



New Employee Packet Checklist



Public Health
Prevent. Promote. Protect.

Does the packet include the following documents:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | New Employee Orientation Training Links |
| <input type="checkbox"/> | <input type="checkbox"/> | Time Card |
| <input type="checkbox"/> | <input type="checkbox"/> | Orientation Checklist |
| <input type="checkbox"/> | <input type="checkbox"/> | Organization Chart |
| <input type="checkbox"/> | <input type="checkbox"/> | Vision and Mission |
| <input type="checkbox"/> | <input type="checkbox"/> | CCAO Information |
| <input type="checkbox"/> | <input type="checkbox"/> | Payroll Schedule |
| <input type="checkbox"/> | <input type="checkbox"/> | Call Down List |
| <input type="checkbox"/> | <input type="checkbox"/> | Holiday Schedule |
| <input type="checkbox"/> | <input type="checkbox"/> | Sick Leave Request Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Vacation Request Form |



2016 JOURNEY



2020 VISION

VITAL FEW OBJECTIVES

2016 INITIATIVES

Be:

- An accredited leader in Public Health by 2020
- Empowering employees through a supportive, collaborative and nurturing environment
- Innovators in population health and stewards for the future

Do:

- Serve and enhance the lives of citizens of Hancock County
- Forge new alliances in the pursuit of improved health outcomes, and continue to foster existing community partnerships

Have:

- Financial stability
- A recognized central location that provides optimal client satisfaction by 2018

FINANCIAL VISION

VFO – Revenue (Services)

VFO – Revenue (External Funding)

VFO – Revenue (Grant Funds)

VFO – Manage General Fund Expenses

VFO – Manage Grant Funds

VFO – Maintain Adequate Carry Over Balance

CUSTOMER STRATEGY

VFO – Improve Customer Satisfaction

VFO – Improve Outreach & Education

VFO – Foster & Grow Strategic Community Partners

VFO – Continue MAPP

PROCESS IMPROVEMENT

VFO – Identify & Develop Processes

VFO – Deploy Processes

VFO – Create a Culture of Continuous Quality Improvements

PEOPLE INVESTMENT

VFO – Improve Team Satisfaction

VFO – Improve Retention

VFO – Invest in Professional Dev

VFO – Improve Team Performance

INIT 3 – Identify Centralized, Recognized Facility

INIT 4 – Develop Marketing and Branding Plan

INIT 1 – Achieve Accreditation

INIT 5 – Develop Process Management & Improvement Program

INIT 2 – Develop High Performing Team



DISTRICT ADVISORY COUNCIL

29 members: comprised of City of Findlay and villages' mayors, one county commissioner and trustee chairs from all 17 townships.

Board of Health

Barbara J. Pasztor, RN, President- William Alge – Karen Jones, RN – Michael Lindamood, MD – Robin Spoons – Nancy Moody-Russo – Larry Lovell Jr.

Health Commissioner
Karim Baroudi, MPH, RS, REHS

Medical Director
Nathaniel Ratnasamy, MD

Deputy HC / PHAB Coordinator
Barbara Wilhelm, RN

Administrative Services
Noah Stuby, MBA, Director

Community Health Services
Shannon Chamberlin, RN,BSN, Director

Environmental Health Services
Lindsay Summit, RS, Director

Office of The Health Commissioner

Registrar/ Vital Statistics
Cheryl Klakamp

Public Health Nurse
Becky Bern, RN

Public Health Nurse
Melissa Jack, RN

PH Sanitarian
Kurt Schroeder, RS

PH Sanitarian
Ryan Sandlebach, RS

Data & Info. Systems
Craig Niese, RS, Manager

Billing /Deputy Registrar
Dawn Wallen

Public Health Nurse
Joanna Knobel, RN

Public Health Nurse
Sara Heinze, RN

PH Sanitarian
Heidi Phillips, SIT

PH Sanitarian
Donald Pierson, RS

Epi/Biostatistician
Chad Masters, MPH, RS

Public Health Nurse
Leigh Ann Wright, RN

Public Health Nurse
Kathy Will, RN

Plumbing Inspector
Eric Helms

EH Support Staff
Christine Carrigan

Health Educator
Jessica Siefker Halsey

Public Health Nurse
Shauna Doolittle, RN

Immunization Support
Tatum Weber, LPN

Prevention Coordinator
Krista Pruitt

Our Mission, we exist to...
Improve ourselves and our communities.
Promote public health and to prevent disease.
Protect people and their environment.
1/31/17

NAME _____

WORK HOURS

8:00 AM - 4:30 PM

PAY PERIOD BEGINNING _____ 1/1/2017

PAY PERIOD ENDING

1/14/2017

		SUN 1	MON 2	TUE 3	WED 4	THU 5	FRI 6	SAT 7	SUN 8	MON 9	TUE 10	WED 11	THU 12	FRI 13	SAT 14	TOTAL HOURS
REGULAR HOURS	R															
VACATION	V															
SICK	S															
HOLIDAY	H															
FLEX	F															
COMP IN	CI															
COMP OUT	CO															
OTHER																

CODES: R=REGULAR V=VACATION S=SICK OT=OVERTIME H=HOLIDAY F=FLEX
 BL= BEREAVEMENT LEAVE JD= JURY DUTY CI=COMP IN CO=COMP OUT UL=UNPAID LEAVE ML=MILITARY LEAVE

SICK LEAVE INFORMATION

DATE

SICK LEAVE FORM NO.

/ /

DATE

/ /

DATE

/ /

COMP IN/OVERTIME INFORMATION

DATE

HOURS FROM TO

REASON

/ /

/ /

/ /

/ /

/ /

/ /

EMPLOYEE'S SIGNATURE _____

SUPERVISOR'S SIGNATURE _____

PAYROLL MANAGER SIGNATURE _____



Hancock Public Health REQUEST FOR SICK LEAVE PAYMENT

Request Date: _____ Request Number: _____

Employee Name: _____

I hereby certify that I was absent from work from/on _____ through _____
(date) (date)

PLEASE CIRCLE

DAYS ABSENT: Sun – Mon – Tues – Wed – Thurs – Fri – Sat / Sun – Mon – Tues – Wed – Thurs – Fri - Sat

Total Hours Requested _____

REASON FOR SICK LEAVE

Personal illness, disability or medical condition
Physician _____ Time of Appointment _____

Bereavement Leave: Name and Relationship: _____
If Bereavement Leave is beyond the three days, please record the number of hours to be taken from sick balance _____

Personal Injury
Is this a potential BWC Claim? Yes _____ No _____
Was medical attention required? Yes _____ No _____
(If yes, Physician's certificate must be attached)
Physician _____ Time of Appointment _____

Illness or injury to immediate family
Relationship _____
Physician _____ Time of Appointment _____

NOTICE: This statement is required under the conditions of Section 124.38 of the Ohio Revised Code which also states that falsifications of a written, signed statement or a physician's certificate shall be grounds for disciplinary action INCLUDING DISMISSAL.

Employee's Signature

Payroll Manager Signature

Supervisor's Signature



Hancock Public Health VACATION REQUEST FORM

Name: _____ Date of Request _____

Job Title _____

I request vacation leave for the following days:

Day(s) requested off: _____

Number of vacation hours to be used: _____ hours.

If requesting less than one full day, please specify the exact time requested:

From _____ am/pm to _____ am/pm on the following date: __/__/__
(circle) (circle)

Employee's Signature

Date

ADMINISTRATIVE ACTION

- All choices disapproved
- All choices approved
- Partial dates/hours approved: _____

Reason for partial approval or disapproval: _____

Supervisor's Signature

Date

Payroll Manager Signature

Date



Hancock Public Health New Employee Orientation Checklist



Public Health
Prevent. Promote. Protect.

PRE-EMPLOYMENT		
Due	Completed	Task
		Receive copy of resume
		Credential verification completed
		Appointment scheduled with payroll (must be prior to start date)
		Date: _____ Time: _____
		Items needed for meeting with payroll: 2 forms of ID, bank routing numbers for direct deposit, family information for family insurance
		Request for prior service credit, information & documents
		Certificate of appointment completed
		Time card/Personnel file completed
		Send email to announce new employee
		Update division/section listings
		IT needs form completed
		Keys made
EMPLOYMENT CHECKLIST		
Due	Completed	Task
Day 1		Obtain ID badge
Day 1		Payroll schedule
Day 1		Time card/log sheet codes
Day 1		Official Holidays
Day 1		Break room etiquette
Day 1		Restrooms
Day 1		Mail procedures (incoming/outgoing)
Day 1		Printers/Fax machine/copier(s)
Day 1		Telephone usage policys
1 st Week		Supply/equipment needs process
1 st Week		Telephone features (forwarding, transfers, voice mail, etc)
1 st Week		Telephone directories and listings
1 st Week		Conference rooms
Safety/Emergency Procedures & Maps		
1 st Week		Fire procedures, escape routes, location of extinguishers and Tornado procedure (V)
1 st Week		AED and EPI pen location
1 st Week		Notification procedure-hazards, injuries (Workers Compensation Procedure)
1 st Week		Inform staff about call list for department/division (provide copy)
1 st Week		Emergency Response Plan location
Department/Division Information		
1 st Week		Department organization chart

1 st Week		HPH Operational plan
1 st Week		HPH Mission
1 st Week		HPH Vision
Administrative Policies & Procedures		
ASAP		Employee handbook & new hire packet
1 st Week		New employee orientation powerpoint (H Drive)
ASAP		Probationary Period
ASAP		Work week and schedules
ASAP		Attendance
ASAP		IT use policy
ASAP		Overtime policy
ASAP		How to request leave/overtime
ASAP		Call in procedure when sick or late
1 st Week		Sexual harassment training (V)
1 st Week		Harassment training (V)
1 st Week		Code of conduct (V)
1 st Week		Ethics training (V)
1 st Week		Travel policy
1 st Week		Employee reimbursement request for allowed expenses
1 st Week		Workplace/skills assessment survey
1 st Week		HIPAA training (V)
1 st Week		Blood borne pathogen training (V)
1 st Week		Complete ICS training
1 st Week		Drug Free workplace policy
1 st Week		Safety/use of county property
1 st week		Job performance evaluations
60 days		Public Health 101 (Training for employees new to public health) (V)
60 days		VMSG Dashboard Training
60 days		QI Trainig (V)
60 days		Cultural Competency Assessment
60 days		Workforce Development Competency Assessment
60 days		Healthcare and Public Health Suspicious Activity Training (V)

I hereby acknowledge that I have received copies of all the policies/procedures listed above and/or have been given guidance on where I can find these policies online. I understand that it is my responsibility to read and comply with all policies, rules and regulations. I have reviewed all the required videos and have received all the necessary documents with instructions on where to find the video trainings. If I have questions, I will contact Administrative Services.

Employee

Date

Division Leader

Date

Duplicate signed copy to be given to employee. Original copy to be kept in Personnel file.



New Employee Orientation Training Links

The following trainings can be found on The Ohio State University's Center for Public Health Practice learning center website.

- QI Training (CQI for Public Health: The Fundamentals)
- Public Health 101: A short course (For employees new to public health)

To access the above trainings, follow the instructions below:

1. Go to: <http://www.cphplearn.org/>
2. You will need to "**Create Account**"
3. Once you have created an account go to "**Course Catalog**" and select the course "CQI for Public Health: The Fundamentals" or "Public Health 101: A short course"
4. There you will have a sidebar of all components of the course and the "**registration**" tab will already be open providing you with a brief synopsis of the course and directions on how to register.
5. Once you have registered, go to "**Courses Content**" and complete the modules.
6. After you have finished all the evaluations (assessments) related to each module you will be given a certificate of completion for the course under "**Certificates**" on the sidebar.
7. Once you have completed each course you will be able to receive a certificate. Please provide your supervisor with a copy of the certificate to be placed in your personnel folder.

ICS trainings can be found on the training website for FEMA

- ICS 100: Introduction to the Incident Command System
- ICS 200: ICS for Single Resources and Initial Action Incidents
- ICS 700: National Incident Management System, An Introduction

To access the above trainings, please follow the instructions below:

1. Go to: <https://training.fema.gov/nims/>
2. In bold you will see ICS and NIMS Courses, under the heading each course is listed numerically. Locate the required course then click on it.
3. On the right-hand side of the screen you will see a box titled "Take this course" click the "**Interactive web based course**" link inside of the box.
4. On the next screen, you will click "**Begin the Training**"
5. On the next screen, you will need to complete each lesson. Click on each lesson to begin the training.
6. Once you have completed each course you will receive a certificate. Please provide your supervisor with a copy of the certificate to be placed in your personnel folder.



New Employee Orientation Training Links

The following trainings can be found on the Public Entities Pool of Ohio (PEP) website.

- HIPAA: Rules & Compliance
- A Clear Picture: Harassment in the Public Sector
- Bloodborne Pathogens: Just the Facts
- Bloodborne Pathogens: Know the Risk
- Code of Conduct
- Ethics: The L.O.G.I.C of Right
- Sexual Harassment: New Perspectives

To access the above trainings, follow the instructions below:

1. Go to: http://pepohio.org/program_detail.asp?id=4065
2. Click on **“Click here to visit the eLibrary website.”**
3. At the sign in area click **“Register”** since you are a first-time user. Follow the prompts then you must wait for access from PEP. Wait time can be a few hours to 24 hours.
4. Once you receive email notification that access has been granted you will need to complete steps 1 & 2 again. At the **sign in area enter your username and password** then click **“log in.”**
5. On the left side of the screen you will click on **“Online Training Library”** then you will click **“Online Training”** under the photo
6. Trainings are listed alphabetically on the website, so if you are looking for **“HIPAA: Rules & Compliance”** you will click on **“H”**.
7. After you find the desired training you will click on **“view”**
8. Then you will click **“submit”**
9. Then **“Launch Course”**
10. After the course begins you will follow the prompts on the screen.
11. Once you have completed each course you will be able to receive a certificate. Please provide your supervisor with a copy of the certificate to be placed in your personnel folder.

To access the *Healthcare and Public Health Suspicious Activity Training* you will need to go to: <https://nsi.ncirc.gov/hsptregistration/health/>

2017 PAYROLL SCHEDULE

Pay No.	Beginning Date (Sunday)	Ending Date (Saturday)	Pay Date (Friday)
1	December 18, 2016	December 31, 2016	January 13, 2017
2	January 1, 2017	January 14, 2017	January 27, 2017
3	January 15, 2017	January 28, 2017	February 10, 2017
4	January 29, 2017	February 11, 2017	February 24, 2017
5	February 12, 2017	February 25, 2017	March 10, 2017
6	February 26, 2017	March 11, 2017	March 24, 2017
7	March 12, 2017	March 25, 2017	April 7, 2017
8	March 26, 2017	April 8, 2017	April 21, 2017
9	April 9, 2017	April 22, 2017	May 5, 2017
10	April 23, 2017	May 6, 2017	May 19, 2017
11	May 7, 2017	May 20, 2017	June 2, 2017
12	May 21, 2017	June 3, 2017	June 16, 2017
13	June 4, 2017	June 17, 2017	June 30, 2017
14	June 18, 2017	July 1, 2017	July 14, 2017
15	July 2, 2017	July 15, 2017	July 28, 2017
16	July 16, 2017	July 29, 2017	August 11, 2017
17	July 30, 2017	August 12, 2017	August 25, 2017
18	August 13, 2017	August 26, 2017	September 8, 2017
19	August 27, 2017	September 9, 2017	September 22, 2017
20	September 10, 2017	September 23, 2017	October 6, 2017
21	September 24, 2017	October 7, 2017	October 20, 2017
22	October 8, 2017	October 21, 2017	November 3, 2017
23	October 22, 2017	November 4, 2017	November 17, 2017
24	November 5, 2017	November 18, 2017	December 1, 2017
25	November 19, 2017	December 2, 2017	December 15, 2017
26	December 3, 2017	December 16, 2017	December 29, 2017



Hancock Public Health

7748 CR 140
Findlay, Ohio 45840



Nursing & Vital Statistics
Ph. 419-424-7105
Fax 419-424-7189

Environmental Health & Plumbing
Ph. 419-424-7870
Fax 419-424-7872

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2017 Holidays

Monday, January 2.....	2017 New Year's Day Observed
Monday, January 16	Martin Luther King Jr. Day
Monday, February 20.....	Presidents' Day
Monday, May 29	Memorial Day
Tuesday, July 4	Independence Day
Monday, September 4.....	Labor Day
Monday, October 9.....	Columbus Day
Friday, November 10	Veterans' Day Observed
Thursday, November 23	Thanksgiving Day
Friday, November 24	Day after Thanksgiving
Friday, December 22	Christmas Eve Observed
Monday, December 25	Christmas Day
Monday, January 1, 2018	New Year's Day 2018

Meet Your Local Representative

County Commissioners Association of Ohio 457 Deferred Compensation Plan



Making your dreams a reality.

Consider the Benefits of the CCAO Deferred Compensation Plan

- **Advice** – You have access to Empower Retirement Advisory Services (Advisory Services), offered by Advised Assets Group, LLC (AAG), a federally registered investment adviser. Advisory Services uses a behavior-based approach to investing that utilizes investment advisory tools and services based upon the level of involvement you desire in managing your investments. You can choose as much or as little help as you need. Additional fees and minimum balance requirements may apply. There is no guarantee that participation in Advisory Services will result in a profit or that your account will outperform a self-managed portfolio.
- **Good company** – There are more than 22,000 participating county employees in Ohio.
- **Investment options** – The Plan offers a number of different investment options.
- **Advantage** – The 10% early withdrawal penalty that applies to 401(k) plans and IRAs does **not** apply to distributions of 457 contributions or any applicable earnings (provided you have separated from service).
- **Representatives** – There are dedicated Plan representatives located throughout Ohio, so there are real people available to help you navigate your road to retirement.¹ To find out how you can meet with your dedicated representative, call (800) 284-0444.

If you're just starting to save . . .

We can help you determine how much you may need to meet your retirement income goals and the specific ways the Plan can help—including advantages of tax-deferred investing.

If you've been saving for a while . . .

You may want to take a fresh look at your portfolio to evaluate whether your balance between risk and return potential still makes sense for you today. **And it might be time to increase your contributions.** We can help you understand your options.

If retirement is just around the corner or if you've just retired . . .

We can provide you with information to help you make the smooth transition to retirement, including your distribution/withdrawal options and how you can continue to benefit from the Plan after you leave the workplace.



I'm here to help. Your dedicated CCAO rep:

Nina DiPalma

419-905-1375

nina.dipalma@empower-retirement.com

¹ Representatives of GWFS Equities, Inc. are not registered investment advisors and cannot offer financial, legal or tax advice. Please consult with your financial planner, attorney and/or tax advisor as needed.

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker-dealers. GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

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