary action against an employee before a conviction is made.

### **ALCOHOLIC BEVERAGE**

The term alcoholic beverage -- as used in this policy -- refers to any beverage containing alcohol in any amount, including but not limited to, beer, wine or liquor. An employee who brings or causes alcohol to be brought on to state property is in violation of this policy. No exception will be made for celebrations or holidays. If alcohol is brought in without the employee's knowledge (e.g. as a gift) he/she must make immediate arrangements to remove the alcohol from the premises.

### **PRESCRIPTION MEDICATION**

Prescription and over-the-counter medication, obtained by legal means, may be allowed on state property if the employee removes the medication from state property during the employee's non-working hours or locks it in a secure place. Employees are responsible for notifying their supervisors when prescribed medication may temporarily impair the employee's ability to safely and satisfactorily perform duties. If such impairment affects performance on a continuing basis, the employee shall consult with his or her physician to determine if medication adjustments can be made.

### **MANAGEMENT'S RESPONSIBILITIES**

Supervisors and managers are responsible and accountable for implementing the provisions of this policy. These responsibilities include, but are not limited to:

- Ensuring that all current and new employees under their supervision have reviewed and been advised of the purpose and intent of this policy.
- Monitoring compliance of this policy by employees and responding promptly and consistently to any violation of this policy.
- Assuring that any conviction of an employee for a violation of any criminal drug statute is reported to human resources and the division director or designee within five (5) days of the conviction.
- Ensuring that all employees under their supervision are informed about the dangers of alcohol and/or drug abuse in the workplace.



## **2.111 Department Safety Plan**

### **GOALS**

The goal of the Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) is to provide an injury-free work environment for employees, clients, visitors and to eliminate damage to department property and equipment. DIFP will participate in annual trainings to better prepare the department staff for safe evacuations in case of unexpected emergencies.

### **ASSIGNMENT OF RESPONSIBILITY**

The department has designated a Department Safety Officer to help coordinate our safety activities. (Additional officers may be designated for divisions located off-site as needed.) The Safety Officer coordinates the following activities:

1. Introduces the safety program goals and emergency exit routes to newly hired employees.
2. Attends quarterly Facility Management Safety Meetings and follows-up on any recommendations.
3. Leads an annual walk-through safety inspection of department work areas and documents findings.
4. Maintains an adequate stock of first aid supplies to ensure immediate availability.
5. Is familiar with OSHA, local and state safety regulations.
6. Oversees safety drills and documents observations during the annual fire and/or hazardous weather drills.
7. Schedules annual inspections of fire extinguishers to ensure they are in working order.

### **EMERGENCY EVACUATIONS**

When an emergency notice is given, employees will be expected to evacuate or move to safe areas in the building calmly, quietly and in an orderly manner. Everyone should be familiar with the appropriate exit routes and outside designated meeting areas. If you are unfamiliar with the exit route and designated meeting areas, please see the Safety Officer or your section Safety Coordinator who will provide you with that crucial information. If an emergency evacuation is ordered, please do the following:

1. ALL employees will evacuate or move to safe areas within the building as instructed by the emergency notice.
2. If evacuated, staff will gather in the pre-arranged designated meeting areas outside the building and wait for further instructions.
3. The Section Safety Coordinators, designated from each section, will be responsible for doing a headcount at the designated meeting sites to determine if any employees are still inside the building.
4. Employees must remain in the designated areas until further instructions are given by their Safety Coordinators.

### **WORKERS COMPENSATION**

Any and all work-related injuries, no matter how minor, must be reported immediately to the employee's immediate supervisor. The injured employee will visit with the Workers Comp Coordinator and will be required to fill out an incident report that describes the accident in detail. If the incident is determined to be work related, the Central Accident Reporting Office (CARO) will assist in providing appropriate income protection and cover the cost of treatment of the injury/illness as required by state and federal law.

## **2.115 Workplace Protection**

### **PURPOSE**

It is the policy of the Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) to promote a safe environment for its employees. The Department is committed to working with its employees to maintain a work environment free from violence, threats of violence, harassment, intimidation and other disruptive behavior.

### **AGENCY RESPONSIBILITY**

The Department will not tolerate disruptive behavior in the workplace. Each incident will be treated seriously and a timely investigation will be conducted. The Department will investigate and assess the credibility and seriousness of each incident, take action to stop the inappropriate behavior, and pursue action against individuals judged to have violated this policy to include disciplinary action, arrest and prosecution depending upon the severity of the violation.

### **EMPLOYEE RESPONSIBILITY**

Employees must not ignore violent, threatening, harassing, intimidating or other disruptive behavior in which their safety is threatened by a supervisor, another employee or customer. Employees will notify their supervisor of any verbal or written threat that they have witnessed or received. Employees should also report any behavior they have witnessed which they regard as threatening, violent or harassing when that behavior is job related or in connection with state employment. The supervisor will report the incident to their appropriate reporting authority who in turn will work with human resources for resolution of the situation. Employees are prohibited from displaying behavior which is intimidating, harassing, threatening, abusive, violent or disruptive to the workplace. Possession of a lethal weapon in the workplace is prohibited. "Lethal weapon" refers to firearms or any other objects readily capable of lethal use. If you carry a lethal weapon into any building owned or occupied by any agency of the federal government, state government, or political subdivision thereof, you have made an "unlawful use of weapons" according to state statute; you therefore become subject both to prosecution under state law and to disciplinary action from the department. This policy includes carrying such weapons or transporting weapons in any vehicle used for official business for the state.

### **REPORTABLE INAPPROPRIATE/THREATENING BEHAVIOR**

Employees who observe the following behaviors should report them to their supervisor: intimidation through direct, conditional or veiled threats; physically intimidating others; physical or verbal assault; abusive behavior such as name calling or obscene language, alcohol, drugs or weapons of any type carried into the workplace by an employee or non-employee; or other similar or more extreme behavior.

### **SUPERVISOR RESPONSIBILITY**

Within eight (8) working hours of receiving a report from an employee or personally observing an incident as outlined above, the supervisor will make a written report to their appropriate reporting authority. The supervisor or manager shall act immediately if they determine that the situation is serious enough for intervention.

### **SENIOR MANAGEMENT RESPONSIBILITY**

The appropriate reporting authority shall immediately forward a copy of the report to the human resources manager. The facts of the situation will be fully and fairly investigated and corrective action will be taken as appropriate. Information will be shared only on a need-to-know basis.

## **2.117 Dress Code Policy**

The Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) offers the opportunity to dress in business casual attire, as defined below. The business casual dress code is intended to allow employees flexibility in dress. However, employees are responsible for ensuring that their dress and grooming project a positive image to the public.

Employees should exercise sound judgment and be guided by the principles of good taste in their dress and practice good personal hygiene during work hours. Apparel worn should be neat and clean and in keeping with generally accepted standards of business dress. When meeting with persons from outside the office, business attire is appropriate and expected.

All directors, deputies and section managers and supervisors are responsible for ensuring that their sections are appropriately dressed as outlined in this policy.

### **ALWAYS ACCEPTABLE ATTIRE FOR FEMALE EMPLOYEES**

- Suits and dresses (including "skort" suits and dresses, as long as it looks professional) \*
  - Skirts with blouses or sweaters \*
  - Dress slacks with blouse or sweater/jacket
- \* Dresses, skirts, skorts, casual skirts and jean skirts

### **ACCEPTABLE BUSINESS CASUAL ATTIRE FOR FEMALE EMPLOYEES**

- Casual dress and Capri pants
- Nice-looking heels, loafers, flats and dress sandals
- Nice denim skirts or dresses

### **ALWAYS ACCEPTABLE ATTIRE FOR MALE EMPLOYEES**

- Suits
- Dress shirts with collar and tie

### **ACCEPTABLE BUSINESS CASUAL ATTIRE FOR MALE EMPLOYEES**

- Dress or casual shirts with collar and no tie
- Pullover shirts with collar and sleeves
- All shirts must be tucked in, except banded bottom shirts
- Business or casual dress slacks.
- Belts and socks
- Loafers, dress shoes, polished and presentable boots under slacks

### **INAPPROPRIATE ATTIRE**

- T-shirts
- Shirts or blouses with inappropriate slogans, promotion or designs
- Shorts of any kind, short/mini skirts
- Blue jeans
- Leggings or skin-tight stirrup pants
- Jogging suits, wind suits, or sweat pants, athletic style sweatshirts
- Hiking boots and tennis shoes
- House shoes
- Parachute pants or other baggy, loose-fitting pants
- Shirts bearing midriff or naval area
- Halter tops, tank tops, tube top, or sundresses
- Beach wear, beach flip-flops
- Men's shirts worn outside of pants
- Or any attire that is clearly unprofessional

Employees who do not present a business-like appearance may be asked to leave the office, without pay, until their appearance meets the Department's standards as outlined in this policy.

### **DRESS DOWN DAY**

The department director or divisional director of Finance, Credit Unions or Professional Registration may approve dress-down days as they deem appropriate for special events or occasions.

## 2.120 Standards of Conduct Policy

### **CONFLICT OF INTEREST:**

All Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) employees are to perform their assigned duties in a manner that precludes any potential for a conflict of interest or the appearance of a conflict of interest. In this regard, DIFP employees may not engage in any job-related activity which involves:

- Use of state time, facilities, equipment or supplies for private gain or advantage.
- Use of any employee identification card or the prestige and influence of the employee's position for private gain or advantage.
- Acceptance of money or any other valuable consideration for the performance of an act which the employee should be expected to render during the regular course of employment or as part of his or her normal duties as a state employee.

In addition, no person employed by DIFP shall engage in, or intend to engage in, outside employment without consulting the department director or divisional director of Finance, Credit Unions or Professional Registration, as to whether such employment is compatible with the employees' duties and responsibilities to the Department. In addition, such work activities must be reported on the employees next annual conflict of interest form.

All DIFP employees shall, at the time of appointment, and annually thereafter during the month of July, sign a disclosure statement which requires them to notify their supervisor if any of the following statements apply: (See EXHIBIT A)

### **GRATUITIES:**

DIFP employees are prohibited from accepting, directly or indirectly, gifts, trips, travel, meals, gratuities, goods, services or any other thing with benefit, value or of monetary advantage in compliance with Executive Order 81-2, dated February 10, 1981, which would result in a personal benefit to the employee or have the appearance of improperly influencing the performance of official duties.

If a gratuity is offered, employees should graciously refuse and explain that they are prohibited by policy from accepting such gratuities. Exceptions to the overall policy are: out-of-pocket expenses for meals, transportation or housing provided by an organization and given in connection with a speaking engagement or appearance at a convention, conference or association meeting of that organization. Additional exceptions would be inexpensive/promotional items such as pens, pencils or other tokens of appreciation for speaking appearances, which could not be refused without undue rudeness to the sponsoring organization. All employees of the Department shall immediately notify with the department director or divisional director of Finance, Credit Unions or Professional Registration, of any direct or indirect gratuities, meals, services, gifts or travel given or received in connection with a speaking engagement or appearance, identifying the value of same and the purpose for which given or received.

All employees of state agencies and all members of the public and private interest, including their officers, employees and representatives are subject to the appropriate criminal state and federal statutes related to conflict of interest, bribery and similar offenses. For further clarification, see Section 105.450 and Chapters 452 and 454 of the Revised Statutes of Missouri, 1986.

### **CONFIDENTIALITY:**

Any information furnished to or received by the Department or its employees from a corporation, person or other entity shall be open to inspection by the public and be subject to reasonable requirements set by the Department for safekeeping, except those matters which are specifically required by the laws of this state, or the rules of this Department, to be kept confidential.

Confidential information that employees receive in their capacity in the Department may not be used for personal gain or for the benefit of any private interest and should be shared within the office only on a need-to-know basis. All employees of the Department shall become familiar with the Department's meeting and records rules in 20 CSR 10-2.

Employees should be mindful not to discuss confidential, sensitive or personal information regarding personnel actions, employees, applicants, companies, agents or brokers or other Department matters in a manner or place where the discussion could be overheard. Active measures must be taken by employees to ensure that confidential information is not accessible to anyone other than employees that need the information. Records and files must not be left where visitors or industry representatives could read or examine them.

It is the responsibility of supervisors and management to provide employees with instruction on maintaining the security of records, and the proper release of information in records; however, each Department employee is responsible for assuring confidentiality of information in records within his/her control, and releasing information to authorized agencies, companies or individuals only as provided for by law. It is also each employee's responsibility to check with supervisors or other members of management to determine whether particular information is considered confidential.

Any employee of the Department who divulges any confidential information in violation of this policy shall be subject to disciplinary proceedings and/or legal action.

### **ETHICAL CONDUCT**

DIFP employees should refrain from placing themselves in any position that might compromise, in fact or appearance, the integrity of the Department, or result in any question as to the independence of their judgment or ability to perform satisfactorily all duties required of his/her position. The purpose of this policy is to provide guidelines to maintain a high standard of honesty, integrity, impartiality and conduct by Department employees; to assure proper performance of the Departments business; and to maintain public confidence in the activities of the Department.

**CONFLICT OF INTEREST DISCLOSURE STATEMENT**

Each Department employee shall, at the time of appointment and annually thereafter during the month of July, complete a disclosure statement. Please complete and sign the statement and return it to the department personnel office. If additional space is needed, please use the back of this form.

Name (print or type): \_\_\_\_\_

Job Title: \_\_\_\_\_

1. Are you an officer, agent or employee of any company or entity regulated by the Department? ( ) Yes  
( ) No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

2. Do you have an interest in any Company or any other entity regulated by the Department? ( ) Yes  
( ) No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

3. Do you hold an active license issued by the Department? ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

4. Circle any of the following statements that apply to you and provide an explanation on the back of this form:

**A) I have been previously employed by a company entity subject to regulation by the Department.**

**B) I have a relative, within the second degree, by blood, marriage or adoption, who is employed by or has an interest in a company or entity subject to regulation by the Department.**

**C) I or a relative have/has or had a personal or financial interest in a company or entity subject to regulation by the Department; or**

**D) I have a close friendship or association with an employee serving in a policy-making capacity with a company or entity subject to regulation by the Department.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## **2.121 Producer License Surrender/Application - INSURANCE POLICY**

Due to the nature of the Missouri Department of Insurance, Financial Institutions and Professional Registration's (DIFP) business, we sometimes hire employees with active producer licenses. In addition to this, passing the producer examination is encouraged for successful performance for some department job classes.

### **LICENSE SURRENDER**

To remove the appearance of conflict of interest, those individuals hired with a producer license must surrender it to the Human Resource Manager upon employment and may not act as a licensee until employment ends. Those employees passing a producer examination while employed by the department may not act as a licensee until employment ends and a license is applied for and received.

### **LICENSE APPLICATION/REINSTATEMENT**

Upon termination of department employment, the employee must complete the producer license application/reinstatement process. Those employees who surrendered a producer license or licenses when employment began may request reinstatement and be issued a license or licenses for the amount of time remaining on their surrendered license(s) without paying a fee. Those employees passing a producer examination while employed must complete an application for producer license and submit it with the appropriate fee to the Licensing section. The application/reinstatement process must be completed within 90 days of the former employee's termination date. If the terminated employee fails to complete the application/reinstatement process as stated above, the individual must comply with the requirements in statute to obtain an insurance producer license.

### **CONTINUING EDUCATION**

Employment with DIFP will be deemed to meet the continuing education requirements that may have been due during the period of employment. Once the license has been issued/reinstated, the former employee must complete continuing education, as required by statute, on each renewal date.

## 2.122 Employment of Relatives

No person employed or considered for employment by the Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) shall directly supervise or be subject to the direct supervision of a relative within the fourth degree of consanguinity or affinity, or of a person with whom he or she cohabits. The purpose of this policy is to prevent situations involving potential conflicts of interest whereby an employee is directly supervised by a relative or cohabiter.

1<sup>st</sup> degree: Spouse, Child, Parents

2<sup>nd</sup> Degree: Grandchild, Brother/Sister, Grandparents

3<sup>rd</sup> Degree: Great Grandchild, Niece or Nephew, Aunt or Uncle, Great Grandparents

4<sup>th</sup> Degree: Great, Great Grandchild, Grandniece or Grandnephew, First Cousin, Grandaunt or Granduncle, Great, Great Grandparents



## **2.123 Early Return to Work From Workers Compensation Policy**

The Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP), supports and establishes with this policy, an early return to work program. Early Return to Work programs help employees stay in the work environment which has proven to enhance the recovery of employees who are injured on the job or contract an occupational disease in the course of employment. Employees will be placed in temporary modified duty assignments, when feasible, during the course of their recovery to perform duties consistent with the temporary limitations.

### **EMPLOYEE RESPONSIBILITY**

-Provide your supervisor with documentation from your physician, including the physical assessment form, any temporary or permanent work restrictions and any changes to your condition.

-Work with your manager/supervisor and Human Resources, using the *early return to work temporary duty assignment* form, to establish modified duty activities within your job or to identify and accept modified work or other projects if modified duty within your job is not feasible. Refusal to perform modified duties or modified work may result in disciplinary action up to and including termination.

-Provide your manager/supervisor with written documentation from your physician releasing you to full duty or that you have been released and have permanent restrictions.

### **SUPERVISOR RESPONSIBILITY**

-Work with Human Resources to provide the Central Accident Reporting Office (CARO) with the duties/responsibilities of the employee's position.

-Work with the employee and Human Resources to identify modified duties within their job based on the physician's restrictions.

-Work with the employee and DIFP to identify other modified work if modifying duties of their current position is not feasible.

-Complete the *early return to work temporary duty assignment* form with the employee and Human Resources.

-Return the employee to full duty upon release by the physician.

### **DEPARTMENT RESPONSIBILITY**

-Provide modified duty or modified work when feasible to accommodate temporary restrictions.

-Work with employee and supervisor so everyone understands the program and their responsibilities.

-Notify CARO when employee has been released to full duty or if there are permanent restrictions placed.

-Permanent restrictions will require DIFP to analyze the situation and take additional actions, if necessary.

Confidentiality of medical information will be maintained by all parties.

Please contact CARO at 1-800-624-2354 regarding Workers' Compensation reporting, benefits and other WC issues.

EXHIBIT A

State of Missouri  
Early Return to Work Temporary Modified - Duty Assignment

Employee Name		SSN	
		Date of Injury	Date Returned to Temporary Modified Duty
This assignment is available IMMEDIATELY until _____ (date).			
<b>JOB AND PAY DATA</b>			
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Shift/Days Off		Agency Location	
Supervisor		Phone Number	
Duties Assigned Pursuant to Physical Requirements			
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
These Job Duties Do Not Have the Following Physical Requirements			
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
<b>SUPERVISOR STATEMENT</b>			
I have designed this assignment based on the treating physician's temporary medical restrictions.			
Supervisor's Signature		Date	
<b>EMPLOYEE STATEMENT</b>			
I have read and understand the physician's temporary medical restrictions. I have read and understand this temporary assignment. I agree to work within the restrictions identified. If I have any questions or feel I am being asked to work beyond these restrictions, I will notify my supervisor immediately.			
Employee Signature		Date	
This form must be completed, signed and returned to the supervisor prior to commencement of the temporary modified duty work.			
<b>FOR OFFICIAL USE ONLY</b>			
Original to State Agency Copy to Supervisor Copy to Employee Copy to OA Risk management/CARO			

## **2.125 Department Provided Food Policy**

### **GENERAL STATEMENT**

It is the policy of the Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) to allow the department to provide food in conjunction with official business and agency-sponsored activities within the following guidelines.

“Official business” means meetings, commission and board meetings, hearings, seminars, training sessions and similar functions when conducted as part of the department’s operation.

“Other department sponsored activities” means ceremonies recognizing awards, accomplishments, tenure, and retirement of an employee, business partner or other associate.

### **GUIDELINES**

#### **Official business functions**

- Food may be purchased when it is determined that doing so will promote the efficient conduct of business.
- Light snacks and beverages limited to nominal costs may be provided during breaks.
- Lunch/dinner may be provided for the convenience of the department and if a substantial business reason exists.
- Meals/refreshments may be provided to those directly involved in state business functions of boards and commissions.

#### **Department sponsored activities**

- Light refreshments may be provided in conjunction with retirements, employee appreciation events, quarterly department-wide meetings, charitable campaign celebrations, quarterly manager meetings and/or other special events for employees or associates.
- The agency will not pay for banquets.

#### **Emergency situations**

Food can be provided to keep critical staff available during situations involving actions to protect the life, health or safety of Missouri citizens.

#### **Officially representing a department**

Food expenses may be reimbursed to an employee representing the department in an official capacity in accordance with the agency’s travel policy.

#### **Documentation required/Authorization**

- Receipt for cost of food provided.
- Statement of state business being conducted and/or agenda for the meeting, or name of employee being recognized and why.
- List of participants, or estimated number of invitees for recognition events.
- Dept/ Division Director or designee must give prior approval for all non-travel related food purchases.

#### **Cost guidelines**

- A nominal charge for receptions should be no more than \$2-\$3 per person.
- Cost for agency-provided meals should be in line with the department’s and division’s travel regulations.

#### **Other**

Food provided to public officials should be reported to the Missouri Ethics Commission as lobbying expenses unless the food was provided when such person is acting in his/her official capacity.

- Feel free to make written comments on your Performance Appraisal Summary.
- Sign your performance appraisal after your evaluation meeting to indicate that you have reviewed the appraisal.

**Human Resources** will notify the supervisor (rater) when the performance appraisals are due by providing the employees name, type of appraisal and the appraisal due date on or before the first of each month in which the evaluations are due. Human Resources will also be available to assist in the development of appraisals. Human Resources will place the original (hard copy) of the performance appraisal summary and the actual appraisal (signed and dated by the rater, reviewer and the employee) in the employees personnel file.

### **PROBATIONARY PERIOD**

A Department of Insurance employee will serve an original probationary period of six months. This probationary period can be extended, by the reviewing manager, to a maximum of twelve months.

Your probationary period is used for closely observing your work, for securing the most effective adjustment to your new position and to determine if your performance meets the required work standards. In accordance with rule 1CSR 20-3.040(4), you may be dismissed from employment at any time during your probationary period.

If a supervisor finds that more than six months is needed to evaluate an employee's ability to successfully perform the positions responsibilities, the probationary period may be extended (not to exceed the maximum 12 month period). When requesting an extension of probation, the supervisor shall notify the effected employee on or before the end of the employee's probationary period. Failure to notify the employee of the extension on or before the expiration of the probationary period requires that the employee attain regular status by default. On or after such notice is given, the supervisor must state the reason(s) for the extension and develop a work performance plan for the affected employee. The proposed work performance plan, along with documentation (i.e. conference notes, memos, e-mails, ect...) outlining what steps the supervisor has previously taken to assist the employee in fulfilling expectations shall be forwarded to the Human Resource Manager for review and suggestions. The work performance plan should then be presented to the employee.

Upon successful completion of the probationary period, the employee will be removed from probation. Attainment of regular status may or may not be accompanied by a salary increase. The employee's acceptance letter will clarify the off-probation salary situation.

**OFF PROBATION/PROMOTION REQUEST FORM**

Employee: \_\_\_\_\_

Current Title: \_\_\_\_\_

Proposed Title (if changed) \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

\_\_\_\_\_ Employee's performance/behavior for removal from probation has been met.

\_\_\_\_\_ Employee's performance/behavior for promotion has been met.

-----  
**APPROVAL PROCESS**

Requested and approved by Supervisor: \_\_\_\_\_  
*initials* *date*

Approved by Division Director: \_\_\_\_\_  
*initials* *date*

Approved by Div. Dir. of Res. Adm. \_\_\_\_\_  
*initials* *date*

**PLEASE FORWARD THIS FORM TO PERSONNEL.**

## 2.201 Department Equipment Policy

### Purpose

With this policy the Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) establishes guidelines for the use of its facilities, equipment, personnel and supplies.

### Definitions

'Facilities' refers to any real property owned or leased by the State and Federal Government and used by the department.

'Equipment' refers to all Federal and State owned or leased personal property including, but not limited to, computers, printers, copiers, computer programs and software, communications systems (FAX machines, telephones, cell phones, voice mail and e-mail), video equipment, and state credit cards.

'Personnel' refers to employees as well as any person working for the department as a contractor.

'Supplies' includes, but is not limited to, stationery, postage, file folders, pens, envelopes, etc.

### General Provisions

1. Department facilities, equipment, personnel and supplies are to be used in the course of state business and shall not be used for personal benefit.
2. Reimbursement for identified charges for personal use of department telephones, telephone calling cards, fax machines, and cell phones should be submitted to support services or appropriate agency's section in the form of a check payable to the appropriate fund.
3. The use of department facilities, equipment, personnel and supplies for political or religious activities is prohibited.
4. Department facilities, equipment, personnel and supplies shall not be used in a fraudulent manner, or in a manner which is harassing, embarrassing, indecent, profane, obscene, or intimidating to others or which is otherwise unlawful.
5. No employee has a reasonable expectation of privacy in the use of department facilities, equipment, personnel and supplies. The department may monitor employee actions to assure compliance with this policy and to promote legitimate business interests. As part of regular state business or as part of an investigation, the department may search your office, desk, electronic files, hardcopy files, voice mail or other items belonging to the department.
6. The department recognizes that some personal communication may be necessary at work due to being impractical to schedule outside of work hours. This communication should be brief and infrequent.
7. Employees must comply with all software licenses, copyrights and other laws governing the use of intellectual property.
8. The Division Director and/or supervisor and the IT manager must approve adding hardware or software. If approved, IT staff will install the appropriate equipment or software. Installation of unapproved equipment, or installation or downloading unapproved software is prohibited.
9. Confidential information should not be discussed or transmitted by cell phone.
10. Employees should not alter a shared or public file created by another without obtaining approval from its creator to do so.
11. No part of the computer system, including the Internet and e-mail system, shall be used to create or communicate any offensive, harassing or disruptive messages including racial slurs, gender specific derogatory statements or other comments regarding gender, race, age, sexual orientation, religious beliefs, national origin or disability. Employees are not responsible for receipt of unsolicited e-mail; however, forwarding or storing these items falls within the context of this section.
12. Accessing or displaying web sites which contain offensive, harassing or disruptive content, including, but not limited to content regarding sexual implications, racial slurs, gender specific or derogatory statements or any other offensive comment regarding gender, race, age, sexual orientation, religious beliefs, national origin or disability is prohibited.
13. Attempting to, disabling, or overloading a computer system or network, or circumventing any system intended to protect the security of another user or the network is prohibited.

Violation of the above provisions of this policy can result in disciplinary action up to and including termination, depending upon the severity of the violation. The department is not responsible for employee personal items. Questions regarding compliance with this policy, or reports of violations, are to be directed to your supervisor or Human Resources.

## **2.202 Disciplinary Actions Policy**

### **General Statement**

It is the policy of the Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) that employees are expected to comply with standards of behavior and performance and any noncompliance must be corrected.

The department endorses a policy of progressive discipline in which it attempts to provide employees with notice of deficiencies and an opportunity to improve. It does, however, retain the right to administer discipline in any manner it sees fit. This policy does not modify the concept of employee-at-will or in any way restrict the Department's right to bypass the discipline procedures suggested.

### **Progressive Discipline**

An employee not meeting the department's standards of behavior or performance should be verbally cautioned and informed of the nature of the problem and the actions necessary to correct it. The supervisor should inform the employee that this is a verbal warning, that further occurrences could result in disciplinary action, and prepare a memo for the supervisor's own file to document the meeting.

With another occurrence of the same or similar behavior or performance, the supervisor could issue a written reprimand. A copy of the written reprimand is given to the employee, a copy to human resources for the personnel file and the supervisor retains a copy. Accompanying the written reprimand to human resources should be a summary of the meetings with the employee and actions taken. Employee is told another incident could result in more severe disciplinary action.

An additional occurrence of the same or similar behavior or performance could result in suspension without pay. The division director or designee, along with the supervisor, should meet with the human resource manager/officer to discuss the suspension. The departments' legal counsel can be asked to review the suspension, if necessary. The human resource manager/officer would develop a suspension letter for the appointing authority or designee to sign.

Another occurrence of the same or similar behavior or performance could result in the supervisor recommending termination of the employee to the division director or designee. The division director or designee, along with the supervisor, should meet with the human resource manager/officer to discuss the termination. The departments' legal counsel can be asked to review the termination. The human resource manager/officer would develop a termination letter for the appointing authority or designee to sign.

In cases involving serious misconduct, or any time the supervisor determines it is necessary, the supervisor could recommend suspension or termination to the division director or designee, bypassing the previous steps in the process.

### **Causes for Disciplinary Action**

The following are some reasons for disciplinary action. However, discipline may be based on reasons other than these.

Has violated the rules, regulations of the Office of Administration, policies or procedures of DIFP or Division specific policies.

Has not met communicated standards of performance in the duties of their position.

Has been insubordinate or has failed to respond in a reasonable manner to the lawful orders of a person with delegated authority over the employee.

Has been tardy, absent from duty during the course of the workday, or absent from work without authorization for such absences.

Has practiced or attempted to practice fraud or deception in the course of performing job duties.

Has been rude or discourteous in dealing with other employees or customers of the department, or exhibited behavior that is disruptive to others and/or work flow.

Has been impaired by, used or improperly possessed an illegal controlled substance or alcohol, in the workplace, during working hours or in a department vehicle.

The supervisor should discuss any situation in which suspension or dismissal is being contemplated with the division director or designee, human resource manager/officer and reviewed with legal counsel prior to proceeding with such actions.

It is the responsibility of the supervisor to administer discipline in a consistent, fair and constructive manner and to prepare and maintain documentation to support disciplinary actions.

Employees who have attained regular status in the covered service of the Uniform Classification and Pay system may appeal suspensions without pay, involuntary demotions or dismissals to the appointing authority or designee by presenting facts to show reasons why such actions should not be taken, and may appeal dismissals to the Personnel Advisory Board under 1 CSR 20-4.010. Appeal rights do not apply to exempt positions within the Department.



## 2.203 State Taxes and Employment

The Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) will comply with HB 600, 105.262 RSMo, and with the guidance letter from Office of Administration, Division of Personnel of January 14, 2004, which states:

1. As a condition of continued employment with the State of Missouri, all persons employed full time, part time, or on a temporary or contracted basis by the executive, legislative, or judicial branch shall file all state income tax returns and pay all state income taxes owed.
2. The director of revenue will determine if all state income tax returns have been filed and all state income taxes owed have been paid and will inform appropriate Department officials. The Human Resource (HR) Manager or designee shall notify any employee if the information from Department of Revenue shows any state income tax return has not been filed or taxes are owed under that employee's name or taxpayer number. Upon notification by the HR Manager, the employee will have 45 days to satisfy the liability or provide the officer or designee with a copy of a payment plan approved by the director of revenue. Failure to satisfy the liability or provide a copy of the payment plan within the forty-five days will result in dismissal of the employee from employment by the state.

### DIFP Process

- DIFP receives a notice from Department of Revenue about a noncompliant employee.
- Notice about the noncompliant employee(s) will be provided to divisional human resources.
- Human resources will notify the employee of their obligations under this law.
- The employee will have forty-five days to submit a tax compliance letter to human resources, or provide human resources with a copy of a payment plan approved by the director of revenue.
- If the employee does not file a tax return or pay their taxes owed, the department or division will proceed with termination based on compliance with this statute.

The department or division will also conduct this background check on all new hires. If the employee is not compliant, they will be allowed 45 days to remedy the situation. If the employee still does not come into compliance, the department or division will proceed with termination based on HB 600, 105.262 RSMo.

## 2.205 Vehicle Usage Policy

### GENERAL STATEMENT

The purpose of this policy is to ensure vehicles under the control of the Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) are used and maintained in the most efficient and cost effective manner to conduct state business and to be in compliance with the State Vehicle Policy. The State Vehicles Policy (SP-4) provisions are incorporated in the departmental internal control plan for vehicles. See OA State Vehicle policy for additional information/clarification.

#### **State vehicles shall be used for official business only.**

“State vehicle” means any licensed motor vehicle owned, rented, or leased by DIFP. Rental vehicles are considered state vehicles when rented by a duly authorized employee and while used for official state business.

“Operator” means any authorized state employee, elected official, appointee or other individual as provided by law, who is in control of a state vehicle and who possesses a valid driver’s license for the type of vehicle operated.

“Authorized passenger(s)” means state employees or other individuals involved in the conduct of state business.

“Official state business” means any activity to advance the lawful policies and purposes of the department.

“Specialty use vehicle” means vehicles especially equipped for specific function or purpose.

“Commuting” means the authorized use of state vehicles by state officers or employees for the purpose of traveling between the employee’s official work station and residence.

Commuting shall be of two types:

“Exempt commuting” means that the employee is exempt from federal and state taxation reporting requirements. Included is “De minimus” use and work related use of a “qualified non personal use vehicle” as defined in this policy.

“Reportable commuting” means that the employee is subject to federal and state taxation reporting requirements.

“De minimus” means the personal use of a state vehicle that is of so small a value that accounting for it would be unreasonable or administratively impractical. De minimus personal use does not include unauthorized use as defined in the *vehicle usage* section of this policy.

### VEHICLE RECORDS

All state vehicles owned by the state must be properly titled and licensed with the Missouri Department of Revenue.

To the extent possible, all direct costs of owning and operating state vehicles must be fully documented, including the original purchase price, sale price, fuel, maintenance and other expenses.

Vehicles usage logs must be maintained for each vehicle including the name of the driver, date(s) used, beginning and ending odometer readings, destination and purpose of use.

Managerial review of vehicle cost and use will be conducted on a regular basis.

### VEHICLE USAGE

State vehicles shall be operated only for the performance of state business. However, it is permissible to use a state vehicle for travel to meals or to attend to other necessities of the operator or authorized passenger when away from their official domicile on state business.

State vehicles must be operated in accordance with all applicable state laws, posted speed limits etcetera and seat belts are to be used at all times as required by law.

The operator of a state vehicle must be a state employee who possesses a valid driver’s license. Contractors conducting state business may operate state vehicles provided they adequately indemnify the State of Missouri.

Only authorized passengers are permitted to ride in state vehicles. Non-state employed individuals such as spouses, children, or volunteers should not be passengers in a state vehicle unless they are involved in the conduct of state business.

Liability to others due to employee negligence will be covered by the state, provided the operation of the vehicle took place while conducting state business. The operator assumes full liability for any damages to either the vehicle or third parties during unauthorized use.

Personal property in state vehicles is not insured by the department.

Parking and moving violation citations are the sole responsibility of the person operating the vehicle at the time of the violation.

State vehicles should not be used for out-of-state travel, unless specifically authorized by the Department.

Animals are not allowed in state vehicles unless they are transported in the conduct of state business or are required by a passenger's disability.

State vehicles are not authorized for:

- Traveling to entertainment facilities
- Sightseeing or trips for personal pleasure unless the trip is part of the official agenda for a business conference
- Transporting family members, dependents or friends to school, daycare, medical appointments, social events or other personal activities
- Conducting other personal business.

Consumption or use of smokeless tobacco, alcohol or illegal drugs is prohibited in a state vehicle. Smoking is prohibited in all state vehicles. Operators must not drive while under the influence of alcohol or other substances that impair the ability to drive. Transportation of alcohol or illegal drugs in state vehicles is prohibited unless necessary to conduct state business.

Any inappropriate personal use of state vehicles will be considered taxable income per IRS guidelines.

All supervisors are responsible for ensuring adherence to this policy.

## **VEHICLE ASSIGNMENT**

Permanently assigned vehicles are dedicated to a single job function or individual based on travel needs for a semi-permanent period and can be assigned if:

- An individual travels more than 15,000 miles per year in conduct of state business; or
- Job functions/employees require specialty use vehicles; or
- Job functions require frequent transportation in the performance of specific duties (e.g. mail, delivery, etc.); or
- A department director or agency head has determined, for a specific person, there is a compelling benefit to the state and documents in writing that they support and approve the assignment.

Permanently assigned vehicles shall not be used for commuting purposes, unless the:

- Vehicle is assigned to an employee who works from home; or
- Employee needs to operate a specialty use vehicle to perform official duties and is subject to 24-hour call; or
- Employee is subject to call 24-hour/day and responds to after hour calls an average of four or more times per month; or
- Department director or agency head determines there is a compelling benefit to the state and documents in writing that they support and approve the assignment.

Pool vehicles should be used when available and where more cost effective than other options.

## **AGENCY RESPONSIBILITY AND AUTHORITY**

The department shall investigate complaints of alleged improper operation or use of a state vehicle. The operator may be subject to disciplinary action up to and including dismissal depending on the seriousness of the substantiated misuse.

## **DRIVER REVIEW**

Employees who operate state vehicles administered by DIFP are subject to a drivers license review from data supplied by the Department of Revenue. These checks will ensure the employee possesses a valid operator license for the type of motor vehicle to be driven. An employee identified as having no valid operator's license or a suspended/revoked license will be denied access to operate a state vehicle.

Before an employee is permitted to operate a state vehicle, the employee's drivers' license record will be reviewed. The employee's driver's license status will be verified by fleet management through the Dept of Revenues system. The results of the review process will be held in confidence in accordance with state laws. Information will only be discussed with other individuals to the extent necessary to complete the review.

## **PREVENTATIVE MAINTENANCE SCHEDULE**

### *Day to Day:*

Walk around vehicle visually checking for body damage, lost/stolen license plates, tire condition and air pressure.  
Check all under-hood fluid levels at least at every other fuel fill up.

### *Service Level I (5,000 miles or 3,000 miles for heavy-use vehicles)*

Engine oil is to be drained from crankcase and replaced with new quality energy conserving motor oil.  
Oil filter replaced.

Air filter cleaned or replaced.

Upper/lower ball joints and steering linkage is to be lubricated and inspected.

Tires are to be checked for proper pressure and wear and rotated as suggested in owners manual.

Visual inspection for leakage, deterioration, or abnormal wear is to be made on: drive belts, radiator and heater, hoses, shock absorbers and/or McPherson struts, exhaust system, and windshield wipers.

A check of all fluid levels (radiator, power steering, brake, transmission, washer fluid). Top off if necessary.

All running and turning lights will be checked and corrected if needed.

### *Service Level II (25,000 miles or 18,000 miles for heavy-use vehicles)*

All items contained in Service Level 1.

An "off-wheel" inspection of all four brakes and components.

Rear wheel bearings are to be cleaned, inspected and repacked with energy conserving grease.

Replace the air filter, fuel filter, PCV valve and spark plugs. (Parts are to meet or exceed manufacturer recommendations).

Change transmission fluid and filter.

## **CELLULAR PHONE USAGE GUIDELINES WHILE DRIVING**

Driver inattention and distraction while using a cell phone has been implicated in many traffic accidents. Studies suggest that drivers who use cell phones increase the risk of an accident. To improve the safety of employees, passengers and the public, driving guidelines have been developed for the use of cell phones in state vehicles. Please adhere to the following guidelines.

- Always practice safe driving by buckling up, keeping your hands on the wheel and your eyes on the road.
- Be familiar with your cell phone features such as speed-dial and redial.
- Position your phone where it is easy to see and reach.
- Hands-free microphones are suggested while driving.
- Alert the person that you are speaking with that you are operating a vehicle.
- Use the manual dialing option only when stopped at a stoplight or pull off of the roadway.
- Ask the passenger to make the call for you.
- Use the speed-dialing feature for frequently called numbers.
- Allow your voice mail to pick up your calls when it is unsafe to answer the car phone.
- Do not use the cell phone in distracting traffic conditions.
- Cease the use of cellular phone conversations during hazardous situations such as bad weather conditions or congested traffic.
- Never take notes while driving; pull off the road if you must write.
- Do not engage in stressful or emotional conversations while driving.
- Keep conversations brief and limited to business discussions.
- End the call without warning if the traffic situation warrants it.
- Stay in the slow lane while talking and do not pass other vehicles. Keep your driving maneuvers simple.
- If you see an emergency, pull to the side of the road to make the call to request assistance.

Safe driving is the first priority. Always assess the traffic conditions. Use the cell phones only when it is safe and convenient.

## 2.300 Annual Leave Policy

The Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) provide annual leave (paid vacation) as a benefit for its employees in accordance with State Personnel Law. Supervisors and managers must consider all employee requests for annual leave fairly and consistently based on ensuring workload coverage at all times.

### ELIGIBILITY

DIFP employees are eligible for annual leave based on the nature of their appointment. Employees who are employed on a full-time basis in positions of a continuing or regular nature are eligible to accrue annual leave. Employees who are employed on a non-continuing basis in positions of limited duration requiring less than the equivalent of six months of full-time employment (1,040 hours) in any twelve-month period are not eligible to accrue annual leave. Employees who are ineligible to earn annual leave will be identified and informed at the time of appointment of their ineligibility.

If the term of a limited duration appointment is extended to the equivalent of six months of full-time work (1,040 hours) the employee will be credited with earned annual leave for that period of employment in excess of six months. If a limited duration appointment is followed without a break in service by appointment of a continuing nature, the employee will be credited with earned leave for the initial period of limited duration employment.

Employees who are employed on an intermittent or regularly scheduled part-time basis, except those employed in a position of limited duration requiring less than the equivalent of six months of full-time employment in any twelve month period, will accrue annual leave based on the number of hours in pay status.

### SEMI-MONTHLY ACCRUAL

Annual leave is earned on a semi-monthly basis. All eligible DIFP employees will earn annual leave based on the number of hours worked or in pay status during the pay period. Pay status includes time off taken as: annual leave, a holiday, sick leave or any other type of paid leave. The SAMII HR/Payroll system automatically calculates leave for each employee according to their years of service and the number of hours in pay status in any given pay period. If an employee does not have any leave without pay, the hours earned for full-time employees will be 5, 6 or 7 hours per period depending on their years of service (less than 10, 10 to 15, over 15 respectfully). If, however, an employee has leave without pay during a pay period, the system uses the following formula to calculate and reduce the accrual:  $\text{Hours Worked/Max Std Leave Hours} = \% \text{ Representing Accrual}$  X Maximum Accrual Hours = % Representing Accrual. Since SAMII deals in minutes rather than quarter hours, an employee in leave without pay could earn an odd number of hours and minutes.

Annual leave will not be credited to employees who have ceased active duty before the effective date of their termination of employment. In other words, annual leave accrual ceases with the last day worked.

### LENGTH OF SERVICE

The number of hours of annual leave that an employee may accrue in any month is calculated according to state tenure. State tenure includes employment with any Missouri state agency -- not just DIFP, and is calculated based on months of service in which annual leave was credited to the employee. The maximum amount of annual leave which an employee may accumulate before it is forfeited is also based on years of service and is equal to the total annual leave that may be accrued in two years. However, the SAMII HR/Payroll system allows the continued accrual of annual leave until October 31 each year at which time the system automatically deletes any accrued time over the amounts below.

<u>Years of Completed Service</u>	<u>Hours Accrued Semi-Monthly</u>	<u>Maximum Accumulation</u>
Less than 10 years (0-120 months)	5 hours	240 hours
10 to 15 years (121-180 months)	6 hours	288 hours
15 years and over (181 months & above)	7 hours	336 hours

## **USE OF ANNUAL LEAVE**

Use and payment of annual leave is governed by the following guidelines:

- Employees must receive approval from their immediate supervisor before using annual leave. The request should be submitted as far in advance as possible before the date(s) of the leave.
- Annual leave is credited to an employee on the day each semi-monthly payroll is run by SAMII. Employees may not take annual leave before it is earned and credited.
- Supervisors should approve requests for annual leave when the employee's workload is sufficiently up-to-date, or when the absence will not seriously disrupt the unit's workload, or when another employee may cover the position.
- Annual leave may be requested and used in 15-minute increments.
- Employees who transfer from DIFP to another state agency may request that the receiving agency accept all or part of their accrued annual leave at the total discretion of that agency. Accrued annual leave in excess of the amount transferred will be paid to the employee by DIFP.
- Employees who transfer from another state agency to DIFP will be allowed to transfer to DIFP all accrued leave up to 80 hours. Exceptions can be made with approval from the Director or his/her designee.
- An employee who is on official leave of absence without pay will not earn annual leave.
- Holidays falling within a period of annual leave will not be charged as workdays and will not be charged against an employees' accrued annual leave balance.
- An employee earning annual leave that has resigned or otherwise terminated employment will be entitled to receive reimbursement for accrued annual leave up to the maximum that can be accrued in two years based on the employee's tenure with the State. Employees with less than ten years of service could receive reimbursement for up to 240 hours of annual leave, employees with 10 to 15 years of service could receive reimbursement for up to 288 hours of annual leave and employees with 15 years or more of service could receive reimbursement for up to 336 hours of annual leave. Payment will be made at the hourly rate of pay in effect on the last day worked as determined by dividing the employee's annual full-time salary by 2,080.

## 2.301 Sick Leave Policy

The Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) provides paid sick leave as a benefit for its employees in accordance with State Personnel Law. Sick leave is intended to be viewed as a type of insurance policy that provides income to employees who may become seriously ill for a long period of time, not as another form of paid time off. Therefore, employees who misuse or abuse sick leave benefits will be subject to disciplinary action, up to and including dismissal.

### **ELIGIBILITY**

DIFP employees are eligible for sick leave based on the nature of their appointment. Employees who are employed on a full-time basis in positions of a continuing or regular nature are eligible to accrue sick leave. Employees who are employed on a non-continuing basis in positions of limited duration requiring less than the equivalent of six (6) months of full-time employment (1,040 hours) in any twelve (12) month period are not eligible to accrue sick leave. Employees who are ineligible to earn sick leave will be identified and informed at the time of appointment of their ineligibility.

If the term of a limited duration appointment is extended to the equivalent of six (6) months of full-time work (1,040 hours) the employee will be credited with earned sick leave for that period of employment in excess of six (6) months. If a limited duration appointment is followed without a break in service by appointment of a continuing nature, the employee will be credited with earned leave for the initial period of limited duration employment.

Employees who are employed on an intermittent or regularly scheduled part-time basis, except those employed in positions of limited duration requiring less than the equivalent of six (6) months of full-time employment in any (12) month period will accrue sick leave based on that number of hours in pay status.

### **SEMI-MONTHLY ACCRUAL**

Sick leave is earned on a semi-monthly basis. All eligible DIFP employees will earn sick leave based on the number of hours worked or in pay status during the pay period and are allowed to accumulate sick leave without limit. "Pay status" includes time off taken as holiday, sick leave, annual leave, or any other type of paid leave.

The SAMII HR/Payroll system automatically calculates leave for each employee according to his/her years of service and the number of hours in pay status in any given pay period. If an employee does not have any leave without pay, the hours earned for full-time employees will be 5 hours per pay period. If, however, an employee has leave without pay during a pay period, the system uses the following formula to calculate and reduce the accrual:  $\text{Hours Worked/Max Std Leave Hours} = \% \text{ Representing Accrual}$  X Maximum Accrual Hours = % Representing Accrual. Since SAMII deals in minutes rather than quarter hours, an employee in leave without pay could earn an odd number of hours and minutes. For example, if an employee worked only 43 hours and was in leave without pay the remainder of the pay period, he/she would only earn 2 hours and 41 minutes sick leave that pay period.

Sick leave will not be credited to employees who have ceased active duty before the effective date of their termination of employment. In other words, sick leave accrual ceases with the last day worked.

Sick leave will not be credited to any employee while on leave without pay or an official leave of absence.

All accumulated and unused sick leave will be credited to any employee who has returned to employment with the state within five (5) years of leaving the service, transferring to or being employed in another division of service, or returning from a leave of absence. Sick leave will not be accepted in an amount exceeding what would have been earned and accrued under the State Personnel Law.

### **USE OF SICK LEAVE**

In accordance with State Personnel Law, sick leave is defined as a period in which the employee is incapacitated for the performance of assigned duties for any of the following reasons:

- Sickness
- Injury
- Pregnancy, childbirth, or recovery from childbirth
- Foster, adoption or paternity
- Medical, surgical, dental, or optical examination or treatment
- Exposure to contagious disease which may jeopardize the health of fellow employees.

The following are guidelines governing the use of Sick Leave by DIFP employees.

- Loss of time due to illness or injury of an employee's spouse, children, other relatives, or members of the employee's household which requires the employee's personal care and attention will be charged against the employee's accumulated sick leave upon approval of the employee's immediate supervisor.
- The amount of such leave, if any, for an employee's spouse, children, other relatives of the employee or members of the employee's household may be granted at the discretion of the department director or designee. However, this decision must be based upon the degree to which the employee is primarily responsible for providing personal care and attention to the ill or injured relative or household member.
- Employees must request and receive prior approval for any sick leave usage that can reasonably be planned ahead of time (e.g. doctor, dentist, optical appointment, scheduled surgery, etc.). Employees must schedule such absences to take the least amount of time necessary. A supervisor may request an explanation of absences for doctors' appointments exceeding a reasonable and customary amount of time off.
- Unplanned absences must be phoned in to the immediate supervisor prior to beginning of the employee's work shift or as set by a work section directive. Except under extreme circumstances, the employee must personally make this phone call. Unless otherwise agreed upon by the employee and immediate supervisor, an employee must phone in every day during a period of sick leave. Failure to follow these guidelines may result in an absence being charged to leave without pay rather than sick leave and, in some cases, disciplinary action up to and including dismissal.
- The department director or designee may require a statement verified in writing by a physician for any period of absence requested as sick leave. If required, the physician's statement should be attached to the employee's time sheet for the period effected. The physician's statement must contain the following:
  - In general terms, the nature of the employee's illness or injury;
  - The date that the employee may return to work; and
  - Any physical restrictions on the employee's duties and work activities.
- Disciplinary action and/or disapproval of sick leave may be taken against an employee for failure to produce a physician's statement within a *reasonable amount of time* (within 3 working days) after the employee returns to work. At the department's expense, the employee may be required to obtain a second opinion from another health care provider as to his/her ability to perform the essential functions of the job.
- Illnesses that qualify under the Family and Medical Leave Act of 1993, will be applied towards the twelve (12) workweeks of leave authorized by the Act. (See Family and Medical Leave Policy 2.305).
- Sick leave must be liquidated in 15 minute increments and may be accumulated without limit.
- Sick leave is credited to an employee on the day each semi-monthly payroll is run. Employees may not take sick leave before it is earned and credited.
- Holidays falling within a period of sick leave will not be counted as workdays and will not be charged against an employee's accrued sick leave balance.
- For FMLA qualifying events, employees are not required to exhaust their sick leave balances before requesting leave without pay. Employees are allowed to reserve a total of 32 hours of sick and/or annual leave for use upon their return from an illness. The immediate supervisor may approve use of annual leave. Requests for leave without pay may be approved by the immediate supervisor, Human Resources and/or designee. (See Leave without Pay Policy 2.307).
- If an employee leaves employment with the state and is eligible to retire immediately upon termination of employment, they will receive one-twelfth of a year of service for each 21 days of unused sick leave towards calculating the amount of retirement benefits (this does not apply towards determining eligibility for benefits).





## 2.302 Holiday Policy

Holidays for the Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) employees are established by state law and by the Governor of the State of Missouri. The holidays and dates observed are as follows:

New Year's Day	1st day of January
Martin Luther King, Jr. Day	3rd Monday in January
Lincoln's Birthday	12th day of February
Washington's Birthday	3rd Monday in February
Truman's Birthday	8th day of May
Memorial Day	Last Monday in May
Independence Day	4th day of July
Labor Day	1st Monday in September
Columbus Day	2nd Monday in October
Veteran's Day	11th day of November
Thanksgiving Day	4th Thursday in November
Christmas Day	25th day of December

The Governor of the State of Missouri or the President of the United States may designate other days or dates.

When any of the specified holidays fall on a Sunday, the holiday will be observed on the following Monday. Dates which fall on a Saturday will be observed on the preceding Friday.

All full-time employees will receive credit for the same number of paid holidays, regardless of their work schedules. Employees who are required to work on a holiday because of the need to continue essential services will be granted equal compensatory time off from duty at such time or times as the appointing authority shall designate.

For purposes of this policy, a holiday shall be considered a period of eight (8) hours. All full-time employees receive eight (8) hours of paid leave for each holiday. Employees who work a schedule of more than eight (8) hours per day must use annual leave, compensatory time or leave without pay to offset the difference in hours.

Part-time and hourly employees are not required to be in pay status the day before a holiday in order to get credit for a holiday. Holiday pay for part-time and hourly employees is based on the number of hours they are in pay status during the month of the holiday. "Pay Status" includes vacation hours, sick leave hours and any other paid time off. The number of hours in pay status includes the appropriate credit for holidays. The following chart is used to compute holiday pay for part-time and hourly employees:

<u>Number of Hours in Pay Status</u> (Including Appropriate Holiday Credit)	<u>Number of Hours of Holiday Pay</u>
80 to 119 hours	4 hours
120 to 159 hours	6 hours
160 and above	8 hours

Employees who work less than 80 hours in a month will not receive any holiday credits.

An employee will be credited for holidays which fall during his or her period of employment -- if he or she is in pay status -- according to the following:

- Current full-time employees must be in pay status (e.g. not using leave without pay) the day before the holiday to receive credit.
- An employee whose effective date of appointment or return to pay status (e.g. return from a leave of absence) is before or on the day of a holiday will receive credit for the holiday.
- An employee whose effective date of appointment or return to pay status (e.g. return from a leave of absence) is after a holiday will receive no credit for the holiday, except when the holiday occurs at the start of a new month and the employee's effective date of appointment or return to pay status is effective the first scheduled working day following the holiday.
- An employee will not receive credit for any holiday which occurs after they have ceased active employment. In other words, holiday credit ceases with the last day worked.

## 2.303 Hazardous Travel Policy

The Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) will not close offices or facilities due to hazardous travel conditions except at the direction of the Governor of the State of Missouri. In the absence of such an official announcement from the Governor, DIFP employees will be expected to report to work or to use appropriate leave.

Employees are expected to plan ahead as much as possible for hazardous travel and traffic conditions and must make every reasonable effort to call their workplace when they must arrive late. In addition, employees who stay home due to hazardous travel or leave early will be allowed to do so provided the employee receives prior approval from their immediate supervisor. Employees must use annual leave, leave without pay, compensatory time or must make-up the time when they must stay home, arrive late or depart early.

### **GOVERNOR'S HAZARDOUS TRAVEL POLICY**

In cases of extreme conditions, the Governor will implement the Hazardous Travel Policy. This policy will permit the liberal use of an employee's leave for those individuals who choose to stay home or leave work early during times of extreme conditions. Due to the importance of the services provided by state government, some state operations need to remain open. Employees performing critical services will be so designated by the department and will be expected to report to work.

The geographic areas affected will be identified when implementing this policy and the policy will apply to only those areas. The department director or divisional director of Finance, Credit Unions or Professional Registration, that have operations in remote locations will be delegated the authority to implement this policy in those areas.

#### A. Absences when Governor has implemented the Hazardous Travel Policy

Employees who are delayed or prevented from reporting to work due to extreme conditions or who wish to leave work early may account for the absence by one of the following methods with the approval of their supervisors:

- a. Charged to an employee's accumulated compensatory time.
- b. Charged to an employee's accumulated annual leave.
- c. Made up by adjusting work schedule. Make-up work will be completed within a reasonable period without incurring overtime. NOTE: Due to the nature of an individual employee's duties, make-up work may not be an available option.
- d. Charged to leave without pay only if the employee has insufficient accumulated compensatory and/or annual leave and the work schedule cannot be adjusted for the absence to be made up.

#### B. Communicating Decisions Regarding Hazardous Travel Policy

The implementation of the Hazardous Travel Policy will be announced through local radio or television news or through each department's normal communications channels.

## 2.304 Employee/Team of the Quarter Policy

### **PURPOSE:**

In conjunction with the State Employee/Team of the Month Program, the Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) has developed an internal program to recognize the special contributions and the outstanding efforts of its employees. This policy outlines the criteria for election of employees to the Employee/Team of the Quarter Selection Committee; and the nomination, selection and recognition for Employee/Team of the Quarter.

### **SELECTION COMMITTEE:**

1. Annually on the following dates, each division director will appoint an employee from his or her division to the Employee/Team of the Quarter Selection Committee. One employee from each division will be appointed as directed in the below schedule. The selection committee representatives serve at the pleasure of the Division Director. Generally, in an effort to maintain consistency in recognition level, appointments will be for a period generally not to exceed one year.

Administration, Legal, Receivership	June
Consumer Affairs Division	June
Insurance Market Regulation Division	June
Insurance Solvency & Company Reg. Division	June
Resource Administration Division	June
Division of Finance	optional
Division of Credit Unions	optional
Division of Professional Registration	optional

2. Any full and part-time employees may be appointed as their divisional representative, except that the department director, division directors, deputy director(s) and HR Manager may not serve on the Employee/Team of the Quarter Selection Committee.
3. In addition to the duties described below for employees serving on the Selection Committee, the role of these employees in the success of the DIFP Employee/Team of the Quarter is very important. Employees appointed to serve on the Selection Committee must make a commitment to take an active part in the process in order to ensure the success of the program.

### **NOMINATION:**

1. All department employees are eligible to nominate DIFP Employees/Teams of the Quarter, even members of the Selection Committee. However, those Selection Committee members nominating someone or being nominated as Employee/Team of the Quarter will excuse themselves from the entire selection process for the quarter of nomination. Employees who may not be nominated to be Employee/Team of the Quarter are the department director, division directors, deputy director(s) and HR Manager.
2. Any employee may nominate any other employee (except as noted above), even in other divisions, as long as the nominating employee is aware of the work being performed by the nominated employee. Guidelines used to nominate an employee should include work or performance which: a) is extraordinary; b) displays a positive attitude; c) delivers exceptional customer service; d) significantly increases productivity; e) positively impacts department overall; and f) is creative.
3. All nominations must be submitted to the HR section on the appropriate form, which is attached to this policy. This form is also available at I: /public/library/forms/eotqform. The HR section will report the selected nominee(s) to the appropriate division and department management for their information and response on any significant issues with the nominee(s) that could preclude a nominee from being awarded employee of the quarter.
4. Upon receipt of nominations, copies of nomination forms will be distributed to all members of the Selection Committee for review and selection. If additional information is required, the committee will contact the nominating employee.

## **SELECTION:**

1. Upon receipt of the nomination forms the Selection Committee will review the nomination and complete their ballots for those nominees. The ballot consists of the following:
  - A. Quarter nominated (depending on date received);
  - B. Name of nominee;
  - C. Division of nominee;
  - D. Section of nominee;
  - E. Vote 1-5 with 1 being the lowest and 5 highest.
2. Once the ballot is completed, the committee will report the selected nominee(s) to the HR section.

Nomination forms of selected DIFP Employees of the Quarter can be submitted to the Office of Administration (OA) to be considered for selection as State Employee of the Month. All selected Teams of the Quarter will be considered for submission in the Governor's Award for Quality and Productivity. The Governor personally recognizes individuals selected as State Employee of the Month and team winners for the Governor's Awards for Quality and Productivity.

## **RECOGNITION:**

In order to properly recognize the DIFP Employee/Team of the Quarter, the individual(s) selected will:

1. Receive a plaque/certificate identifying the individual(s) as the DIFP Employee/Team of the Quarter for the appropriate quarter. \* The department director will present the plaque/certificate.
2. Have his/her picture displayed in the fifth floor lobby of the Department's offices in the Truman State Office Building.
3. Receive eight hours of administrative leave to be used by each winning employee during the quarter of recognition with the supervisor's approval. \*
4. Have a press release issued to the local news media, along with a picture, indicating the performance that is being recognized.

Questions regarding implementation and interpretation of this procedure should be referred to the HR Manager.

## **\*ADDENDUM**

Clarification of recognition benefits in case of a team award:

1-2 members will get recognition as stated in policy 2.304 Employee/Team of the Quarter **RECOGNITION**.

3-or more members will:

1. Receive a certificate identifying the individual(s) as the DIFP Team of the Quarter for the appropriate quarter. The department director will present the certificate.
2. Have their picture displayed in the fifth floor lobby of the Department's offices in the Truman State Office Building.
3. Receive administrative leave to be used by each winning employee during the quarter of recognition with the supervisor's approval. In case of a winning Team of the Quarter, each team will be allotted 16 hours to be distributed on prorated bases between the members receiving the team award.
4. Have a press release issued to the local news media, along with a picture, indicating the performance that is being recognized.

**STATE OF MISSOURI  
DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION  
EMPLOYEE OF THE QUARTER NOMINATION**

<b>NAME:</b>
<b>DIVISION:</b>
<b>TITLE:</b>
Any DIFP employee may nominate another employee. The Department Director, Deputy Director(s), Division Directors and the HR Manager are not eligible for this award.
INSTRUCTIONS: Please answer the following questions. Attach additional sheets if necessary.
How does this employee display extraordinary work performance?
How does this employee display a positive attitude?
How does this employee deliver exceptional customer service?
How does this employee significantly increase productivity?
How does this employee positively impact the department overall?
How is this employee's work performance creative?

<b>NAME:</b>	<b>DATE:</b>
--------------	--------------

**PLEASE SEND THIS NOMINATION TO HUMAN RESOURCES**

**STATE OF MISSOURI  
DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION  
TEAM OF THE QUARTER NOMINATION**

<b>NAMES:</b>	
<b>DIVISION(S):</b>	
<b>TITLE(S):</b>	
Any DIFP employee may nominate a team. The Department Director, Deputy Director(s), Division Directors and the HR Manager are not eligible for this award.	
INSTRUCTIONS: Please answer the following questions. Attach additional sheets if necessary.	
How does this team display extraordinary work performance?	
How does this team display a positive attitude?	
How does this team deliver exceptional customer service?	
How does this team significantly increase productivity?	
How does this team positively impact the department overall?	
How is this team's work performance creative?	
<b>NAME:</b>	<b>DATE:</b>

**PLEASE SEND THIS NOMINATION TO HUMAN RESOURCES**

## **2.305 Family and Medical Leave Policy**

### **GENERAL:**

Employees who have been employed for at least one (1) year, and worked for at least 1,250 hours during the preceding 12-month period are eligible for family and medical leave. For employees not eligible for family and medical leave, the Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) will review business considerations and the individual circumstances involved. Except for those employees designated as "highly compensated employees," employees will be returned to the same or to an equivalent position. Family or medical leave will consist of appropriate accrued paid leave and unpaid leave.

### **REASONS FOR LEAVE:**

All employees who meet the applicable time of service requirements may be granted family or medical leave consisting of appropriate accrued paid leave and unpaid leave, for a period of twelve (12) weeks (during any 12-month period) for the following reasons:

- (1) The birth of an employee's child and in order to care for the child;
- (2) The placement of a child with the employee for adoption or foster care;
- (3) To care for a spouse, child or parent who has a serious health condition; or
- (4) A serious health condition that renders the employee incapable of performing the functions of his or her job.

The entitlement to leave for the birth or placement of a child for adoption or foster care will expire twelve (12) months from the date of the birth or placement.

### **PROCEDURE FOR REQUESTING LEAVE:**

In all cases, an employee requesting leave must complete the attached "Application for Family and Medical Leave" and return it to Human Resources. The completed application must state the reason for the leave, the duration of the leave, and the starting and ending dates of the leave. An employee intending to take family or medical leave because of an expected birth or placement, or because of a planned medical treatment, must submit an application for leave at least thirty (30) days before the leave is to begin. If leave is to begin within thirty (30) days, an employee must give notice to his or her supervisor and to the HR Manager/Officer as soon as the necessity for the leave arises.

### **MEDICAL CERTIFICATION:**

A Medical Certification Statement must accompany an application for leave based on the serious health condition of the employee or the employee's spouse, child or parent. The certification must state the date on which the health condition commenced, the probable duration of the condition, and the appropriate medical facts regarding the condition. If the employee is needed to care for a spouse, child or parent, the certification must so state, along with an estimate of the amount of time the employee will be needed.

If the employee has a serious health condition, the certification must state that the employee cannot perform the functions of his or her job. Second and third medical opinions and periodic re-certification may be required, at the Department's expense.

### **USE OF ACCRUED LEAVE WHILE ON FMLA:**

FMLA requires that the department provide at least twelve weeks of unpaid leave to eligible employees. The department is authorized by the Act to require employees to use accrued paid leave to run concurrently with FMLA leave. Leave considered "accrued paid leave" for FMLA reasons includes sick leave, comp time and annual leave. Employees are not required to exhaust their accrued leave balances before requesting unpaid leave. Employees are allowed to reserve a total of 32 hours of either sick or annual leave, or a combination of the two, for use upon their return to work.

### **BENEFITS COVERAGE DURING LEAVE:**

During a period of family or medical leave, an employee will be retained on the Missouri State health plan under the same conditions that applied before leave commenced. To continue health coverage, the employee must continue to make any contributions that he or she made to the plan before taking leave. An employee is not entitled to the accrual of any seniority or



employment benefits that would have occurred if not for the taking of unpaid leave. An employee who takes family or medical leave will not lose any employment benefits that accrued before the date leave began.

**RESTORATION TO EMPLOYMENT FOLLOWING LEAVE:**

An employee eligible for family and medical leave - with the exception of those employees designated as "highly compensated employees" will be restored to his or her old position or to a position with equivalent pay, benefits, and other terms and conditions of employment. DIFP cannot guarantee that an employee will be returned to his or her original job. DIFP will make a determination as to whether a position is an "equivalent position". A notice of intention to return from leave must be supplied to the department as soon as a return date (or approximate return date) is determined. This form includes a medical certification statement from your physician.

Employees on FMLA leave will be required to reimburse the department for any state-sponsored health insurance premiums if the employee fails to provide an acceptable reason (i.e., prolonged illness) for not returning to work.

**YOUR RIGHTS  
UNDER THE  
FAMILY AND MEDICAL LEAVE ACT OF 1993**

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, and if there are at least 50 employees within 75 miles.

**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. 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 report to return to work.

**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 by 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 that provides greater family or medical leave rights.

**For Additional Information:** Contact the nearest office of the Wage and Hour Division, listed in most telephone directories under U. S. Government, Department of Labor.

U. S. Department of Labor, Employment Standards Administration  
1420  
Wage and Hour Division, Washington, DC 20210

WH Publication

June 1993

**APPLICATION FOR FMLA**

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

Department/Division: \_\_\_\_\_

Current Address: \_\_\_\_\_

Start date of Anticipated Leave \_\_\_\_\_

Reason for leave \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** A leave request based on an employee's serious health condition or the serious health condition of an employee's spouse, child or parent must be accompanied by a verifying medical certification from a physician.

I hereby authorize the Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) to contact my physician to verify the reason for my requested leave or for any other information concerning my requested family and medical leave.

I understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by DIFP.

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

**APPROVED BY:**

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Human Resources

**MEDICAL CERTIFICATION STATEMENT  
(Illness of Employee's Family Member)**

Name of Employee: \_\_\_\_\_

Name of Ill Family Member: \_\_\_\_\_

Date Condition Began: \_\_\_\_\_

Date Condition Ended (or is expected to end): \_\_\_\_\_

Medical facts regarding the condition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explanation of extent to which employee is needed to care for the ill spouse, child or parent:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Health care provider name (Print) \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Office Phone: \_\_\_\_\_

**Medical Release:**

I authorize the release of any medical information necessary to process the above request.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL CERTIFICATION STATEMENT  
(Employee's Own Serious Illness)**

Name of Employee: \_\_\_\_\_

Date \_\_\_\_\_ Condition \_\_\_\_\_  
Began: \_\_\_\_\_

Date Condition Ended (or is expected to end): \_\_\_\_\_

Medical facts regarding the condition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explanation of extent to which employee is unable to perform the functions of his or her job:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health care provider name (Print) \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Office Phone: \_\_\_\_\_

**MEDICAL RELEASE:**

I authorize the release of any medical information necessary to process the above request.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE OF INTENTION TO RETURN FROM LEAVE**

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

Supervisor: \_\_\_\_\_

Date Leave Commenced: \_\_\_\_\_

Date of Planned Return: \_\_\_\_\_

I understand that my restoration to employment is subject to the following conditions:

1. As a condition of restoration, each employee must provide a written certification from his or her health provider that the employee is able to resume working.
2. Every attempt will be made to restore an employee returning from leave to his or her original position. If the employee's original position is unavailable, the employee will be placed in an equivalent position with equivalent pay and benefits.
3. An employee returning from family and medical leave shall not be entitled to the accrual of any seniority or employment benefits during the period of unpaid leave.

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

\_\_\_\_\_  
Date

I have examined \_\_\_\_\_ and can certify that she/he is fully able to resume working.

\_\_\_\_\_  
Health Care Provider's name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CERTIFICATION OF PHYSICIAN OR PRACTITIONER  
(Family and Medical Leave Act of 1993)**

1. Employee's Name: \_\_\_\_\_

2. Patient's Name (if other than Employee): \_\_\_\_\_

3. Diagnosis: \_\_\_\_\_

4. Date Condition Commenced: \_\_\_\_\_

5. Probable Duration of Condition: \_\_\_\_\_

6. Regimen of treatment to be prescribed (indicate number of visits, general nature and duration of treatment, including referral to other provider of health services. Include schedule of visits or treatment if it is medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal schedule of hours per day or days per week.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

a. By Physician or Practitioner: \_\_\_\_\_

b. By another provider of health services, if referred by Physician or Practitioner:

\_\_\_\_\_

\_\_\_\_\_

**IF THIS CERTIFICATION RELATES TO CARE FOR THE EMPLOYEE'S SERIOUSLY ILL FAMILY MEMBER, SKIP ITEMS 7,8 AND 9 AND PROCEED TO ITEMS 10 THRU 14 ON NEXT PAGE. OTHERWISE, CONTINUE.**

Check **Yes** or **No** in the boxes below as appropriate:

**YES NO**

7. \_\_\_\_\_ Inpatient hospitalization of the employee required?
8. \_\_\_\_\_ Employee able to perform work of any kind? (If **No**, skip #9.)
9. \_\_\_\_\_ Employee able to perform the functions of employee's position?  
(Answer after reviewing statement from employer of essential functions of employee's position, or, if none provided, after discussing with employee.)

**FOR CERTIFICATION RELATING TO CARE FOR THE EMPLOYEE'S SERIOUSLY ILL FAMILY MEMBER, COMPLETE ITEMS 10 THRU 14 BELOW AS THEY APPLY TO THE FAMILY MEMBER AND PROCEED TO ITEMS 15-16.**

**YES NO**

10. \_\_\_\_\_ Inpatient hospitalization of the family member (patient) required?
11. \_\_\_\_\_ Does (or will) the patient require assistance for basic medical, hygiene, nutritional needs, safety or transportation?
12. \_\_\_\_\_ After review of the employee's signed statement (See Item 14), is the employee's presence necessary or would it be beneficial for the care of the patient? (This may include psychological comfort.)
13. Estimate the period of time care is needed or the employee's presence would be beneficial: \_\_\_\_\_

**ITEM 14 IS TO BE COMPLETED BY THE EMPLOYEE NEEDING FAMILY LEAVE**

14. When Family Leave is needed to care for a seriously ill family member, the employee shall state the care he or she will provide and an estimate of the time period during which this care will be provided, including a schedule if leave is to be taken intermittently or on a reduced leave schedule:

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

\_\_\_\_\_  
Date

15. \_\_\_\_\_  
Physician or Practitioner (Print)

\_\_\_\_\_  
Signature

16. \_\_\_\_\_  
Date

17. Type of Practice (Field of Specialization, if any): \_\_\_\_\_



## **2.306 Voting Leave Policy**

Employees of the Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) who are registered to vote in any city, county or state elections held within Missouri are entitled to three consecutive hours during the time the polls are open for the purpose of voting. Since the polls are open at 6:00 a.m., if the employee reports to work at 9:00 a.m., he/she has been allowed three consecutive hours in which to vote (6:00 a.m. to 9:00 a.m.). The employee may choose instead to vote at the end of the day before the polls close at 7:00 p.m. He/She would then leave at 4:00 p.m. This would also give the employee three consecutive hours in which to vote (4:00 p.m. to 7:00 p.m.).

In order to receive time off from work with pay (Administrative Leave) for the purpose of voting, employees must receive approval from their immediate supervisor prior to the day of election. No more than one hour of leave may be granted for the purpose of voting. Such leave will normally be taken at the beginning or end of the workday so that the employee is ensured of three consecutive hours in which to vote. However, to allow for the most efficient workload coverage, the supervisor may approve -- at the employee's request -- any one-hour period of leave between the time the polls open and close during which the employee may be absent from work.

Employees who have flexible work schedules and report to work three hours after the polls open or end their workday three hours before the polls close will not be permitted time off work to vote.

Authority: 115.639 RSMo

## **2.307 Leave without Pay Policy**

The Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) realizes that there may be times in an employee's career when absence from work is necessary for personal reasons and accrued leave time is not sufficient to cover the absence. In such cases, the employee may request leave without pay for periods of short duration, not to exceed sixty (60) calendar days or an official leave of absence for longer periods of time.

### **LEAVE WITHOUT PAY**

Leave without pay is an administrative leave of absence granted to DIFP employees for occasions when an employee expects to return to work within a short period of time and has either: 1) exhausted all accumulated compensatory time, annual leave, and when appropriate, sick leave; 2) for FMLA qualifying events, reduced their leave balances to the maximum allowed (a total of 32 hours); or 3) the express written approval of the division director or designee. Leave without pay is designed to allow employees time off without requesting an official leave of absence. Leave without pay will be limited to a maximum of sixty (60) calendar days, except when used in conjunction with FMLA qualifying events.

Employees must submit a brief written statement explaining the reason for the request to the employee's immediate supervisor. The immediate supervisor and division director or designee will review the request and make a decision whether to approve it based on:

- The employee's reason for requesting leave without pay and the possible hardship which disapproval might cause;
- The effect of the employee's absence on the work flow of the unit; and
- The length of the employee's absence.

If the absence is prolonged and an official leave of absence is not granted to the employee, the department may terminate his or her employment. As always, human resources must be consulted before any termination is effected. Leave without pay will be authorized after the absence has already occurred only if prior notification was not feasible (e.g., a medical emergency).

### **OFFICIAL LEAVE OF ABSENCE**

Employees should request an official leave of absence when the period of the absence is anticipated to be greater than sixty (60) calendar days but less than twelve (12) months. Employees whose employment is of a continuing or permanent nature, upon written application and approval by the division director or designee, may obtain a leave of absence without pay under the following circumstances and regulations:

- Because of medical disability of the employee which is not covered by the provisions of the Family and Medical Leave Act of 1993 (See Family and Medical Leave policy 2.305).
- Because the employee is beginning a course of training or study to improve the quality of his or her service to the state or to prepare for promotion; or
- Because of extraordinary reasons, sufficient in the opinion of the division director or designee to warrant such leave of absence.

In order to request an official leave of absence, an employee must submit a written request to human resources that specifies the reason for the request and the expected date of return. The employee's immediate supervisor and the appropriate appointing authority will evaluate requests, taking into account the needs of the work unit as well as the needs of the employee.

Unless the division director or designee otherwise provide, before any such leave begins the employee's annual and compensatory leave, and in the event leave is granted because of medical disability, all accumulated sick leave shall be exhausted. For example, employees requesting an official leave of absence to attend training courses must have exhausted all annual leave and compensatory time. Accrued sick leave will not be a factor in considering a request for an official leave of absence when the absence would not be approved for sick leave use under the provisions of the department's Sick Leave policy 2.301.

As a general rule, leaves of absence will not be granted for more than twelve (12) months. However, if additional time off becomes necessary, the employee must submit a written request for an extension to human resources at least 10 days prior to the expiration of the leave of absence. The division director or designee may grant extensions of leaves of absence if it appears in the

department's best interest to do so.

## 2.308 Leave With Pay Policy

Administrative leave may be granted to employees of the Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) for reasons which will contribute to the employee's professional growth, promote the welfare of the community and the state, or for other reasons which are sufficient in the opinion of the department director or divisional director of Finance, Credit Unions or Professional Registration to warrant the leave. In all cases, the employee must receive supervisory approval prior to taking administrative leave. Administrative leave refers to time off from duties without loss of pay or accrued leave time. Administrative leave with pay shall be governed by the following provisions and may be granted for any of the following reasons:

- Court Appearances/Jury Duty
- Professional Development/In-Service Training
- Blood Donation
- Death/Bereavement Leave
- Bone Marrow/Human Organ Donation
- Extraordinary Reasons approved by the department director or divisional director of Finance, Credit Unions or Professional Registration

Time off with pay for a variety of other reasons such as education leave, voting and injuries incurred on the job are covered under separate policies.

### **COURT APPEARANCES/JURY DUTY**

Under state personnel law, an employee must be granted administrative leave to comply with a subpoena to appear:

- in court;
- before a judge;
- before any legislative committee; or
- before any officer, board or body authorized to conduct a hearing or inquiry.

However, DIFP employees will not be granted administrative leave in conjunction with a non job-related cause of action in which the employee is a plaintiff or defendant.

Court appearances which must be made in conjunction with an employee's position with DIFP may be taken as administrative leave if the appearance does not involve alleged criminal activity on the part of the employee; and is made in the employee's official capacity.

Employees who receive administrative leave to appear as witnesses in their official DIFP capacities may not apply for or retain witness fees. If witness fees are sent, the employee must return them to the sender.

DIFP employees must be granted administrative leave for the purpose of serving on a jury and may retain the fees issued to them for their services.

Employees requesting administrative leave for the purpose of court appearances/jury duty must obtain approval from their immediate supervisor prior to the absence.

### **PROFESSIONAL DEVELOPMENT/IN-SERVICE TRAINING**

An employee may be granted administrative leave with pay to attend professional conferences, institutes, meetings and in-service training when attendance may be expected to contribute to the betterment of the service, improve the employee's performance or prepare the employee for advancement. Employees must obtain the approval from their immediate supervisor before forwarding the request to the division director or designee. Proof of actual attendance at these meetings may be required.

## **BLOOD DONATION**

At the immediate supervisor's discretion, up to a maximum of one hour of administrative leave may be granted to DIFP employees to donate blood at state sponsored blood drives. As required by the American Red Cross and other health officials, employees must wait 56 days from their last blood donation before they are eligible to donate again. Exceptions to this waiting period (e.g. rare blood types, platelet donation or pheresis donation) will be determined on a case-by-case basis.

Employees wishing to donate blood must obtain prior approval from their immediate supervisor. No administrative leave will be granted for employees to donate blood on a planned day of absence. The employee's supervisor may refuse to grant or may rescind a grant of administrative leave for blood donation if the employee's absence would unduly disrupt the work flow of the section. Any time required for blood donation **beyond one hour** must be charged to annual leave, sick leave or compensatory time.

## **BEREAVEMENT LEAVE**

An employee may be granted up to five (5) consecutive workdays (exclusive of days off) of administrative leave with pay for a death in his or her immediate family. For purposes of this policy, "immediate family" refers to an employee's *spouse, child, sibling, parent, step-parent, grandparent or grandchild and spouse's child, parent, step-parent, grandparent or grandchild or a member of the employee's household.*

Upon the *death of an employee, an employee's spouse or an employee's child*, the Department Director or divisional director of Finance, Credit Unions or Professional Registration may grant administrative leave not to exceed eight hours, including travel time, for unit or section co-workers to attend the funeral.

In determining family relationships, "step" and "half" relationships are considered the same as "whole" and "full" relationships (e.g. "stepfather" is the same as father, "half-brother" is the same as brother).

Employees requesting death/bereavement leave must obtain approval from their immediate supervisor prior to the absence whenever possible. When circumstances do not allow for the employee to come to work, the employee must, at a minimum, receive approval over the phone from their immediate supervisor. Supervisors should consider applicability and length of such leave under this policy prior to approving the leave. The maximum amount of leave will not necessarily be granted in every situation. The amount of leave granted for bereavement leave will be determined on a case-by-case basis with consideration given to such factors as the relationship of the deceased, location and date of funeral, employee's involvement with arrangements and settlement of estate, etc.

Employees who request time off because of the death of an individual not covered under this policy must use annual leave and/or compensatory time. If the employee does not have annual leave or compensatory time available, the division director or designee may grant leave without pay.

Hours of leave granted as administrative leave under the terms of this policy will not count as "hours worked" in computing time and one-half overtime.

## **BONE MARROW/HUMAN ORGAN DONATION**

An employee may be granted up to five (5) working days administrative leave for the donation of bone marrow and up to thirty (30) working days administrative for the donation of a human organ.

Employees must obtain prior approval from their supervisor. Any time required for these donations beyond the stated maximums must be charged to sick leave, annual leave or compensatory leave.

## **EXTRAORDINARY REASONS APPROVED BY THE DIRECTOR**

Because of extraordinary reasons or circumstances not previously identified in this policy, the department director or divisional director of Finance, Credit Unions or Professional Registration may grant administrative leave with pay when such reasons are sufficient in their opinion to warrant time off with compensation. All such requests should be in writing and forwarded to human resources for approval by the department director or divisional director of Finance, Credit Unions or Professional Registration.

## 2.309 Tuition Reimbursement Policy

The Missouri Department of Insurance Financial Institutions and Professional Registration (DIFP) recognizes the need for and supports tuition reimbursement for its employees to improve the quality of service to the state, employee performance and to contribute to an atmosphere of continuing growth and development. To assist employees in this endeavor, the department has established this tuition reimbursement policy. This policy allows employees to obtain reimbursement for a percentage of tuition fees associated with successful completion of undergraduate and graduate courses subject to availability of funds. Please note that this policy reimburses tuition fees only; books fees, lab fees etcetera will not be reimbursed under this policy.

### ELIGIBILITY

To be eligible to apply for educational reimbursement, the employee must currently be working full-time (40 hours per week), have completed the original or initial probationary period, and have a current performance appraisal at the "Successful" level or above.

### COURSE/DEGREE APPLICABILITY

Graduate and undergraduate courses must be either job related or be a part of a degree program that is consistent with the department's stated mission.

### TUITION REIMBURSEMENT GUIDELINES

Undergraduate courses completed with a grade of "A" are reimbursed 100%, grade of "B" are reimbursed 75% and a grade of "C" or "Pass" are reimbursed 50% of the tuition fees paid, or the maximum allowed tuition reimbursement rate, whichever is less.

Graduate courses completed with a grade of "A" are reimbursed 100%, a grade of "B" or "Pass" are reimbursed at 75% of the tuition fees paid, or the maximum allowed reimbursement rate, whichever is less.

Employees will notify the department or appropriate division contacts of scholarships, grants or other financial aid that do not have to be repaid by the employee. The department will apply these to tuition before reimbursement is calculated. *Any aid received in excess of annual tuition paid will be applied to summer sessions for which reimbursement is requested.* Requesting, or getting, reimbursement for tuition that is covered by scholarships, grants or other financial aid that does not have to be repaid by the employee will result in disciplinary action up to and including dismissal, and may be referred for criminal prosecution.

### MAXIMUM REIMBURSEMENT RATE

The maximum reimbursement rate is limited to the highest prevailing resident per credit hour tuition rate charged by a Missouri state college or university. As this rate is subject to fluctuation, a current tuition/fee schedule by school is developed each year by the Coordinating Board for Higher Education, and is maintained by human resources.

### TUITION REIMBURSEMENT CAP

The department will reimburse tuition as outlined in the policy for no more than 15 semester credit hours or equivalent per employee in any 12 month period. The department may allow exceptions to this maximum for recognized accelerated programs of study.

### COURSE SCHEDULING

Employees may not use administrative leave with pay to participate in any part of their course work. If an approved college course or CLEP examination is scheduled during the employee's normal work hours, it is the supervisor's responsibility to decide if the employee's absence during the specified times will interfere with the employee's work responsibilities or performance. Changes in the employee's work schedule must be prior approved in writing by the employee's supervisor using the procedure outlined in Flex Work Hour policy 2.331. The employee must either make up or take appropriate leave (annual and compensatory) for the time of absence during work hours. If the course is during DIFP's core hours (9 a.m. to 11 a.m. and 2 p.m. to 4 p.m.), the employee must use annual or compensatory leave; if outside core hours, the time must be made up or annual or compensatory leave must be used.

## **APPROVAL PROCESS**

1. Employees must complete a College Course Registration Request form (Exhibit 1), and forward it to their supervisor. Upon approval by the supervisor, the form must be submitted to the respective division director and to the Director of Resource Administration or divisional designee for final approval. If approval is granted, the employee may enroll in the requested course(s).
2. The employee must complete a College Course Reimbursement Request (Exhibit 2) within six weeks after completion of the approved course. Then, forward it and a copy of the approved College Course Registration Request form, a copy of the receipt indicating tuition paid in full, and a copy of the college or university issued grade card, to their supervisor for approval. Upon approval by the supervisor, the form must be submitted to the respective division director and to the Director of Resource Administration or divisional designee for approval for reimbursement.
3. Employees must pay for courses as required by the institution and then request reimbursement. College courses cannot be direct billed to the department. The employee must have the college complete and return to DIFP the Student Financial Aid Release form. Support Services will withhold reimbursement until the DIFP Student Financial Aid Release is received from the college.

## **MANAGEMENT RESPONSIBILITY**

The department is responsible for approving or disapproving course/degree requests by determining if the objectives of the requested course/degree are consistent with the department's stated mission.

## **SERVICE OBLIGATION:**

An employee will be obligated to continue full-time employment for one (1) year with DIFP beginning at the completion of the course.

An employee terminating employment before the completion of the service obligation shall be required to reimburse the Department on a prorated basis for any tuition or fees paid by the Department. Reimbursement may be obtained by personal payment from the employee, deducting the amount from the last paycheck or deducting an equivalent amount from accrued leave or compensatory time balances. This provision may be waived if determined to be appropriate by the department director or divisional director of Finance, Credit Unions or Professional Registration.

# DIFP

## COLLEGE COURSE REGISTRATION REQUEST

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

Title: \_\_\_\_\_

Section: \_\_\_\_\_

Division: \_\_\_\_\_

College Course Title	Credit Hours	Course Duration	Course/Exam Schedule	Course Location (name of school/org.)	Tuition Cost per credit hour

**Scholarships, grants and/or other financial aid (other than loans) applied for:**    Yes    No.

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

\_\_\_\_\_  
Date

~~~~~  
*Initial and date appropriate line*

| TITLE                                                     | APPROVED | DISAPPROVED | DATE |
|-----------------------------------------------------------|----------|-------------|------|
| Supervisor                                                |          |             |      |
| Division Director or designee                             |          |             |      |
| Director of Resource Administration or Division designee. |          |             |      |



# DIFP

## COLLEGE COURSE REIMBURSEMENT REQUEST

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

Title: \_\_\_\_\_

Section: \_\_\_\_\_

Division: \_\_\_\_\_

| College Course Title | Credit Hours | Course Duration | Course/Exam Schedule | Course Location<br>(name of school/org.) | Tuition Cost per credit hour |
|----------------------|--------------|-----------------|----------------------|------------------------------------------|------------------------------|
|                      |              |                 |                      |                                          |                              |

I request reimbursement of \$\_\_\_\_\_ as outlined in the attached College Course Registration Request. I have attached a receipt for tuition/course fees paid in full and a copy of my official grade report. The above amount requested has not been covered by any scholarship, grant or other financial aid. I understand requesting, or getting, reimbursement for tuition that is covered by scholarships, grants, or other financial aid that does not have to be repaid, will result in disciplinary action up to and including dismissal, and may be referred for criminal prosecution. I authorize the release of any financial aid records from the school/college to DIFP. I also agree to continue full-time employment for one (1) year with DIFP beginning at the completion of the course or will refund the tuition reimbursement.

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

\_\_\_\_\_  
Date

~~~~~  
~  
*Initial and date appropriate line*

TITLE	APPROVED	DISAPPROVED	DATE
Supervisor			
Division Director or designee			
Director of Resource Administration or Division designee			

# DIFP STUDENT FINANCIAL AID RELEASE

Date: \_\_\_\_\_  
Student's Name: \_\_\_\_\_  
Student's ID No: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

I authorize the following educational institution to release all financial information concerning my account to the Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP).

Educational Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

List all financial aid applicable to tuition (including type and amount of all grants, scholarships, and any other aid not reimbursable by student):

1) _____	Amount _____
2) _____	Amount _____
3) _____	Amount _____

Tuition paid for semester (term): \_\_\_\_\_

Total out of pocket for this semester (term) by student: \_\_\_\_\_  
(Financial Aid less applicable tuition)

Please send this information to:

**Missouri Department of Insurance, Financial Institutions and Professional Registration**  
**Attn: Accounting Dept.**  
**PO Box 690**  
**Jefferson City, MO 65102**

**DO NOT RETURN TO THE STUDENT. PLEASE SEND DIRECTLY TO DIFP.**

If you have any questions feel free to contact Support Services at 751-4397. Thank you for your assistance.

**Student Signature:** \_\_\_\_\_

**Educational Institution Signature** \_\_\_\_\_

## 2.310 Leave Share Policy

Section 36.350 RSMo authorizes departments, which wish to do so, to establish programs that allow their employees to share annual leave hours and compensatory time (effective May 2000) (hereafter referred to as LEAVE) with fellow employees who need assistance because of an especially serious illness or injury. Therefore, to promote employee morale, the Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) established the Leave Share program.

### OVERVIEW

This procedure consists of three main parts:

1. A definition of leave share (including the leave share pool and restrictions on leave share) and a description of the Leave Share Committee, created by this policy;
2. Procedures for employees to donate LEAVE, for eligible employees to receive leave share, and for the Leave Share Committee to award leave share; and
3. A list of the responsibilities department personnel have regarding leave share.

### **Leave Share**

Leave share is sick leave with one important difference; employees do not earn it as they earn sick leave, but rather, the department grants/awards it. Any employee of the department may donate unused LEAVE to the department's leave share pool; any eligible employee may apply to receive this donated LEAVE in the form of sick leave, subject to availability and to restrictions the department sets. Employees continue to accrue annual and sick leave while receiving leave share (1 Code of State Regulations 20 - 5.025).

### **Eligibility to Receive Leave Share**

Any salaried employee of DIFP who has completed an original probationary period with the department may apply for leave share. The Leave Share Committee shall adhere to the following guidelines in determining eligibility, guided by the principle that Leave Share is relief of the last resort in all cases:

- The employee or a member of the employee's immediate family must have suffered a catastrophic or life-threatening illness or injury, or an illness or injury, which could result in permanent disability. "Immediate family" includes an employee's spouse and children.
- The employee must have exhausted all accrued compensatory time, sick and annual leave before becoming eligible.
- The employee must have exhausted all applicable indemnity payments from worker's compensation before becoming eligible.
- The employee cannot receive leave share while eligible to receive benefits for long-term disability.

### **Leave Share Pool**

Employees may voluntarily donate hours of unused LEAVE to a department-wide pool. These hours are converted into sick leave hours to be awarded to eligible salaried employees who meet the leave share guidelines.

### **Leave Share Committee**

The Department Director and Division Directors of Finance, Credit Unions and Professional Registration agencies appoints a department-wide committee made up of representatives from the participating divisions of the department. The purpose of the Leave Share Committee is to determine eligibility of applicants for leave share and the maximum number of hours to be awarded those applicants determined eligible.

The committee shall consist of four (4) members, one from each of the following agencies:

Insurance Divisions  
Division of Credit Unions  
Division of Finance  
Division of Professional Registration

For the first year this policy takes effect, the Department Director and Division Directors of Finance, Credit Unions and Professional Registration agencies shall select members of the committee from four Divisions, two of whom will serve for one year, one of whom will serve for two years, and one of whom will serve for three years. Thereafter, all terms shall be for two (2) years.

Only the Department Director and Division Directors of Finance, Credit Unions and Professional Registration agencies can make an appointment to the Leave Share Committee. When a representative's term expires or a representative leaves the Division, the respective

the Department Director and Division Directors of type III agencies shall make an appointment to refill the position. An appointment made to replace a representative who has left a Division is made for only the unexpired portion of the term.

## **PROCEDURES**

### **Donating Leave Share**

Salaried employees may donate their unused LEAVE to the leave share pool, subject to the following conditions:

- Donations must be at least one hour (excluding donation of excess leave).
- Donors may not designate specific employees to receive their donations.
- Donors may not subsequently recant their donations.
- Donation of LEAVE is voluntary. Employees never need to donate LEAVE because they were awarded leave share.
- Neither the Department, the Leave Share Committee nor any individual employee may solicit donations of LEAVE from individual employees. The Department will restrict itself to posted announcements of the program's availability.
- No employee may intimidate, threaten or coerce another employee with respect to donating LEAVE.

### **Applying for Leave Share**

Everyone involved in any step of this procedure must handle the process discreetly. To protect an individual's confidentiality, recipients of Leave Share shall remain anonymous unless they wish to reveal themselves. No employees may intimidate or coerce another employee with respect to receiving benefits of this program.

Employees should apply for leave share as soon as possible after they anticipate a need for it. Since consideration of applications occurs monthly, employees who wait until after exhausting all accrued leave might experience a delay before determination of their eligibility can be made by the Leave Share Committee.

The Leave Share process is as follows:

1. An eligible employee or designated representative may request leave share from the pool by submitting a Leave Share Application form (available from employee's Leave Share Representative or employee's payroll/personnel representative) to the appropriate supervisor. The employee or representative must also provide a Physician's Statement (form available from employee's Leave Share Representative, or employee's payroll/personnel representative), which includes a description of the employee's or family members' illness or injury, along with a diagnosis and prognosis.
2. The employee's supervisor shall review the application, provide comments (optional), sign and date, and then forward the Leave Share Application form and the Physician's Statement to his/her Division's payroll/personnel representative.
3. The Division payroll/personnel representative determines whether or not the applicant has exhausted all accrued annual leave, sick leave, compensatory time, and other benefits. He/She also determines if the employee is eligible for worker's compensation indemnity payments and long-term disability payments. This information is recorded on the Leave Share Application form. After completion of this information, the payroll/personnel representative shall forward the Leave Share Application form and the Physician's Statement to the Leave Share Chairperson.
4. Each month the members of the Leave Share Committee consider all applications for leave share received since the last meeting. They review each application individually to determine if it meets the program's guidelines. If an applicant is determined ineligible, the applicant receives no leave share. If an applicant is determined eligible, the Committee then determines the maximum number of hours the applicant may be awarded.
5. If the maximum amount of leave share hours awarded to all applicants for the month exceeds the total number of hours in the pool, the Committee divides the available hours among the recipients. A recipient may not receive more than his/her determined maximum, nor may any applicant receive more than forty hours per week.
6. The Leave Share Chairperson notifies each applicant in writing (cc's Division Leave Share Representative and the applicant's payroll/personnel representative) as to the determination of the applicant's eligibility and, if eligible, the maximum number of hours awarded.
7. The Division payroll/personnel representative and/or timekeeper makes the necessary adjustments/entries for payroll purposes.

## **Awarding Benefits**

The Leave Share Committee determines the maximum number of leave share hours an eligible applicant may be awarded according to the following guidelines:

- An employee may be awarded up to 504 hours of leave share (effective with the first day of leave share usage) to be used within a four (4) month time period per qualifying event. All holidays and the employee's accrued annual and sick leave shall be in addition to the 504 hours leave share.
- The committee considers the statement from the applicant's physician in determining the number of leave share hours to award the applicant.
- The committee may award leave share only when the pool contains sufficient hours to cover it. This policy does not provide for "borrowing" against future donations.
- If the committee awards more leave share hours than the recipient uses, the unused hours are returned to the pool.

## **DIVISION OF RESPONSIBILITY**

### **Leave Share Committee**

The Leave Share Committee shall meet monthly to perform the following functions:

- Determine eligibility of applicants to receive LEAVE;
- After applicant is determined eligible, determine the maximum number of hours applicant should be awarded;
- Divide available hours among recipients when leave is limited; and
- Review recipients' cases periodically to make sure recipients remain eligible.

### **Employee/ Personal Representative**

- Obtain Leave Share Application and complete appropriate sections,
- Obtain Leave Share Physician's Statement and have physician complete appropriate sections; and;
- Forward Leave Share Application form and Physician's Statement to appropriate supervisor.

### **Employee's Supervisor**

- Review Leave Share Application, provide comments (optional), sign, date and
- Forward Leave Share Application form and Physician's Statement to Division's payroll/personnel representative.

### **Division Payroll/Personnel Representative**

The Division payroll/personnel representative receives notice that an employee has been awarded Leave Share hours. This staff person has the following responsibilities:

- Work with the employee's timekeeper to assure the correct entries are made on the employee's time record.
- Monitor leave share usage to assure total hours used do not exceed the maximum amount of leave share hours awarded to the employee.
- Report the employee's total leave share hours used each pay cycle to the Leave Share Secretary.

### **Department Human Resource Manager**

The Department Human Resource Manager has the following responsibilities:

- Develop this policy and adjust it as needed according to the recommendations of the Leave Share Committee and of other employees;
- Disseminate this policy by including a summary in the departmental employee handbook and by other effective means; and
- Act as consultant for the Leave Share Committee.



STATE OF MISSOURI  
 DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION  
**LEAVE SHARE APPLICATION**

**CONFIDENTIAL**

DATE
------

EMPLOYEE NAME	DIVISION	SOCIAL SECURITY NUMBER	
HOME ADDRESS	CITY	STATE	ZIP CODE

**REQUEST FOR LEAVE SHARE**

**REASON FOR REQUEST**  
 (Include information about the nature of your illness or injury and anticipated time off work. Attach a Leave Share Physician's Statement including a diagnosis and prognosis.)

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**TOTAL SHARE HOURS REQUESTED BY APPLICANT** \_\_\_\_\_

I authorize any hospital, physician or any other provider of service to release information which the department needs to determine benefits applicable with this request.

EMPLOYEE/REPRESENTATIVE'S SIGNATURE	DATE
-------------------------------------	------

**SUPERVISOR REVIEW**

**I have reviewed this application.**

COMMENTS (Optional) - *Attach sheet if additional space is needed.*

---



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SUPERVISOR'S SIGNATURE	DATE
------------------------	------

**(Forward to Division Payroll/Personnel after signing)**

**PERSONNEL/PAYROLL**

**LEAVE BALANCES AS OF (DATE):**

ANNUAL LEAVE	SICK LEAVE	COMPENSATORY TIME	OTHER	DEPARTMENT HIRE DATE
--------------	------------	-------------------	-------	----------------------

Eligible for workers' compensation indemnity  Yes  No      Eligible for long term disability  Yes  No

PERSONNEL/PAYROLL REPRESENTATIVE SIGNATURE	DATE
--	------

**FOR LEAVE SHARE COMMITTEE USE**

TOTAL NUMBER OF HOURS APPROVED	DATE APPROVED	EFFECTIVE DATE
--------------------------------	---------------	----------------

LEAVE SHARE REPRESENTATIVE SIGNATURE	DATE
--------------------------------------	------



**LEAVE SHARE PROGRAM  
PHYSICIAN'S STATEMENT**

**CONFIDENTIAL**

<b>TO BE COMPLETED BY PHYSICIAN</b> (Please type or print legibly)		
EMPLOYEE NAME	DATE	
PATIENT NAME	SOCIAL SECURITY NUMBER	
NATURE OF ILLNESS OR INJURY	DATE OF ONSET OF CONDITION	
DIAGNOSIS		
Could the condition result in permanent disability? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please attach detailed explanation.		
Could the condition be life threatening if not treated? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please attach detailed explanation.		
PROGNOSIS - PLEASE PROVIDE A DETAILED PROGNOSIS.    (Attach sheet if additional space is needed)		
Is hospitalization required? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, what is the anticipated length of stay?		
LENGTH OF RECOVERY		
ANTICIPATED DATE TO RESUME JOB RESPONSIBILITIES		
If the employee is not the patient, is his/her absence from work required to care for the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe the type of care he/she will be required to provide the patient.		
<hr/> <hr/> <hr/> <hr/>		
SIGNATURE OF PHYSICIAN	PRINTED NAME OF PHYSICIAN	PHYSICIAN PHONE NO.



**LEAVE SHARE DONATION**

COMPLETE THE SECTION BELOW THAT PERTAINS TO YOUR DONATION

**CONFIDENTIAL**

<p>I understand that whenever I make a donation, my personal leave balance will be reduced accordingly, I cannot direct to whom it is given, nor can I retract the donation once it has been given.</p>		
<p>May we publish your name as a part of our recognition program?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p>		
<p><b>SINGLE DONATION    (cc: Leave Share Secretary)</b></p>		
<p><input type="checkbox"/> I wish to donate _____ hour(s) of    <input type="checkbox"/> Annual leave    <input type="checkbox"/> Compensatory leave to the leave share pool</p>		
PRINT NAME	DIVISION	
SIGNATURE	SOCIAL SECURITY NUMBER	EFFECTIVE DATE
<p><b>MONTHLY DONATION    (cc: Leave Share Secretary)</b></p>		
<p><input type="checkbox"/> I wish to donate _____ hour(s) of    <input type="checkbox"/> Annual leave    <input type="checkbox"/> Compensatory leave each month to the Leave Share pool.</p>		
PRINT NAME	DIVISION	
SIGNATURE	SOCIAL SECURITY NUMBER	EFFECTIVE DATE
<p><input type="checkbox"/> I wish to <b>stop the monthly</b> donation of _____ hour(s) to the Leave Share pool.</p>		
PRINT NAME	DIVISION	
SIGNATURE	SOCIAL SECURITY NUMBER	EFFECTIVE DATE
<p><b>BLANKET DONATION    (cc: Leave Share Secretary)</b></p>		
<p>Definition of "BLANKET DONATION" refers to a donation of hours from an employee who has earned the maximum number of annual leave hours and will forfeit all hours over that amount at the end of the annual accrual period (currently October 31 of each year)</p>		
<p>This section is to be completed when an employee wants to authorize the payroll department to initiate OR cancel the "Blanket Donation".</p>		
<p><input type="checkbox"/> INITIATE BLANKET DONATION</p>		
PRINT NAME	DIVISION	
SIGNATURE	SOCIAL SECURITY NUMBER	EFFECTIVE DATE
<p><input type="checkbox"/> CANCEL BLANKET DONATION</p>		
PRINT NAME	DIVISION	
SIGNATURE	SOCIAL SECURITY NUMBER	EFFECTIVE DATE



## **2.312 Continuing Education Reimbursement Policy**

The Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) may reimburse up to 100% of continuing education fees when taken at the request of the department or requested by the employee with prior written approval of their supervisor, division director and director of resource administration or divisional designee. The continuing education (CE) classes can be necessary to meet the OA supervisor training requirements or to maintain professional licenses, certifications or organizational memberships that benefit the department's mission. For purposes of this policy, continuing education is defined as an educational program (e.g. seminars, conferences, and OA trainings) that may or may not provide continuing education (CE) credits. Attendance can either be required by the supervisor or optional and requested by an employee.

### **ENROLLMENT AND APPROVAL PROCESS**

Before enrollment in any training, you must complete and submit the *Continuing Education Registration Request* form (Exhibit 1) for approval. Forward the completed form to your supervisor. Upon approval by your supervisor, the form must be submitted to your division director, and then to the director of resource administration or divisional designee for final approval. If approval is granted, you may enroll in the requested continuing education program/class. The program/class will be direct billed or prepaid by the department as required by the education provider.

### **LEAVE AND EXPENSE REIMBURSEMENT GUIDELINES**

- If the supervisor requires the continuing education program, administrative leave will be granted, and appropriate expenses associated with the continuing education program will be reimbursed.
- If the continuing education program is optional, but beneficial to DIFP and approved by the supervisor, administrative leave will be granted, and appropriate expenses associated with the continuing education program will be reimbursed.
- If the continuing education program is optional, of minimal or no benefit to DIFP and not approved by the supervisor, annual leave or compensatory time must be used, and expenses associated with the continuing education program will not be reimbursed.

**State of Missouri**  
**Department of Insurance, Financial Institutions & Professional Registration**  
**CONTINUING EDUCATION REGISTRATION REQUEST FORM**

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

Title: \_\_\_\_\_

Org: \_\_\_\_\_



Continuing Education Credit Hours: \_\_\_\_\_

Name of Continuing Education Program	License, Certification or Designation Requiring Continuing Education	Program City, State (include Out-of-State Travel Authorization Form if applicable)	Program Location (name of school/org.)	Fee

**Time estimate, including travel time.**

CE Dates	Hours
<b>Total Hours</b>	<b>0.00</b>

I request approval for the above listed CE dates to appear on my future timesheet. I will inform my supervisor of any deviation in the event, when possible.

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

\_\_\_\_\_  
Date

Initial and date appropriate line

TITLE	APPROVED BY	DISAPPROVED BY	DATE
Supervisor			
Division Director or designee			
Director of Resource Administration or Divisional Designee			

## 2.313 Professional Licenses, Certifications or Membership Reimbursement

The Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) recognizes the need for employment of individuals with professional licenses, certifications and organizational membership affiliations to ensure the delivery of the highest quality service to the citizens of the state. To assist employees with their attainment and maintenance of licenses, certifications and organizational memberships, DIFP established this reimbursement policy for department use. Categories and policy provisions are outlined below.

DIFP set the reimbursement limit at a total of two licenses, certifications, association and organizational memberships per employee from categories listed below. Limited exceptions may be granted by the deputy director or divisional designee of Finance, Credit Unions or Professional Registration. Please use the attached *Professional Licenses, Certifications or Membership Reimbursement Request* form (Exhibit 1) to request reimbursement.

### **CATEGORIES OF PROFESSIONAL DUES AND MEMBERSHIPS**

#### **1. INDIVIDUAL LICENSE OR CERTIFICATION FEES**

This category includes the fee required by state or federal authorities for a license or certification that is required for the employee to specifically perform their job by law. Examples of this situation would include attorneys practicing law in state departments and nurses, doctors, and pharmacists performing medical services in state facilities.

When state or federal law does not require the individual to have the certification or license to perform the job function, this category is not applicable. Examples of this would be certified public accountants with the Division of Accounting or the State Auditor's Office.

#### **POLICY**

The agency will reimburse or directly pay individuals for the application and/or annual renewal fees for licenses or certificates possessed by employees, so long as the license or certificate possessed by the employee is a condition of employment. In addition, DIFP has the option of agreeing to reimburse for licenses and/or certificates that may be "preferred" by the appointing authority and not necessarily a condition for employment. These situations may be reviewed individually on a case-by-case basis.

#### **2. INDIVIDUAL PROFESSIONAL ASSOCIATION DUES**

This category includes the dues associated with membership in professional associations that are directly related to the work of the individual employee in the Department.

#### **POLICY:**

The Department recognizes the need for individual employees to develop and improve professional or vocational skills. Many professional associations provide this enhancement through continuing education and interaction with other professionals working in the same field. The department will encourage and allow its employees to join associations as members, and may reimburse the employees or directly pay for this expense if membership is determined by the agency to coincide with employee job responsibilities.

The employee may request the reimbursement if he or she is a member in good standing and can demonstrate that the membership will result in direct and tangible benefits to the mission of the Department. The Department will determine whether the particular association provides a meaningful benefit to their mission. Each association requested will be reviewed and either approved or rejected based on these criteria. Employees will not consider membership in any association as mandatory but should be at the employee's request having satisfied the above conditions. When a particular profession has license fees and association dues that are not separable, reimbursement may be paid as "association dues" if requested and approved as above. The deputy director or divisional designee will have approval authority for designating particular associations as eligible for due reimbursement. Membership in recognized employee bargaining units or any group or association that competes directly with them will not be reimbursed.

### **3. AGENCY MEMBERSHIP OR DUES IN OTHER ORGANIZATIONS**

This category includes organization dues generally considered “agency dues” and may or may not require an individual to be named as the agency representative. These memberships include any organization that has a direct or indirect interest in the mission of the agency.

#### **POLICY:**

The state recognizes the need for departments to be involved in organizations which are stakeholders in the mission of the agency. The Department will reimburse or directly pay for these memberships when the membership will provide a direct or indirect benefit to the accomplishment of the Department’s mission. The deputy director or divisional designee will assign individuals to represent the agency as requested by the organization and to receive membership benefits.

### **CONTINUING EDUCATION FOR PROFESSIONAL LICENSES, CERTIFICATIONS AND DESIGNATIONS**

See 2.312 Continuing Education Reimbursement Policies.

# DIFP

## PROFESSIONAL LICENSES, CERTIFICATIONS OR MEMBERSHIP REIMBURSEMENT REQUEST

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

Title: \_\_\_\_\_

Section: \_\_\_\_\_

Division: \_\_\_\_\_

I request DIFP maintain these licenses, certifications, professional association and organizational memberships. This includes the annual licensure, certification or membership fees as outlined in Policy 2.313. I understand that reimbursement for continuing education tuition fees related to this must be requested under *Policy 2.312 Continuing Education* and will be reviewed on a case-by-case basis by my supervisor, division director and the director of resource administration or divisional designee. Out of state bar dues and national license fees are ineligible for maintenance.

Identify in the appropriate column all licenses, certifications, professional association and membership fees requested to be maintained by DIFP. Employees are limited to a total of two.

	INDIVIDUAL LICENSE OR CERTIFICATION FEES	INDIVIDUAL PROFESSIONAL ASSOCIATION DUES	AGENCY MEMBERSHIP OR DUES IN OTHER ORGANIZATIONS
1			
2			

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

\_\_\_\_\_  
Date

-----  
~  
INITIAL AND DATE APPROPRIATE LINE

INITIALS	APPROVED	DISAPPROVED	DATE
Supervisor			
Division Director or designee			
Director of Resource Administration or Divisional Designee			



## 2.314 Insurance and Other Job Related Courses Policy-INSURANCE POLICY

The Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) encourages and supports its employees continuing their education by participating in insurance and other job-related educational training programs. This policy establishes guidelines to follow when pursuing this type of education. Insurance and other job-related courses include: LOMA courses, CPCU courses, IIA courses, SOFE courses, IRES courses, HIAA courses, CLU and ChFC courses and CPA courses. Depending on your job, this type of coursework may be required, or simply encouraged.

### **ELIGIBILITY**

To be eligible for reimbursement of insurance and other job-related course fees, employees must be in a position that is deemed to be of a continuing nature.

**NOTE Exception:** Employees taking these courses in pursuit of attainment of the following designations, and working in any Examiner/Audit Manager classification upon accomplishment of any of these designations, are not eligible for reimbursement of course fees. A limited number of books will be purchased for these employees. The specific designations are:

Accredited Insurance Examiner (AIE)  
Certified Insurance Examiner (CIE)  
Accredited Financial Examiner (AFE)  
Certified Financial Examiner (CFE)  
Automated Examination Specialist (AES)

All employees receiving reimbursement for course work associated with attaining any of these designations, then subsequently being employed in any Examiner or Audit Manager Position, must make refund within six months to the Department for all fees reimbursed to the employee.

### **REIMBURSEMENT GUIDELINES**

The Department will reimburse up to 100% of insurance and other job related courses passed by Department employees when either taken at the request of the Department or requested by the employee.

The Department may purchase books used for these study programs. When the employee receives approval to enroll in the program, the employee must request the appropriate books from the Department's education coordinator. If the books are not already on file with the Department, the coordinator may order the requested books. Upon receipt of the books from the vendor, the coordinator will forward the books to the employee. Upon completion of the course, the employee must return the books to the education coordinator.

No monetary reimbursement will be authorized for matriculation fees, travel, meals and other expenses associated with this type of training. Reimbursement for insurance and other job-related courses will be dependent upon the availability of funds and may be denied any time that adequate funding does not exist.

### **APPROVAL PROCESS**

Employees must complete a *Course Registration Request* form (Exhibit 1), and forward it to their supervisor. Upon their supervisor's approval, the form must be submitted to the respective division director and to the director of resource administration for final approval. If approval is granted, the employee may enroll in the requested course(s). Within six weeks of completion of the approved course, the employee must submit to their supervisor a completed *Course Reimbursement Request* form (Exhibit 2), along with a copy of the receipt indicating the course fees were paid in full, and a copy of the grade card. Upon approval by the supervisor, the form must be submitted to the division director and the director of resource administration for final approval. Employees must pay for courses as required by the educational institution and then request reimbursement from the Department. The Department will not pre-pay or be direct billed for this type of study.

### **COURSE SCHEDULING**

While this type of training is usually self-study (which the employee does on his or her own time), for approved courses and tests scheduled during the employee's normal work hours the employee is allowed eight hours of administrative leave with pay per quarter to travel to and from the test site and take the test. Tests should be scheduled at a time and location providing the most efficient use of state resources. Most testing companies provide for testing in St. Louis, Kansas City and sometimes Columbia and Jefferson City. Employees should contact the Department's education coordinator to learn of available testing locations, dates and times.

**GUIDELINES FOR BECKER REVIEW COURSE/CPA EXAM**

Providing funds exist, the Department will reimburse either the fee for the Becker Review Course or the fee for the CPA exam. The reimbursement will be made upon notification of the employee's successful completion of the CPA exam.

Attendance of the review course and/or the CPA exam must follow the course scheduling guidelines established above.

No reimbursement will be authorized for matriculation fees, travel, meals and other expenses associated with this type of training.



# DIFP

## COURSE REGISTRATION REQUEST

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

Title: \_\_\_\_\_

Section: \_\_\_\_\_

Division: \_\_\_\_\_

Course Title	Course/Exam Schedule	Course/Test Location (name of school/org.)	Course/Test Fee

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

\_\_\_\_\_  
Date

~~~~~  
*Initial and date appropriate line*

| TITLE                       | APPROVED | DISAPPROVED | DATE |
|-----------------------------|----------|-------------|------|
| Supervisor                  |          |             |      |
| Division Director           |          |             |      |
| Director of Resource Admin. |          |             |      |

# DIFP

## COURSE REIMBURSEMENT REQUEST

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

Title: \_\_\_\_\_

Section: \_\_\_\_\_

Division: \_\_\_\_\_

I request reimbursement of \$\_\_\_\_\_ as outlined on the *Course Registration Request* (Exhibit 1). I have attached a receipt for course fees paid in full and a copy of my official grade report.

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

\_\_\_\_\_  
Date

~~~~~  
~  
*Initial and date appropriate line*

TITLE	APPROVED	DISAPPROVED	DATE
Supervisor			
Division Director			
Director of Resource Admin.			

## 2.320 Employee Grievance Procedure Policy

The Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) recognizes the importance of encouraging employees to express their disagreements arising from working relationships, working conditions and employment practices. Grievances are any dispute over employment matters for which the appointing authority has complete or partial jurisdiction and for which a specific appeal to the Personnel Advisory Board is not provided. Only current employees may file grievances. If an employee terminates employment with the Department, the grievance process will be discontinued. To protest acts of sexual harassment or unlawful discrimination refer to the departmental *Employee Complaint Procedure* policy 2.325.

### PROCEDURE

The grievance procedure should resolve the grievance quickly, settle the disagreement informally at the employee-supervisor level when possible and correct the cause of the grievance to prevent future similar grievances.

1. Attempt to resolve the dispute informally by verbally discussing the grievance with your immediate supervisor. Human Resources is available to assist you in addressing the dispute informally.
2. If the informal discussion does not resolve the issue, you may start the formal process by completing a GRIEVANCE REVIEW REQUEST form (see Exhibit 1) within 30 days of the occurrence of the incident and submitting it to your immediate supervisor. Specific remedies you are seeking should be included in the grievance. Your supervisor shall respond in writing to the grievance within ten (10) working days of receipt of the GRIEVANCE REVIEW REQUEST.
3. If the supervisor's answer does not resolve the situation to your satisfaction, you may submit the GRIEVANCE REVIEW REQUEST to your division director or designee within ten (10) working days of receiving your supervisor's response. The GRIEVANCE REVIEW REQUEST should also include the supervisor's written response as well as any other related information. Your division director or designee will meet with you to discuss the grievance and will investigate the issue further, if needed. The division director or designee will respond to the grievance in writing within fifteen (15) working days of receiving the grievance.
4. A grievance that is not resolved to your satisfaction at the division level may be submitted to the Department director or designee within ten (10) working days of receipt of your division director's decision. The Department director or his/her designee will review the facts presented in the grievance and gather any additional information that is necessary. The department director or designee must receive the GRIEVANCE REVIEW REQUEST, the supervisor's written response, the division director's or designee's written response as well as any other relevant information. You will receive a final decision, signed by the department director within thirty (30) working days from the department director's receipt of the written grievance information.

Time frames are intended to ensure prompt attention to grievances. Any of the time limits may be extended by mutual agreement of the involved parties. If the involved parties cannot agree, the manager of human resources will determine appropriateness of an extension.

Grievances should not become part of any other permanent record and will not be maintained in the employee's personnel file. Supervisors maintaining grievances should do so in a separate file.

Confidentiality is expected of all parties who participant in the grievance process.

Retaliation and/or coercion as a result of using the grievance procedure will not be tolerated. Any employee who feels they experience coercion or retaliation should contact the manager of human resources.

The manager of human resources is available to advise employees and management on the grievance process.

Exhibit 1

# DIFP

## GRIEVANCE REVIEW REQUEST

	DATE RECEIVED	BY	
GRIEVANT NAME	HOME TELEPHONE	WORK TELEPHONE	
DIVISION	SECTION		
PERSON FILING GRIEVANCE WITH		TELEPHONE	
PERSON(S) FILING GRIEVANCE AGAINST			
NAME OF SUPERVISOR AND DATE DISCUSSION HELD TO SEEK RESOLUTION			
GRIEVANCE ISSUE			
PLEASE EXPLAIN FULLY – USE ADDITIONAL SHEETS, IF NECESSARY			
ALLEGATION			
DATE(S) OF OCCURANCE			
BRIEFLY DESCRIBE THE SITUATION WHICH CAUSED YOU TO FILE THIS GRIEVANCE. INCLUDE PLACE AND TIME OF OCCURANCE AND NAME(S) OF PERSON(S) INVOLVED. LIST WITNESSES, IF APPLICABLE. USE ADDITIONAL SHEETS, IF NECESSARY.			
DESIRED REMEDY (USE ADDITIONAL SHEETS, IF NECESSARY)			
SIGNATURE OF GRIEVANT	DATE	SIGNATURE OF MANAGEMENT REPRESENTATIVE	DATE

## 2.325 Employee Complaint Procedure

The Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) is committed to providing a work environment free from sexual harassment and discrimination based on religion, race, sex, national origin, age, disability, color or veteran status. Such acts are a violation of federal and state civil rights law. The purpose of this policy is to establish a systematic procedure for resolving complaints of sexual harassment and unlawful discrimination. Disputes surrounding terms or conditions of employment should be resolved through the department's *Employee Grievance Procedure* policy 2-320.

### PROCEDURE

1. Employees should report in writing all acts that violate this policy to their supervisor, division director or designee or human resources.
2. All complaints shall be forwarded to the appropriate human resource manager/officer.
3. Upon receipt of the complaint the human resources manager/officer will conduct an impartial investigation. The investigation may involve interviewing the person(s) alleged to have committed the harassment or discrimination, as well as co-workers, witnesses, supervisors, and managers as needed, to complete a thorough investigation.
4. The complainant will be informed of the findings in writing.
5. DIFP's policy is that individuals filing a sexual harassment or discrimination complaint, or participating in the investigation of a complaint, will not be subject to any form of retaliation. Violation of this provision will result in appropriate disciplinary action toward the retaliating party, up to and including termination.
6. After completion of the investigation, appropriate corrective action will be taken upon findings of discrimination or sexual harassment. The human resource manager/officer will recommend to the department director or divisional director of Finance, Credit Unions or Professional Registration what action should be taken against the offender. The department director or divisional director of Finance, Credit Unions or Professional Registration will make the final determination of what corrective or disciplinary action should be taken.
7. Information contained in the complaint, the investigation and the recommendations shall be confidential information. This information will be released only to appropriate parties on a need-to-know basis.
8. Upon closure of the complaint, all documents shall be filed separate and apart from the personnel records of the individuals involved, unless disciplinary action is taken. Necessary paperwork will be filed in the disciplined employee's personnel file.

## **2.330 Telecommuting Policy**

### **PURPOSE**

The Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) establishes guidelines for telecommuting without impairing service to the public, the employee's ability to meet job requirements and the needs of the agency.

### **ELIGIBILITY**

This policy applies to all DIFP employees. However, the department director or divisional director of Finance, Credit Unions or Professional Registration reserves the right to waive any of the limitations or restrictions in this policy when an employee is assigned to work at home as a reasonable accommodation.

### **DEFINITIONS**

Telecommuter-an employee who voluntarily substitutes the normal work commute by working at a remote work location. An employee on travel status is not considered to be telecommuting.

Telecommuting-A formal, scheduled work location alternative for employees who work partially at an official work station and partially at home or at another remote work location.

Remote work location-An extension of the employee's official work station located at another office near or at the employee's home.

Official work station-The city or town where the employee's office is located, as assigned by the department director or divisional director of Finance, Credit Unions or Professional Registration.

### **GENERAL PROVISIONS**

1. Telecommuting is a management tool that provides flexibility in meeting business and employee needs, but is not a universal employee benefit.
2. The telecommuter's job responsibilities, total work hours, salary, benefits, workers' compensation coverage and other terms and conditions of employment do not change as a result of telecommuting. The performance standards of a telecommuter are equivalent to those at the official work station.
3. The telecommuter will have regularly scheduled work hours agreed upon with the supervisor.
4. Telecommuting is not a substitute for dependent care. The employee will make necessary arrangements so that he/she does not provide dependent care during scheduled work hours.
5. The telecommuting arrangement can be terminated at any time if it is determined that the Department and/or employee needs are not being met.

### **CRITERIA FOR APPROVAL**

1. The supervisor determines that the employee's duties can be performed successfully at a remote work location and that the arrangement is cost effective and meets the business needs of the Department.
2. The employee's absence from the official workstation will not be detrimental to the work group's productivity or needs of the public, and will not have a disruptive impact on working conditions of other employees.

### **EQUIPMENT, SOFTWARE AND FURNITURE**

1. The supervisor may determine that certain equipment is essential in order for the employee to perform the job satisfactorily while telecommuting.
2. An assessment of available resources will be conducted to determine whether telecommuting would be a satisfactory work arrangement.
3. Employees using department software must adhere to manufacturer's licensing agreements.
4. Security of restricted access materials must be maintained.

### **AUTHORIZATION TO TELECOMMUTE**

1. The department director or divisional director of Finance, Credit Unions or Professional Registration will have the final approval for all telecommuting requests.
2. Employees must complete a *Telecommuting Request Form* (Exhibit 1), and forward it to their supervisor. Upon their supervisor's approval, the form must be submitted to the respective division director and to the department director or divisional director of Finance, Credit Unions or Professional Registration for final approval.
3. A copy of the telecommuter's performance appraisal shall accompany Exhibit 1.

**Exhibit 1**

**DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS &  
PROFESSIONAL REGISTRATION  
TELECOMMUTING REQUEST FORM**

1. EMPLOYEE'S NAME (Last, First, Initial):	2. WORK PHONE NO.:	3. DIVISION:
4. OFFICIAL WORK STATION (Address):	5. PROPOSED REMOTE WORK LOCATION (Address & Phone Number):	
	5a. IS THIS YOUR HOME?                      YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>6. SPECIFY TELECOMMUTING DAYS AND WORK HOURS:</b>	7. IDENTIFY THE DUTIES THAT WILL BE PERFORMED AT THE REMOTE LOCATION:	
6a. TELECOMMUTING DAYS:		
6b. WORK HOURS:		

**1. Requirements for all Telecommuters:**

- A.    **Standards to be met** -- I will meet the same performance and safety standards used at my official work station. I agree to adhere to all DIFP policies and procedures.
- B.    **Attendance at office meetings** -- Unless other arrangements are made, I will attend agency meetings and all assigned office meetings including those which would normally be held on a telecommuting day. I understand that travel between my official work station and remote work location is not compensable hours and is not eligible for travel reimbursement.
- C.    **Compliance with federal and state laws and rules** -- I agree to comply with state and federal employment laws that apply to all state employees, including the Fair Labor Standards Act, which regulates the payment of overtime. I understand that I will not work overtime without prior written authorization from my supervisor. I also understand that the laws and rules governing sick and vacation leave apply.
- D.    **Worker's compensation** -- I understand that I am covered by Missouri's workers' compensation laws while in telecommuting status. Any injury that occurs within the course and scope of my employment will be reported to my supervisor immediately, and I will use the agency's standard injury reporting process. I understand that my designated remote work location is considered an extension of agency work space only during scheduled telecommuting working hours for the purposes of workers' compensation. DIFP reserves the right to make an on-site inspection.
- E.    **Records retention** -- I understand that data created and maintained at my remote work location are subject to the DIFP's records management program, and that proper retention and disposal procedures are required. I understand that such data remains the property of the Department. The agency shall have access to all records at my remote work location on the same basis as at my official work station. Upon termination of this agreement, all such records will be returned to the agency within 5 days.
- F.    **Privacy and confidentiality** -- I agree to maintain and protect the privacy and confidentiality of all materials, information, or data related to the business of the agency used at my remote work location.

- G. **Loss, theft, or destruction of property** -- I understand that the DIFP is not liable for the loss, theft, or destruction of personal property which I may use in connection with telecommuting.
- H. **Dependent care** -- I understand that telecommuting is not a substitute for dependent care. During the hours designated as telecommuting hours, I will make necessary arrangements so that I am not the caregiver for any reason.
- I. **Supplies** -- I understand that agency-provided supplies needed at my remote work location will be obtained through the normal supply procurement procedures, and will be used for work-related business only.

2. **Additional Requirement for Employees Telecommuting from home:**

- A. **Improvements at location** -- I understand that any costs related to improvements, such as remodeling or electrical modifications, are my sole responsibility. I also understand that the DIFP is not liable for any loss, theft, or destruction of real or personal property used in connection with telecommuting from my approved remote work location.
- B. **Business meetings at my home** -- I understand that I will not hold business meetings at my home.
- C. **Taxes** -- I understand that federal or state tax implications of telecommuting and the use of a home office, if any, are my sole responsibility.
- D. **Other** -- \_\_\_\_\_  
\_\_\_\_\_

I have read and understand the above requirements and the DIFP Telecommuting Policy, and I agree to the conditions thereof. I also understand that this agreement is subject to cancellation at any time by the Department Director (for insurance divisions), Division Director or designee, Supervisor, or myself.

EMPLOYEE'S SIGNATURE:	DATE:
-----------------------	-------

SUPERVISOR'S SIGNATURE:	DATE:	<input type="checkbox"/> RECOMMEND APPROVAL	<input type="checkbox"/> RECOMMEND DISAPPROVAL
DIVISION DIRECTOR'S SIGNATURE:	DATE:	<input type="checkbox"/> APPROVAL	<input type="checkbox"/> DISAPPROVAL
DEPARTMENT DIRECTOR'S SIGNATURE (for insurance divisions) :	DATE:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED



## 2.331 Flexible Work Hours Policy

### **PURPOSE**

The Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) recognizes that in certain circumstances, modified work hours can be a useful tool providing savings to taxpayers while increasing employee satisfaction and effective delivery of services to the public.

### **GENERAL PROVISIONS**

Regular business hours for DIFP are 8:00 a.m. to 5:00 p.m., Monday through Friday. Employees are provided a 1-hour lunch break and a 15-minute break in the morning and afternoon. To maximize the efficiency of the organization, most employees are expected to work this regular work schedule. The division directors may authorize some alternative work schedules. Division directors should consider whether the divergence from the regular department work schedule impacts employee productivity, the effectiveness of the Department and whether the modified work schedule reduces the cost of government on taxpayers. Modified work schedules must be requested and approved in a written document. On July 1, of each year, division directors or section managers shall submit to the department director or divisional directors of Finance, Credit Unions or Professional Registration, a roster of employees and their respective work schedules.

### **GUIDELINES**

1. Division directors must approve all work schedules that vary from the regular business hours of 8:00 a.m. to 5:00 p.m., Monday through Friday.
2. The department director has approved the following 5-day x 8-hour work schedule options:
  - a. 7:00 a.m. to 4:00 p.m.
  - b. 7:30 a.m. to 4:30 p.m.
  - c. 8:00 a.m. to 5:00 p.m.
  - d. 8:30 a.m. to 5:30 p.m.
3. As a cost containment strategy, the department director or divisional director of Finance, Credit Unions or Professional Registration may authorize alternate schedules that are documented in writing and justified to best serve the citizens of Missouri as well as maintain adequate staffing to meet section workflow needs.
4. Modified work schedules must not result in overtime for non-exempt employees based on a 40-hour work week.
5. The core lunch break is from 11:00 a.m. to 2:00 p.m., unless an alternative time is necessary to cover the office telephone lines and office duties during that time, or in the occasional circumstance that work commitments did not allow a break during the noon hour. In those circumstances, the employee must obtain approval from the supervisor. The regular lunch break must be included if the workday exceeds six hours. Lunch is not considered part of the 40-hour work week.
6. The department director or divisional director of Finance, Credit Unions or Professional Registration may approve a 30-minute lunch period and shorten the day by the same amount for non-supervisory and non-attorney employees. Some exceptions may apply by agency with the approval of the department director or divisional director of Finance, Credit Unions or Professional Registration.
7. Modified work schedules do not diminish management's ability to assign responsibility and accountability to individual employees for the performance of their duties. Managers have a duty to adequately supervise employees who are on varied work schedule.
8. The division directors, managers, and supervisors must ensure that operational requirements can be fully achieved during the business hours of 8:00 a.m. to 5:00 p.m.
9. Modified work schedules are not an entitlement and must be reviewed by division directors during the annual performance appraisal process or at appropriate times determined by divisional directors of Finance, Credit Unions or Professional Registration to determine whether the employee's schedule contributes to the effectiveness of the agency.
10. If a director determines the work schedule must be changed the supervisor/manager will provide the employee with a written explanation for the work schedule change.
11. Rest Periods – DIFP employees are normally allowed one rest period or "break" during each four-hour period of work, not to exceed 15 minutes each. These rest periods are included as "hours worked." Rest periods may not be taken in conjunction with the beginning or ending of a workday, or used to extend a lunch period, nor can it accrue as comp

time or any other type of leave. If a break is not taken it cannot be taken later outside the four-hour work period. FLSA or any other state or federal law does not mandate rest periods; therefore, supervisors may require employees to work through their rest periods if the workload requires it.

12. Workdays longer than ten hours will not be approved as part of a modified work schedule.
13. In order to accommodate the particular health or family needs of an employee, the department director or divisional director of Finance, Credit Unions or Professional Registration may temporarily grant part-time employment or a modified work schedule outside the guidelines of this policy. Any request must be made through the employee's division director or appropriate reporting authority.
14. With the exception of pre-approved extended lunch breaks for fitness, work schedules may not fluctuate from day to day.

### **APPROVED FITNESS PROGRAM**

Employees may submit to their division director a written request for approval of a modified work schedule permitting them to extend the one-hour lunch break to accommodate a 90-minute fitness program at an approved facility by extending the work day by thirty (30) minutes.

### **MODIFIED WORK SCHEDULES HOW TO USE THEM**

Before approaching your supervisor with a request for a modified work schedule, ask yourself the following questions:

- What are my own needs and constraints?
- How will my productivity and performance be improved?
- How can this arrangement benefit the department and the taxpaying public?

After you have thought through the items above and would like to request a modified work schedule, you should submit the request in written form and request a meeting with your supervisor. You must obtain your division director's written approval on your request. Not all requests can be granted. The nature of the employee's job, the assignment, ability to provide supervision, and our availability to consumers and the businesses we regulate all have an impact on the director's ability to accommodate your request.

If a modified work schedule is chosen as an option, employees must recognize they are being paid to perform a full-time job. The employee's timesheet must reflect hours actually worked on each specific day, not an average or estimate. Managers are expected to work a sufficient number of hours to effectively perform their work, and certainly no less than sufficient to supervise the office during regular business hours. A modified work schedule is not less time, but managing time at work in a different manner.

### **HOLIDAYS**

A holiday is eight hours. For employees on flexible work schedules the following situation may be encountered.

1. A holiday may fall on an employee's day off. An employee works ten hours a day Monday through Thursday and the holiday is on Friday. The employee should alter his work week so that he or she only works 32 hours. The supervisor is responsible for approving the altered work week.
2. A holiday falls on an employee's normal workday and the employee is scheduled to work in excess of 8 hours that day. The employee needs to make up the hours over 8 by either working additional time other days that week or taking annual leave. Keeping in mind an employee cannot work in excess of 10 hours on any given day. The supervisor must approve how the additional hours will be made up.

## 3.100 Travel Policy

The Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) will reimburse its employees, board and commission members, advisory board members, and others as appropriate for reasonable and necessary expenses incurred on behalf of the Department.

The following travel regulations are issued for the guidance of officials, employees, and all who travel to represent the Department except where specific statutes provide otherwise. Copies of the State of Missouri Travel Regulations are available in human resources.

The department shall follow all items included in the Office of Administration's regulation 1 CSR 10-11-010 found at <http://www.sos.mo.gov/adrules/csr/current/1csr/1c10-11.pdf>.

The department shall follow all items included in the Office of Administration's statewide Vehicular Travel Policy found at <http://www.oa.mo.gov/co/policies/sp12vehicular.pdf>.

All divisions are required to use the most current version of the Monthly Expense Report Form. The Department travel policy includes the following additional provisions:

### **MEALS**

CONUS rates will be used as the standard of reasonableness for meal reimbursement. Updates to the meal rates are posted on the Internet at <http://www.gsa.gov>. The amount listed for each meal in the CONUS rate includes tips. Tips should not exceed 20%.

CONUS per meal limits may be exceeded if two or three meals are allowable for reimbursement for the day; however, reimbursement cannot exceed the combined per meal rate for all allowable meals for the day. Each meal expense must be listed separately on the expense account.

Receipts are required for all food expenses. Detailed receipts are encouraged. Documentation and approval by Department Director or divisional designee is required for any expense for which a receipt is not available. Department Director or divisional designee may refuse reimbursement for any expense not having the required receipt.

Traveling without an overnight stay requires more than 12 hours in travel status to qualify for reimbursement for meals per the schedule below. When traveling overnight on Department business and incurring lodging expenses, meal reimbursement begins and ends as outlined below. These guidelines include travel time only and are not intended to include time for the meal.

Early Departure/Late Arrival:

Leaving before: \_\_\_\_\_ Meal Reimbursement begins with: \_\_\_\_\_ 7:00 a.m.  
Breakfast

11:00 a.m. Lunch

5:30 p.m. Dinner

Returning after: \_\_\_\_\_ Meal Reimbursement ends with: \_\_\_\_\_  
Breakfast

1:00 p.m. Lunch

7:00 p.m. Dinner

## **LODGING**

Lodging expenses should be direct billed to the agency when possible. Hotel/motel rates should not exceed CONUS. Employees should request the government or convention rate when making reservations. Approval is needed by Department Director or Divisional Designee to exceed CONUS or the government rate.

The State of Missouri is exempted from the payment of the state sales tax on hotel/motel rooms booked in Missouri for state business purposes. Copies of the tax exemption certificate are available to employees from your supervisor or divisional accounting section, or for Insurance divisions, in support services. An explanation must be provided on the expense report when state taxes that should have been exempted are claimed.

Divisions should determine prior to travel occurring whether it is more economical to pay overnight lodging or mileage. As a general rule, it is more economical to pay mileage when within 50 miles of official domicile.

In addition to the department travel policy, the Department Director shall approve a written travel manual for use by the insurance divisions to provide additional clarification, procedures and guidelines specific to the insurance divisions. The Division Directors of the Finance, Credit Union, and Professional Registration divisions shall approve a written travel manual or guidelines with additional clarification and procedures which are specific to these divisions.

The Department may have travel guidelines that are more specific than the state travel regulations but cannot allow expenses not authorized by state policy. All divisions within DIFP must comply with this policy but are not prohibited from having a more restrictive travel manual or guidelines.

## 3.200 Relocation Expense Policy

New and existing Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) employees may, under certain circumstances, receive reimbursement or partial reimbursement for specific relocation expenses as established in this policy. Whether or not relocation expenses will be reimbursed for any new or existing employees is at the sole discretion of the appointing authority and is subject to the availability of funds.

### **REIMBURSEMENT GUIDELINES**

Employees requesting consideration for reimbursement for relocation must go through normal supervisory channels.

Upon approval by the appointing authority, new and existing DIFP employees may receive reimbursement only for actual moving expenses and temporary living expenses based on the following:

Moving Expenses - The employee may be reimbursed up to either the actual cost of moving his/her household effects and family or an amount not to exceed ten percent (10%) of the employee's annual salary - whichever is less.

As a portion of the moving expense reimbursement, the employee may be reimbursed for one round trip by the employee and his/her family to locate a new residence and one one-way trip by the employee and his/her family to make the actual move.

If planning to use a moving company, the employee must obtain three bids. These bids must be submitted to the employee's division director for approval. Supervisors are responsible for ensuring that new employees follow procedures and requests are properly submitted. The division director or designee will inform the employee as to which moving company is approved and will forward the purchasing request form to Support Services.

Temporary Living Expenses - Temporary living expenses include hotel expenses or temporary apartment rental, including utilities. No meals or other expenses are allowable. Temporary living expenses are reimbursable for up to 30 consecutive calendar days but may not exceed \$1,500.00.

### **PAYMENT OF EXPENSES**

New and existing employees may either direct bill DIFP with prior approval or complete expense account forms. In the case of direct billing DIFP, applicable Division of Purchasing and Materials Management procedures shall apply. Supervisors are responsible for providing new employees with expense account forms, if applicable, and ensuring that they are forwarded to Support Services appropriately.

Relocation expenses that are reimbursed to the employee or paid on behalf of the employee are taxable benefits that are reported as wages on the employee's W-2. These expenses are a tax-free fringe benefit if certain conditions are met and if the employee can itemize deductions on Schedule A of Federal Form 1040. Employees must determine if their relocation expenses fall within these conditions when completing their tax returns. Support Services will provide employees receiving reimbursement for relocation with an itemized list of payments and/or reimbursements made on their behalf.

### **REQUESTS FOR EXCEPTIONS**

Any costs expected to exceed the guidelines of this policy must have prior approval of the Department Director or designee and the Office of Administration. Requests for such exceptions should be forwarded to Office of Administration by Support Services prior to the expenses being incurred or obligated.