New Employee Checklist

To be completed by Department Director or Service Area Director

New Employee's Name____________________________

At least two weeks before start date:

Set up office Space (Dave Malanowski ext. 236)		______	
Notify HR (Rhonda Stucinski ext. 225)		______	
Notify IT (Julie Creech ext. 217)		______	
Notify Accounting/Payroll (Monica Adams ext. 233)		______	
Send announcement to staff		______	

Schedule meeting with key contacts:

Rhonda Stucinski	Human Resources/Policies	ext 225
Julie Creech	Information Technology/Computer Use	ext 217
Anne Marie Stueve	Benefits/Enrollment	ext 235
Dave Malanowski	Financial Officer/Budget	ext. 236
Donna Lewis	Accounting/Account Codes	ext. 240
Susan H/Geri S	Keys/Copier	ext. 234/548

Building access/Keys ______ Keys assigned ______________________

____

On start date:

Send Employee Information Sheet to Phyllis Bowen ______

Introduction to Staff	______	
Phone Extension	______	
Phone Usage	______	
Internal Calls	______	
Local Calls	______	
Long Distance Calls	______	Access Code is __________
Transfer Calls	______	
Phone Functions	______	
Copy Machine	______	Access Code is ____________
Software Installation	______	
Hardware Installation	______	
Internet Usage	______	
Email Accounts	______	Email address is ___________________
Mail Room Procedures	______	
Accessing Email Remotely	______	
Get Office Supplies	______	Note: Provide office supply catalog if appropriate.

HR Website for Personnel Manual is:

http://www.diocese-kcsj.org/_docs/EmployeeHandbook-final.pdf

EMPLOYEE INFORMATION SHEET

DIOCESE OF KANSAS CITY-ST. JOSEPH

PLEASE PRINT OR TYPE **FAX Completed form to Phyllis Bowen at 816-756-0380**

POSITION INFORMATION **TO BE COMPLETED MANAGER**

Staff Person
Completing this Form ________________________ Phone ___________________ Location ______________________

☐ **New Employee**: Hire Date _________________________ (Check one) Parish ___ School ___ ECC ___
☐ **Re-Hire**: Previous Location _______________________ Date of Employment ________________________
☐ **Termination**: Termination Date ________________________ **Eligible for Rehire**? Yes ☐ No ☐
☐ **Transfer**: From ______________________________ To ___________________________
☐ **Address Change:** Enter new address below
☐ **Name Change:** Enter new name below
☐ **Hours Worked Change:** Date of change _________________ Enter new hours worked below
☐ **Salary Change:** Date of change _________________ Enter new salary below
☐ **Other Change:** Type of change _______________________ Date of change _________________

EMPLOYEE INFORMATION

Name ____ **Social Security Number** ______________________
First **Middle** **Last**
Address ____ Date of Birth _____________________

City/State/Zip _____________________________________ Previous Name If Applicable _____________________
Home Phone _______________________ Work Phone ____________________ Email _____________________________________
Marital Status _____________ Sex M ____ F ____ Highest Degree _________________ Major ___________________

Who to contact in case of emergency: Name: ________________________________ Phone: ______________________

(Non-Teacher) JOB INFORMATION (PLEASE PRINT)

Title	Class/Level	Hrs/Week	# of Months	Midpoint	Salary	Midpoint %
________________	________	________	________	$_________	$_____________	______%

(Teacher) JOB INFORMATION (PLEASE PRINT)

Degree	Step	Hrs/Week	# of Months	Salary	Extra	Total
________________	________	________	________	$_____________	$___________	**$**___________

BENEFIT INFORMATION **TO BE COMPLETED BY EMPLOYEE**

All Employees working 25 hrs/week or more must complete this section to enroll in Pension, Life, AD&D, and Disability.

Have you worked for the diocese previously? Yes ☐ No ☐ If yes, where and when? __________________________________
Are you vested in the diocesan pension plan? Yes ☐ No ☐
Are you receiving retirement benefits from the diocese? Yes ☐ No ☐
Are you transferring from one location to another? Yes ☐ No ☐ If yes, previous location ______________________________

Do you work for more than one parish/school? Yes ☐ No ☐ If yes, where ____

Diocesan Beneficiary Information

______________________________________ _______________ __________________ ______________________________

Beneficiary Name (First, MI, Last) **Date of Birth** **SS Number** **Your Relationship to Beneficiary**

____ ____

Employee's Signature **Date**

Employee Handbook
EMPLOYEE ACKNOWLEDGEMENT FORM
AVAILABLE ON-LINE AT http://www.diocese-kcsj.org/_docs/EmployeeHandbook-final.pdf

The employee policy manual describes important information about The Diocese. I understand that I should consult my supervisor if I have any questions that are not answered in the policy manual.

I became an employee at the Diocese voluntarily. I understand and acknowledge that there is no specified length to my employment at the Diocese and that my employment is at will. I understand and acknowledge that "at will" means that I may terminate my employment at any time, with or without cause or advance notice. I also understand and acknowledge that "at will" means that the Diocese may terminate my employment at any time, with or without cause or advance notice, as long as they do not violate federal or state laws or the terms of my employment contract, if one exists.

I understand and acknowledge that there may be changes to the information, policies, and benefits in the policy manual. I understand that the Diocese may add new policies to the policy manual as well as replace, change, or cancel existing policies. I understand that I will be told about any policy manual changes and I understand that policy manual changes can only authorized by the Bishop of the Diocese.

I understand and acknowledge that this policy manual is not a contract of employment or a legal document. I have been given access to the policy manual and I understand that it is my responsibility to read and follow the policies contained in this policy manual and any changes made to it.

EMPLOYEE'S NAME (printed): ____

EMPLOYEE'S SIGNATURE: ____

DATE: __________________________________

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

Form I-9, Employment Eligibility Verification

Instructions

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers* (Form M-274). You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.

B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:

1. Examine any document that reflects the employee is authorized to work in the United States (see List A **or** C);
2. Record the document title, document number, and expiration date (if any) in Block C; and
3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3.**

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

OMB No. 1615-0047; Expires 08/31/12

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

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address *(Street Name and Number)*		Apt. #	Date of Birth *(month/day/year)*
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (see instructions)
- ☐ A lawful permanent resident (Alien #) ____________
- ☐ An alien authorized to work (Alien # or Admission #) ____________
  until (expiration date, if applicable - *month/day/year*)

Employee's Signature | Date *(month/day/year)*

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address *(Street Name and Number, City, State, Zip Code)*	Date *(month/day/year)*

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

	List A	OR	List B	AND	List C
Document title:					
Issuing authority:					
Document #:					
Expiration Date *(if any)*:					
Document #:					
Expiration Date *(if any)*:					

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* ____________ **and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address *(Street Name and Number, City, State, Zip Code)*		Date *(month/day/year)*

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name *(if applicable)*	B. Date of Rehire *(month/day/year) (if applicable)*

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: ____________ Document #: ____________ Expiration Date *(if any)*: ____________

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date *(month/day/year)*

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A		LIST B		LIST C
Documents that Establish Both Identity and Employment Authorization	**OR**	**Documents that Establish Identity**	**AND**	**Documents that Establish Employment Authorization**
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form		5. U.S. Military card or draft record		5. Native American tribal document
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a *document listed above*:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Reset Form | Print Form

MISSOURI DEPARTMENT OF REVENUE
TAXATION DIVISION
P.O. BOX 3340
JEFFERSON CITY, MO 65105-3340
FAX:(573) 526-8079

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

MO W-4
(REV. 01-2012)

This certificate is for income tax withholding and child support enforcement purposes only. **PLEASE TYPE OR PRINT.**

FULL NAME	SOCIAL SECURITY NUMBER	FILING STATUS: ☐ SINGLE ☐ MARRIED ☐ HEAD OF HOUSEHOLD
HOME ADDRESS (NUMBER AND STREET OR RURAL ROUTE)	CITY OR TOWN, STATE AND ZIP CODE	

1. **ALLOWANCE FOR YOURSELF:** Enter 1 for yourself if your filing status is single, married, **OR** head of household.	1	
2. **ALLOWANCE FOR YOUR SPOUSE:** Does your spouse work? ☐ Yes ☐ No If YES, enter 0. If NO, enter 1 for your spouse	2	
3. **ALLOWANCE FOR DEPENDENTS:** Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on his or her Form MO W-4.	3	
4. **ADDITIONAL ALLOWANCES:** You may claim additional allowances if you itemize your deductions or have other state tax deductions or credits that lower your tax. Enter the number of additional allowances you would like to claim.	4	
5. **TOTAL NUMBER OF ALLOWANCES YOU ARE CLAIMING:** Add Lines 1 through 4 and enter total here.	5	
6. **ADDITIONAL WITHHOLDING:** If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected balance due by the number of pay periods in a year. Enter the additional amount to be withheld each pay period here.	6	$
7. **EXEMPT STATUS:** If you had a right to a refund of **ALL** of your Missouri income tax withheld last year because you had **NO** tax liability and this year you expect a refund of **ALL** Missouri income tax withheld because you expect to have **NO** tax liability, write "EXEMPT" on Line 7. See information below.	7	
8. If you meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Missouri tax liability, write "EXEMPT" on line 8. See information below.	8	

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

EMPLOYEE'S SIGNATURE (Form is not valid unless you sign it.)	DATE ___ ___ / ___ ___ / ___ ___ ___ ___
EMPLOYER'S NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER
EMPLOYER'S ADDRESS	MISSOURI TAX IDENTIFICATION NUMBER

NOTICE TO EMPLOYER: Within 20 days of hiring a new employee, send a copy of Form MO W-4 to the: Missouri Department of Revenue, P.O. Box 3340, Jefferson City, MO 65105-3340 or fax to (573) 526-8079. For additional information regarding new hire reporting, please visit **www.dss.mo.gov/cse/newhire.htm.**

—EMPLOYEE INFORMATION—

YOU DO NOT PAY MISSOURI INCOME TAX ON ALL OF THE INCOME YOU EARN!

Visit www.dor.mo.gov to try our online withholding calculator.

Deductions and exemptions reduce the amount of your taxable income. Form MO W-4 is completed so you can have as much "take-home pay" as possible without an income tax liability due to the state of Missouri when you file your return. Deductions and exemptions reduce the amount of your taxable income. If your income is less than the total of your personal exemption plus your standard deduction, you should mark "EXEMPT" on Line 7 above. The following amounts of your annual Missouri adjusted gross income will not be taxed by the state of Missouri when you file your individual income tax return.

Single	Married Filing Combined	Head of Household
$2,100 — personal exemption	$ 4,200 — personal exemption	$ 3,500 — personal exemption
$5,950 — standard deduction	$11,900 — standard deduction	$ 8,700 — standard deduction
$8,050 — Total	$16,100 — Combined Total (For both spouses)	$12,200 — Total
+ $1,200 for each dependent	+ $1,200 for each dependent	+ $1,200 for each dependent
+ up to $5,000 for federal tax	+ up to $10,000 for federal tax	+ up to $5,000 for federal tax

Items to Remember:

- If your filing status is married filing combined and your spouse works, do not claim an exemption on Form MO W-4 for your spouse.
- If you and your spouse have dependents, please be sure only one of you claim the dependents on your Form MO W-4. If both spouses claim the dependents as an allowance on Form MO W-4, it may cause you to owe additional Missouri income tax when you file your return.
- If you have more than one employer, you should claim a smaller number or no allowances on each Form MO W-4 filed with employers other than your principal employer so the amount withheld will be closer to your amount of total tax.
- If you itemize your deductions, instead of using the standard deduction, the amount not taxed by Missouri may be a greater or lesser amount.
- If you are claiming an "EXEMPT" status due to the Military Spouses Residency Relief Act you must provide one of the following to your employer: Leave and Earnings Statement of the nonresident military servicemember, Form W-2 issued to the nonresident military servicemember, a military identification card, or specific military orders received by the servicemember. You must also provide verification of residency such as a copy of your state income tax return filed in your state of residence, a property tax receipt from the state of residence, a current drivers license, vehicle registration or voter ID card.

INVESTIGATIVE CONSUMER REPORT DISCLOSURE & CONSENT FORM

Location:________________________Printed Name ____

Information obtained from ISP on behalf of the Diocese of Kansas City-St. Joseph is limited to Criminal History and Sex Offender Registry only. This information will be maintained in the strictest of confidential fashions and will be disclosed on a "need to know" basis only. Reference to information outside the scope of Criminal History and Sex Offender Registry as outlined below is not relevant to the Diocese of Kansas City-St. Joseph.

ISP/Promesa Consent Notice

In connection with your employment or application for employment or to volunteer (or contract for services), an investigative consumer report and consumer reports, which may contain public record information, may be requested from ISP/ProMesa Enterprises, Inc (ISP). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, drugs/alcohol use, information relating to your character, criminal information, educational background, or any other information about you which may reflect upon your potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from ISP concerning previous driving record requests made by others from such state agencies.

You have the right to receive, upon your written request within 30 days, a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to ISP, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that ISP has previously furnished within the two-year period preceding your request. ISP may be contacted by mail at: ISP/ProMesa Enterprises, Inc. Attn: Consumer Department 5316 Hwy. 290-Suite 500, Austin, TX 78735, or by phone at 800-474-4420.

I authorize ISP to prepare a consumer report or investigative consumer report and to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA). If hired, allowed to volunteer or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment, volunteerism or contract period.

I hereby fully release and discharge ISP, Catholic Diocese of Kansas City, and their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to ISP from all claims and damages arising out of or relating to any investigation of my background for employment purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion or volunteerism.

Today's Date ________________________ Signature _______________________________________

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Address:_______________________________City________________ State _____Zip___________ Birth Date _____________

Social Security No. _______________________ Driver's License No. _________________________State Issuing ___________

Oklahoma Applicants Only: I request a copy of any *credit* report requested on me.
Minnesota Applicants Only: I request a copy of any consumer report requested on me.
☐ **Notice to California Applicants** Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by ISP/Promesa Enterprises during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at ISP in person, by mail, or by telephone. ISP may be contacted by mail at ISP Attn: Consumer Department 5316 Hwy. 290-Suite 500, Austin, TX 78735, or by phone at 800-474-4420. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification. I request to receive a free copy of any investigative consumer report ordered on me by

checking this box. (California applicants only) Attached to this disclosure is a written summary of your rights under the Fair Credit Reporting Act (FCRA) as prepared by the Federal Trade Commission. FCRA – InvDiscRelH 10/03

SUMMARY OF RIGHTS UNDER FCRA

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (http://www.ftc.gov). The FCRA gives you specific rights, as outlined below. You may have additional rights under the state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

1. You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you-- such as denying an application for credit, insurance, or employment--must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

2. You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

3. You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs--to which it has provided the data--of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

4. Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

5. You can dispute inaccurate items with the source of the information. If you tell anyone-- such as a creditor who reports to the CRA--that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you have notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

6. Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old, ten years for bankruptcies.

7. Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA--usually to consider an application with a creditor, insurer, employer, landlord, or other business.

8. Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

9. You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

10. You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court. The FCRA gives several different federal agencies authority to enforce the FCRA:

The Diocese of Kansas City-St. Joseph

Chancery Guidelines

09/08/2011

Human Resources Department Catholic Diocese of Kansas City – St. Joseph
300 East 36th Street Kansas City, MO. 64111 816-756-1858

180 Building Safety

All visitors and guests must stop at the receptionist desk located on the 2nd floor. Upon arrival, the receptionist will notify the appropriate office/employee and request that they come to receive their guest(s). Any guests to offices/employees must remain in the company of their host.

In the event of a suspicious individual being observed in the building, the receptionist shall immediately alert all occupants of the building that there may be an intruder inside the building. Men should respond by going to the front desk to find out about the concern.

If a suspicious individual is observed or encountered by any other occupant of the building, the receptionist should be called immediately and requested to sound the alarm. Give the following message: "The fire extinguisher is broken in the 'lobby'...'the basement'...'the second floor'...or the area where such person appears to be going".

No one should be admitted inside the building before or after hours unless they are known by the staff member admitting them to the building OR unless they remain under the supervision/in the presence of the staff member admitting them to the building.

Purses and valuable items should be in a locked place.

181 Alarm System

The building is open from 7:45 a.m. to 5:00 p.m. Monday through Friday. To get in without a key when the building is locked you may ring the bell located near the door to the left of the main entrance door. For further information on use of the building see Building Use.

The Intrusion and Fire Alarm System is in use nightly (set at 10:30 p.m.) and on weekends. The police will be called within one minute if alarm is not disarmed. Each department has a code and each employee in that department is responsible to know the code.

184 Small Appliances

Coffee makers, toasters, and other small, heat-producing appliances used without safety precautions constitute a considerable ignition and fire risk. Too many small appliances around the office area can overload circuits creating a possible fire hazard.

In order to ensure safety of our employees, guests and other tenants, no employees should be allowed to bring into the office for use any small appliances (refrigerators, heaters, coffee makers, etc.) for personal use. (An exception can be made for an employee with a documented medical need for a small appliance in their work space. The small appliance must be approved by the Diocese prior to use in the work space.)

The only small appliances allowed in the workplace will be provided by the Diocese. This is to ensure there are no damaged appliances or appliances with damaged cords in use and that all appliances in use meet safety requirements such as UL listed and approved. All current small appliances in use which were purchased with Diocesan funds will be inventoried and checked for compliance with electrical standards.

Additionally, all electrical appliances must be installed and maintained in accordance with NFPA 70, National Electric Code. By not allowing personal appliances, we can ensure the National Electric Code is met.

185 Emergency Procedures

Discovery of Smoke or Fire
In the event a fire is discovered or strong smoke odor smelled, the employee shall IMMEDIATELY CALL THE FIRE DEPARTMENT OR 9-911 WITHOUT RECOURSE TO HIGHER AUTHORITY.

The Chancery fire detection system is set off by smoke and heat sensors throughout the building. If you have discovered smoke or fire and the alarm has not yet gone off;

- Activate the fire alarm by pressing the fire button on any one of the three alarm panels (near the east entrance, and north entrances on the 1st and 2nd floors)
- Call 911 immediately to report the fire.
- Call switchboard to report the location of the fire.
- Evacuate from the building.

Floor Captains for Fire/Evacuations

Floor	Name	Ext	Direct Dial No.
Ground/Basement	**Tina Seeger**	289	816-714-2353
Second	**Patty Montes**	221	816-714-2307
Second	**Kathy Sloss**	518	816-714-2359
Fourth	**Chris Ostrom**	277	816-714-2349
Fourth	**Shayna Deitchman**	553	816-714-2373
Fifth	**Allison Townley**	266	816-714-2341
Fifth	**David Gately**	238	816-714-2320
Fire Safety Director (west)	Monica Adams	233	816-714-2316
Fire Safety Director (east)	Dave Malanowski	236	816-714-2319

Please Note: Customer Service Person is "first floor" floor captain.

1. There are two fire exits/exit stairwells on each floor, one on the north end of the west side and one in the center of the east side. Evacuation Procedures are now posted on all floors. However, regarding, the First, Ground and the Basement Floors, please note the following:

   First Floor
   The same two fire exits/exit stairwells apply, but realize the east side fire stairwell can be accessed only when a) you are already in the Conference Center area or b) the Conference Center is open. Otherwise, the northwest fire exit or the main entrance at the

south end to 9th Street can be used. The Customer Service Person will be the Floor Captain for the First Floor.

Ground Floor

The same two fire exits apply, but realize that to access the northwest fire stairwell you will need to go through the loading dock area. Also, please note that you will have a third option – going through the south lobby doors, then proceeding up the small flight of stairs to the first floor main entrance (9th Street), exiting the building and making a left, heading east toward Main Street.

Basement Floor

Employees should be in the Fitness Center only; employees should not and will not have access to any other area of the Basement floor. Both doors in the Fitness Center are Fire Exits. On the upper level of the Fitness Center, make a left out of the Fitness Center and follow the signs to the east fire stairwell. On the lower level of the Fitness Center, make a right and proceed to the northwest fire stairwell.

Please Note: Emergency Evacuation Diagrams are now posted for the First, Ground and Basement Floors.

2. Above is the listing of Floor Captains. When an alarm sounds, employees should be alerted to the possibility of evacuation. A Jury employee will quickly come on the emergency intercom system and state whether it is a real or false alarm. If it is a real alarm, proceed to the appropriate fire exit. Floor captains will assist you, and they will make sure that the floor is completely evacuated.

3. **Regrouping Areas**

Northwest Exit

Once outside the building, proceed down Baltimore to 8th Street. Cross Baltimore and then 8th Street, congregating on the northwest corner of that intersection in the parking lot with your other floor employees and Floor Captains, who will ensure that all are accounted for.

East Exit

Once outside the building, proceed right in the driveway to 9th Street. Turn left and walk all the way down to Main Street, congregating at 9th and Main with your other floor employees and Floor Captains, who will ensure that all are accounted for.

4. **Emergency Rescue Area**

Only the northwest stairwell is an Emergency Rescue Area. (The east stairwell is an exit stairwell only.) Should you be physically challenged or not capable of walking down the stairs, there is an emergency communication station on each floor in the northwest stairwell. The station call will go the Engineer Station for you to identify who you are and where you are located so someone can come and assist you.

5. **Building Elevators**

During a fire alarm, the four elevators in the main lobby continue to operate unless fire/smoke is detected in an elevator lobby. If no fire/smoke is detected in the elevator lobby areas and you are in an elevator, the elevator will simply proceed to the selected floor. You will get off the elevator as soon as possible and proceed to a fire exit. If fire/smoke is detected in an elevator lobby area, the elevator will proceed to the First Floor Lobby. Exit the elevator and proceed to a First Floor fire exit.

If you are in the freight elevator when an alarm sounds, take the elevator to the First Floor and exit to Baltimore Street.

6. Elevator Lobby

The doors to the elevator lobbies are normally locked. . If you are in these areas when an alarm sounds, the doors will automatically unlock. You will then proceed east or west to a fire exit.

7 Garage

If you are in the garage when a fire alarm sounds, go down the fire stairs (southwest corner of garage) to First Floor (and proceed to 9th St.) or Ground Floor (and proceed to Baltimore Street). If you are in the garage elevator during a fire alarm, exit the elevator and go down the fire stairs and exit the garage as previously indicated.

8. **Exterior Fire Escapes**

The interior fire stairwells are designed to handle full exiting of the building. The exterior fire escapes are an alternative and are fully functional, but they are generally considered part of the historical renovation and would only be used as an absolute last resort.

281 Meeting Rooms

The calendar for all common use meeting rooms will be available for viewing through Microsoft Outlook. Once an office/employee has determined which place and time they would like to reserve, an online reservation form is completed and sent to the receptionist. The receptionist then adds the reservation to the calendar system. The reservations can only be added or changed by the receptionist. This prevents double booking.

To reserve a room through the receptionist, email rattermanm@diocesekcsj.org with the following information.

- **Room Reservation Beginning and Ending Time (include set-up and clean up time)**
- **Room Number**

Contact's Name

Conference Room Logistics

Room Type	Room #	Set Up	Capacity
Conference Rooms- 1st Floor-East	115	10	10
	117	8	8
	126	10	10
	127	12	16
	128	14	20
5th Floor Conference Room	539	8	8
4th Floor Conference Room	446	8	8
Classrooms- Sub Floor- Classroom 1	20	24	24
Classrooms- Sub Floor- Classroom 2	21	48	60
Multi Purpose Room- 1st Floor-West	103	144	168
Lunch room	52	Exceptional/Night Meetings	

Each conference room includes a clock (time management-as to not run over into other's times) a small floor plan (framed) with a visual and instructions on how the room should look like when staff leaves and instructions for care of the room.

Lunchroom/Cafeteria (Room 52)

Use of the lunchroom for meeting space will generally be limited to meetings that begin after 5pm on regular business days. When using the lunchroom for meals, please follow normal lunchroom etiquette. Employees will not have access to kitchen facilities. Access will be limited to lunchroom, vending machines and microwave.

Please keep meeting rooms clean. Coffee pots, television, VCR, food or drinks and other meeting materials should be removed from the room following the meeting. Please shut the lights off before leaving.

282 Work Space

Work space needs to be neat, professional, and Christ-centered and subject to approval of the employee's direct supervisor. Things to consider when making decisions regarding personal items in work stations: space allotment of office/workstation, impact on co-workers, i.e. music; the aesthetics from the public view; the organization and clutter of the space. Avoid using nails to hang pictures and other art work. 3-M tape is used for to hang objects. The use of nails should be reserved for larger/heavier items that exceed the weight limit of the tape.

284 BreakRoom/Beverage Stations

Beverages are available in the Break Rooms located on each floor. These rooms should not be used as meeting spaces. Please be respectful of others who may work close by and keep the noise level reasonable.

8. The preparation and clean up of the Break Room is the sole responsibility of the person(s)/group using the room.

9. Items are to be cleaned after use and not left for others. This includes micro-waves, coffee makers, etc.

10. All surface areas <u>must</u> be sanitized after each use.

11. The Break Room is to be left in as good as, *if not better than*, the condition it was found in.

Break Room Procedures

Each Floor will have assigned departments who will be responsible for detailed cleanings. These assignments will be on a monthly basis and will continue in the following rotation month to month.

2nd Floor

January – Human Resources/Strategic Planning/Receptionist
February - Stewardship
March – Respect Life /Administration/RL
April - Human Rights /Bright Futures
May - Human Resources/Strategic Planning/Receptionist
June - Stewardship
July - Respect Life /Administration/RL
August - Human Rights /Bright Futures
September - Human Resources/Strategic Planning/Receptionist
October - Stewardship
November - Respect Life /Administration/RL
December - Human Rights /Bright Futures

4th Floor

January – CSO
February – Catholic Key
March - Communications/Vocations/Hispanic/IGM Ministries
April– BHI
May – CSO
June – Catholic Key
July – Communications/Vocations/Hispanic/IGM Ministries
August -BHI
September -CSO
October - Catholic Key
November – Communications/Vocations/Hispanic/IGM Ministries
December -BHI

5th Floor

January – Finance except Susan
February – Tribunal/Diaconate
March- Property Management/IT
April – Worship - Susan from Finance
May - Finance except Susan
June - Tribunal/Diaconate
July - Property Management/IT
August - Worship - Susan from Finance
September - Finance except Susan
October - Tribunal/Diaconate
November - Property Management/IT
December - Worship - Susan from Finance

Assigned department's responsibilities are as follows:

1. Weekly cleaning of the refrigerator

Daily wipe-down of counter tops, tables, etc.
Clean and put away any dishes (as needed)
Inventory, order and restock supplies
Empty recyclables from the copy room

It is expected that staff will clean up after themselves in all commons areas.

380 Travel Reimbursement

The Chancery will reimburse all reasonable business expenses incurred by an individual as a result of duties performed in connection with his/her job responsibilities. It is assumed that employees will use good judgment and appropriate discretion and reasonableness. Please Note: For expenses charged to the Diocesan corporate credit card, payments shall be made to credit card company. For expenses paid by employee, or expenses incurred by employee (eg. mileage), employee shall be paid directly.

Reimbursement Period

Requests for reimbursement of expenses related to official business must be submitted <u>within 30 days of incurring such expenses</u>.

Travel:

- IRS allowance per business mile shall be used for all approved business trips of 200 miles or less one way. For trips greater than 200 miles, travel reimbursement will not exceed a) the sum of the lowest available round trip airfare and ground transportation or b) associated expenses with car rental or c) the dollar equivalent of a or b whichever is smaller **unless approved in advance by the Diocesan Finance Officer**. (Mileage Tracking Forms and Travel Expense Report Forms can be obtained from the Accounting Office.) The Chancery will follow the IRS mileage reimbursement guidelines unless budget circumstances dictate otherwise.

- Only mileage in excess of the normal commute shall be reimbursed. Normal commute must be deducted when calculating a) travel to meetings, etc on the way to regular place of work, b) travel to meetings, etc. on the way to residence and c) travel to meetings which by-passes regular place of work. Another way of stating it is the lesser of a) mileage from home to destination or b) mileage from regular place of work to destination.

- Airfare will be reimbursed at the applicable coach class fare including travel agent or web based processing fees. If an employee cancels a flight on a non-refundable ticket due to illness, family emergency, etc., reimbursement will still be made subject to documentation of reason for cancellation. Cancellations for non-emergency reasons may result in the expense being non-reimbursable. All effort should be made to avoid unnecessary cancellations.

- Car rental charges are reimbursable at the most economical rate for a "mid-size" vehicle or the size and type of vehicle required to meet the transportation needs of the employee to whom expenses are being reimbursed and other employees/guests traveling together. Employee shall have a valid driver's license and proof of insurance, and shall adhere to all policies as set forth by the rental companies. Non-employee drivers are not covered by diocesan insurance and must provide rental insurance coverage.

- Reimbursement will be generally limited to the mode of transportation that is the least expensive yet practical for the circumstances.

- Taxi fares, other ground transportation, tolls and parking expenses are reimbursable subject to submission of receipts.

- Lodging will be reimbursed for actual expenses for business internet, room and tax charges subject to submission of a detailed lodging receipt. Incidental and personal charges shall be the responsibility of the employee. Hotel and room type shall be reasonable in cost and appropriate to the business location.

Meals:

- Expenses for meals must be reasonable. Reimbursement for meals and incidentals will be based on actual expenditures as evidenced by receipts designating business purpose, number and names of guests, etc. Meals must be connected to a valid business purpose.

Miscellaneous:

- Tips are considered appropriate business expenses, but must be reasonable. Generally, meal tips should not exceed 20% of the base charges. All tips shall be shown on receipts or listed separately and itemized on the expense reimbursement request form.

Expense Reimbursement Forms:

Request for travel-related reimbursement shall be made using only an approved Travel Expense Report which can be obtained from the Accounting Office. Requests for mileage reimbursement shall be made using the Mileage Tracking Form. All other requests for reimbursement of business related expenses shall be made using the check request form. N:\Finance\chancery travel reimb policy 08-07.doc

381 Check Requests

GENERAL INFORMATION:

Please print or type your check request to facilitate timely preparation of your check(s). Please list only two check requests per sheet.

Checks are printed on MONDAYS, WEDNESDAYS, AND FRIDAYS. Check requests are due by 5:00pm the day before if the check is needed on the current Monday, Wednesday, or Friday. We will accept check requests anytime during the week.

If your office is going to need a cash advance, please submit a separate check request for the cash advance. Please allow 2 days to handle the cash request if it is over $40. You are required to submit a report to the finance office with documentation accounting for all cash given to your office.

If you need cash reimbursement for expense which you have incurred, please submit a separate check request for the cash and attach all supporting documentation. Please allow 2 days to handle the cash request if it is over $40.

Check requests with appropriate documentation must be submitted within 30 days of the date the expense was incurred.

Credit cards use is for business purposes only and shall not be used for personal purchases.

If you have any questions regarding this matter, please contact the Accounting Office. Printed forms are available in the hallway outside the print shop and may be composed on the computer. Please complete the following sections:

DEPARTMENT:
The name of the office requesting the check, i.e. Finance, Media Center or Chancellor.
DATE SUBMITTED:
The date on which the check request is prepared.
ACCOUNT NUMBER(S):
The account number to which the goods or service is to be charged. If the check is to be charged to several account numbers, please list each and account number and the corresponding amount for that account separately, but show the total amount of the check.

BOB'S OFFICE SUPPLIES

01-5624-30-100-0	$10.00
01-5555-20-200-0	10.00
01-5518-10-800-0	10.00
	$30.00

PAYEE:

In addition to the name of the payee, the address of the business, organization, or individual receiving the check is required. The address is required for two reasons:

2. The Internal Revenue Service requires the Diocese to file a federal tax form 1099 for all goods or services paid to individuals or companies to which we pay over $600 during the calendar year with the exception of legal corporations. If we fail to file 1099's on these

individuals or business which are not legal corporations, the Diocese can be greatly penalized by the IRS. The IRS does view stipends as taxable income to be reported on the 1099 form. If you request a check for a business or individual not already in our system, we will return with the check a short form to be completed by the business or individual. The business or individual returns the form with their tax identification number and legal corporation status. This information is then kept on file in the Accounting Office to comply with federal code.

3. The information is very helpful if a check has to be researched at a later date.

CHECK AMOUNT: The total amount for which the check is to be written.

VOUCHER DESCRIPTION:

The information that appears on the lower portion of the printed check should consist of the following information:

- invoice number and date, if applicable
- statement date, if applicable
- description of services performed
- credit card account number and billing date
- description of goods or services if invoice number and date not available. Insufficient or inadequate information in this area which is NOT ACCEPTABLE is as follows:

    - "program expenses"
    - "books"
    - "pens & pencils"

More information is required. Please supply the name of the book, invoice number or date for the pens and pencils, or the specific items involved in the program expense.

AUTHORIZED BY:

The signature of the director of the department requesting the check or authorized department delegate is required.

DOCUMENTATION:
CHECKS WILL NOT BE PREPARED WITHOUT PROPER DOCUMENTATION.

All check requests MUST have some type of documentation ATTACHED.

- sales receipt
- credit card billing or slip
- billing statement or invoice
- letter requesting payment
- order form
- workshop or seminar registration form

Occasionally, a check must be prepared in before documentation is obtained. In that case, documentation is required to be submitted once the goods or service is purchased.

If documentation is not available, you MUST SUBMIT A COPY OF THE SIGNED CHECK REQUEST ALONG WITH THE ORIGINAL CHECK REQUEST.

Please note your office may be requested by the auditors to explain the issuing of a check without proper documentation.

382 Payroll Direct Deposit

Direct deposit of payroll checks is available through the Accounting Office. One of your blank checks with the word "VOID" written across it is all that is necessary. At this time it is not possible to split your deposit into different accounts. You must choose the one account you prefer.

383 Contracts

Employees are not permitted to enter into contracts (i.e., commit the Diocese) for products and services such as cell phones, credit cards, yellow page ads, copiers, certain office supplies and computers, leasing of facilities or vehicles. The Diocese may have agreements in place that provide group rates/discounts/terms for these products and services.

Employees should get supervisor approval for such purchases, and supervisors should be knowledgeable of and /or seek information from the Finance Office or Chancellor's Office on these terms. All contracts with references to insurance or liability must be reviewed by the Insurance Office or Finance Office.

384 Time Sheets

Monthly TIME SHEETS should be given to your supervisor the first day following the end of the month. Supervisors submit TIME SHEETS to the Office of Personnel by the 5th of each and every month. Quarterly reports of accumulated sick and vacation leave are given to each employee.

481 Computers

Management Information Systems Department (MIS) will purchase and install Chancery Standard Software. The MIS department must be consulted before decisions are made regarding outsourcing system maintenance or design. The term system would entail database structures, websites and their domains, all software, email systems, browsers and systems that affect data on our servers as well as software that is distributed.

Chancery Standard Software:

- All versions of MS Office software (Word, Excel, Access, PowerPoint, Outlook)
- All workstation versions of Windows and Windows XP
- All versions of Symantec Antivirus
- All Chancery wide Network operating software (Windows/NT, Windows 2000, Windows 2003)
- All Adobe Acrobat Reader Software
- Diocesan Mailing Database
- Webroot Spysweeper

Department Specific Software Standards:

Administration:	HRIS
Finance:	AccPac
	HRIS on machine if applicable
	Lay Benefits on machine if applicable
Tribunal:	CaseMaster
Key:	Photoshop
	Illustrator
	PageMaker
	Adobe Acrobat Pro
Communications:	Photoshop
	Publisher
	FrontPage
Development:	Blackbaud Raisers Edge
CCSF:	Auction Tracker

New software may become a Chancery Standard under the following criteria:

- Software must be usable and accepted by multiple departments.
- Software standardization must be agreed upon by the Director of MIS and the MIS Steering Committee.

All software and specifically, programs created by and for the Chancery and Related Enterprises, are the property of the Diocese.

Copies of software cannot be shared or installed on home computers unless MIS indicates that the Chancery owns a site license for the software.

Unique Software for a Single User, Group, or Department
Procedure to identify, review, and purchase unique software:

- A user, group, or department identifies a need.
- A written request for MIS services is created.
- A needs assessment, characteristics concerning the functionality of the proposed Software is defined.
- A Needs document to the MIS Steering Committee is presented.
- Available software packages that meet the needs criteria are identified.
- Funds are budgeted by the particular office, user, group, department, etc.
- Any needed hardware is purchased and installed. Needed training is conducted.
- Implementation schedule with all involved is planned.

Rules for Software

No software can be installed on a micro computer attached to the Chancery network without approval.

Under no circumstances should the following list of software items be allowed on any Chancery computers: AOL, AOL Instant Messenger, all spy-ware. Copies of purchased software borrowed from another computer, any purchased game software, chat software or any screen savers. All media must be checked for Virus.

Software Storage:

Non-MIS Purchased Software:

All non-MIS purchased software must be stored in a safe place. The department or service area creating and maintaining the software are responsible to create appropriate backups and provide reliable software recovery. Original source diskettes and/or CD's of purchased software should be placed in the vault located in the accounting office or in the safe in the MIS storage room. Copies, if applicable, are stored in MIS. If any of these purchased programs are accidentally destroyed or damaged, and the original diskettes are not in the vault, the MIS staff will aid as much as possible to acquire replacement software. MIS staff cannot guarantee identical replacements

MIS Software:

It is the responsibility of the MIS staff to maintain backups of all networks and Chancery Standard Software.

482 Internet and Email

This policy statement is intended as a reminder and a set of guidelines for staff as to the appropriate use of Diocesan computing resources for accessing information via the Internet.
Appropriate uses of the Internet include instruction, study, research, and official work of Diocesan organizations. As with other communication devices, reasonable personal use of the Internet connection is acceptable, as long as the privilege is not abused. Computer resources are provided in part to allow members of the community to learn, explore, and grow. We do encourage you to do so, but also to keep in mind the responsibilities outlined below.

User Responsibilities:

Employees with access to the Internet and the services provided through the connection offered by the Diocese of KC-SJ have some additional responsibilities. They must ensure that their actions do not reflect adversely on the diocese.
The Internet connection provided by the Diocese is not to be used for transmission of morally inappropriate, violent, or sexually explicit messages or images. It may not be used to solicit for commercial ventures or to benefit any organization not affiliated with the Diocese. All communications done via the Internet should be held to the same professional standards as with any other business communications. In addition, users must ensure that their conduct in public forums, email, and the Internet, conforms to the teachings of the Catholic Church.

Privacy:

The Diocese has no intent to monitor electronic communications as a standard practice. By using the electronic communications facilities owned and provided by the Diocese, however, employees consent to the interception of any electronic communications when activities are called into question. Upon termination of employment the email account provided to the employee will be forwarded to a counterpart or to their replacement for continuity of service. It is the employee's responsibility to clear personal files from their computer when they leave Diocesan employment.

483 Software and Data Copying

All copyrighted software and computer data are protected. Generally, copyrighted software or data cannot be copied without the express written consent of the copyright holder.
If you reproduce research materials from any Internet source, be sure to cite the source of the information on a list of references. Failure to do so may constitute plagiarism.
In general, if something would be illegal or a violation of Diocesan policies if it were done without a computer, it is probably illegal or a violation of Diocesan policies to do it with a computer.

484 Computer Systems Security

The Diocese restricts access to its computing resources, and requires that users identify their accounts with a username and password. Sharing your account with others is prohibited. Deliberately violating system security, attempting to violate system security, and exploiting holes in system security on any Diocesan system are prohibited and will not be tolerated. If you do find a breach in the security of any Diocesan system, notify the Management Information Systems director immediately

485 Copy Machines

Copy machines are located in the Bishop Helmsing Institute, one in the hallway of the second floor, north wing (for assistance contact Key Office), the School Office (for assistance contact School Office Secretary) and the Mail Room (for assistance contact Finance Area Secretary). All the copiers require an account number--whether the copies are for office or personal use. Copies for personal use will be billed to you at the end of the month.

486 Office Equipment

Various office equipment items are available for business purposes. They are as follows:

Equipment	**Location**
Binding Machine	School Office
Collator	Print Shop
Electric Pencil Sharpener	Accounting Office
Electric Stapler	Switchboard
Folding Machine	Print Shop
Paper Shredder	Mail Room, basement level
Slide Projector	School Office
TV & VCR	School Office and the storage room behind the Assembly Room

487 Fax Machines

FAX machines are located in the Mail Room, the School Office and The Key. Instructions for use are on the wall next to the machines. Forms to forward with your document are available at the machines. The Mail Room Office FAX number is 756-0878, the School Office number is 756-1571 and The Key number is 753-6205 and they are left on 24 hours a day.

488 Mail Database

The mail data base contains the names and addresses of all persons receiving mailings from the Diocese. Each record contains mail codes which tell us what mailing(s) the individual wants to receive. When labels are needed for a particular mailing, only the individuals that have the specific mail code in their record will receive such mailing.

The mail data base is supervised and maintained under the direction of the Vicar-General. The mail data base system is maintained by one person.

All employees having access to the network have the capability to access and utilize information from the system.
Changes that need to be made to the mail data base should be given to the designated individual.

If new persons are to be added to the mail data base please use the form provided.

Forms are available in the Print-Shop hallway. All pertinent information for the record(s) is to be provided (i.e., address, telephone number, mail codes) on the form. You are asked to sign the form being submitted in case any clarification is needed.

489 Telephones

(If, after reading these instructions, you have any questions concerning the phone system, contact the Finance Area Secretary)

MAIN PHONE #: (816) 756-1850   BACK DOOR #: (816) 756-1858
OUTSIDE KC #: (800) 246-1850

VOICE MAIL

A voice mail box will need to be programmed for all new employees. Supervisors should contact the Finance Area Secretary prior to a new employee(s) start date so that a mail box and phone adjustments can be programmed.

Absence from office: Please inform callers, by message on voice mail, if you plan to be away from your office for a day or more.
To access your voice mail from your phone - push V-Mail Button, the 9+your extension and then your security code.

To access your voice mail from out of the building - call 756-1858. As soon as the system answers, you can dial 9 and your extension number. It will then prompt you for your password (if you chose a password). You will then have access to your voice mail as if you were sitting at your desk.

You may choose to give the (back door) number and your extension number to people who regularly call. This will allow them to by-pass the switchboard and the phone will ring directly to you. If the caller does not have your extension number, they will be prompted to use the directory in order to reach you.

If your phone display indicates that you have a message but there are no messages when you check your voice mail, dial *93 to cancel the display message.

SPECIAL MESSAGE BOXES

If you would like a mail box programmed to accept reservations for a workshop, to give callers specific information on a topic, etc., please contact the Finance Area Secretary a week prior to the date you would like the mail box to take effect.

LONG DISTANCE CALLS

To dial long distance, dial 9 for an outside line, then dial 1+ (Area Code) and 7 digit phone number. After you hear it dial, you will hear a solid tone or two short tones. As soon as you hear a tone, dial your two-digit accounting code (see your supervisor for this code). The call will then ring through. This accounting code allows the Accounting Office to track long-distance calls for billing purposes.

PERSONAL LONG DISTANCE CALLS

Personal long distance calls may be made from your phone using the same method as above; however, you will need to fill out a form with your name and the number called. These forms are found in the hallway to the printing room and should be completed and forwarded (on a timely basis) to the Bookkeeper.

LOCAL CALLS

Dial 9 for an outside line.

BEFORE/AFTER HOURS CALLS

The Chancery switchboard can be bypassed before and after switchboard hours (9:00 to 5:00) by using the (back door) number (756-1858). However, even if 756-1850 is dialed, the caller will automatically be routed to the (back door) voice mail number. Callers can then access the phone system by dialing the party's extension or using the phone directory.

490 Typewriters

For IBM typewriter repair contact Dan Ried at 753-1080.
For other typewriter repair contact ICS 483-3920.

491 Recording Conversations

(***Recording of Telephone and Other Oral Conversations)***

Users of diocesan or parish telephone or computer systems, including but not limited to systems which have a digital recording feature, must comply with the following procedure in recording oral conversations.

Prior to recording any oral conversation, the system user must disclose to the other party or parties to the conversation that the user intends to record the conversation. Once the recording begins, the user must make a preliminary statement that the conversation is being recorded with the consent of all the parties.

If any party to the conversation objects to the recording of it, the user may:

(a) have the conversation without recording it;

(b) advise the party or parties that the conversation will not take place unless it is recorded: or

(c) in the case of a conversation involving more than two parties, offer the party or parties who object to the recording the opportunity to drop off the call or out of the conversation once the recording begins.

505 Smoking

The Diocese prohibits smoking in any diocesan or parish building with the exception of locations that are specifically designated as smoking areas. In the Catholic Center, the designated smoking area is the enclosure on the fifth floor of the parking garage.

No one may smoke along any walkway leading to or from the designated smoking area, within 25 feet of a building entrance or in the parking garage.

Smoking is prohibited in all enclosed areas within the Diocesan worksite, without exception.

Breaks for smoking shall be at the discretion of an employee's supervisor and/or service area director. The use of breaks (for any purpose) shall never interfere with your ability to complete your work in a timely fashion with the quality and efficacy needed by your position.

Smokers must dispose of the remains of tobacco products in the proper container.

This policy applies to all employees as well as visitors.

We will follow the preferences of nonsmokers if there is a difference between the wishes of the smokers and nonsmokers.

580 Parking

Free parking is available in the parking garage. Entrances are located off of 9th St and Main or 8th and Baltimore. Access to the garage is provided by using an employee access badge.

581 Recycling/Shredding

All paper, plastic and aluminum will be recycled.

- Paper, plastic and aluminum recycling shoots are located in each Break Room.
- A paper recycling container is in each copy/mail room.
- A plastic and aluminum container is in the lunch room.

Please do your part to create a “greener” environment for future generations.

Confidential documents must be shredded.

A locked/confidential shred box will be located at each copy/mail room.

582 Social Committee

The Social Committee is made up of 4-6 chancery employees who volunteer to be responsible for collecting $2.00 per month from employees wishing to participate. Flowers/cards are sent for hospitalization or deaths, etc. The money is also used to celebrate other special occasions or holidays and a Christmas party. The committee term runs from January 1 through December 31.

583 Storage

All areas should be kept neat. To store things in the room behind the Assembly Room, please contact the Property Management Office.

585 Late Opening/Early Closing of Offices

When the Kansas City Missouri School District announces school closings due to ice or snow, the Chancery will open at 10:00am. When the School District is closed during vacation time (i.e., Christmas) call the Chancery for information regarding late opening. If the schools close due to cold weather, the offices will not open late.

If an employee is unable to get to work a vacation day may be taken or arrangements may be made with the supervisor.

On days before some holidays, the offices may close early.

When the offices close early or opens late, and an individual has vacation or sick time being used on that day, the amount of vacation or sick time to be recorded on the time sheet should match the number of hours the office was actually open. For example, if the offices open at 10:00 a.m. instead of 8:00 a.m. and you are taking a vacation day for that day, you would record 6 hours of vacation on your time sheet.

586 Office Supplies

Office supplies will be stocked and include but are not limited to the following:

Legal pads (sm & lg)	Packing Tape
Pencils	Easel Pads
Basic pens (black, blue & red)	Glue Sticks
Staples	Correction Tape
Paper Clips (sm & lg)	Rubber Bands
Binder Clips	Batteries (AA & AAA)
Permanent Markers	Dry Erase Markers
Highlighters	File Folders
Post-it-Notes	Scotch Tape
Masking Tape	

These supplies will be made available through the mail room operation by means of 1) delivery with daily mail as requested and 2) cabinet maintained by mail clerk.

All other office supply needs would be acquired through company accounts with Staples, Office Depot and Costco. These established company accounts offer substantial discounts. Designated employees for each office will be assigned account access for online ordering with next day delivery. Purchases from Costco will be coordinated with card holders.

CHANCERY IN-HOUSE REQUEST FORM
FOR GENERAL OFFICE SUPPLIES

Name: ______________________ Ext. ______________________

Office: ______________________ Account: ______________________

PLACE THIS ORDER FOR IN YOUR OUTGOING MAILBOX. ORDERS WILL BE RETURNED WITH THE NEXT DELIVERY OF INCOMING MAIL.

Quantity	Item
	ADHESIVES
	Glue Stick - Small
	Glue Stick - Large
	BATTERIES
	AA
	AAA
	9V
	CLIPS & CLAMPS
	Binder Clips, Small, 12 per box
	Binder Clips, Medium, 12 per box
	Binder Clips, Large, 12 per box
	Paper Clips , small, 100 per box
	Paper Clips , jumbo, 100 per box
	CORRECTION SUPPLIES
	Wite-Out Correction Tape
	Wite-Out Correction Fluid
	FILE FOLDERS
	Manila File Folder, 1/3 cut, Letter
	Manila File Folder, 1/3 cut, Legal
	Green Hanging File Folders, Letter
	Green Hanging File Folders, Legal
	LABELS
	Address Labels (5160)
	Shipping Labels (5163) - blank
	Shipping Labels (5163) - Diocesan
	File Folder Labels (5266) - Asst. Colors
	LEGAL PADS
	White, Letter
	Canary, Letter
	White, Junior
	Carnary, Junior
	LETTERHEAD & ENVELOPES
	Diocesan - Letterhead
	Diocesan - No. 10, Security w/o window
	Diocesan - No. 10, Security w/ window
	Diocesan - No. 10, Plain w/o window
	Diocesan - No. 10, Plain w/window
	Manilla "Flat", 9" x 12"
	White "Flat", 9" x 12"
	Manilla "Flat", 10" x 13"
	White "Flat", 10" x 13"
	Manilla "Flat" 10" x 15"
	Manilla "Flat", 6" x 9"
	Note Card w/ envelope

Quantity	Item
	MARKERS & HIGHLIGHTERS
	Sharpie Marker - Fine Point, Black
	Sharpie Marker - Fine Point, Blue
	Sharpie Marker - Fine Point, Red
	Marks-A-Lot Marker - Chisel Tip, Black
	Marks-A-Lot Marker - Chisel Tip, Blue
	Marks-A-Lot Marker - Chisel Tip, Red
	Expo Dry Erase - Bullet Tip, Black
	Expo Dry Erase - Bullet Tip, Blue
	Expo Dry Erase - Bullet Tip, Red
	Expo Dry Erase - Bullet Tip, Green
	Sharpie Highlighter - Chisel Tip, Yellow
	Sharpie Highlighter - Chisel Tip, Pink
	Sharpie Highlighter - Chisel Tip, Blue
	Sharpie Highlighter - Chisel Tip, Green
	Bic Brite Liner Highlighter - Fine, Yellow
	Bic Brite Liner Highlighter - Fine, Pink
	Bic Brite Liner Highlighter - Fine, Blue
	Bic Brite Liner Highlighter - Fine, Green
	PAPER
	Copy Paper - White, Letter-size, 20#
	PENS & PENCILS
	G-2 Gel-Ink Retractable Rollerball, Black
	G-2 Gel-Ink Retractable Rollerball, Blue
	G-2 Gel-Ink Retractable Rollerball, Red
	Bic Ballpoint Pen, Black
	Bic Ballpoint Pen, Blue
	Bic Ballpoint Pen, Red
	No. 2 Pencils, Yellow Barrel
	POST-IT FLAGS
	Blue
	Green
	Red
	Yellow
	POST-IT NOTE PADS
	Post-it Pad - Yellow, 3" x 3"
	Post-it Pad - Assorted Colors, 3" x 3"
	Post-it Pad - Yellow, 1 1/2" x 2"
	Post-it Pad - Assorted Colors, 1 1/2" x 2"
	Post-it Pad - Yellow, Lined, 4" x 6"
	TAPE
	Packing Tape
	Scotch Tape Refills
	Masking Tape
	MISC.
	Rubberband Ball
	Standard Staples
	Sheet Protectors

680 Library

The Bishop Helmsing Institute Library has a variety of books which are available for use by Chancery staff. The current new library is located on the first floor and the old library is located on the third floor. These resources are open to anyone for use on library premises, or they may be checked out for a period of one month at a time. To check out library items please contact the Assistant Resource Director of the Bishop Helmsing Institute, whose office is located on the fifth floor.

681 Tuition Reimbursement

The Chancery offers a Tuition Reimbursement program to encourage employees to maintain and improve their job-related skills through formal degree seeking educational endeavors. The Chancery will reimburse eligible employees for tuition expenses (not including fees, books, supplies or travel costs) paid to accredited schools, colleges and universities, as set forth in this policy.

Maximum Reimbursement

For undergraduate and graduate students, tuition reimbursement is offered for up to six credits per year. The Chancery will reimburse employees at the conclusion of a successfully completed course, pursuant to the following schedule:

• For an "A" grade, the Company will reimburse 100% of the tuition cost;
• For a "B" grade, the Company will reimburse 75% of the tuition cost;
• For a "C" grade, the Company will reimburse 50% of the tuition cost;

Reimbursement rates are not affected by grades that are accompanied by a plus sign (+) or a minus sign (-). Thus, for example, an eligible employee who receives a B+ will be reimbursed at 75%. Likewise, an eligible employee who receives a B- will be reimbursed at 75%.

The Chancery will not reimburse employees for courses in which the employee can receive a grade of only "PASS" or "FAIL," unless no other grade option is available for the course and the grade received for the course is “Pass”. No reimbursements will be made for grades lower than a "C" or for audited courses.

Numerical equivalents of a letter grade may be accepted in lieu of a letter grade, provided the Chancery receives -- what it considers in its sole discretion to be -- adequate assurances from the accredited institution that the numerical grade is equivalent to a letter grade.

Tuition for undergraduate courses will be reimbursed up to a maximum of $1200 per year. Graduate courses will be reimbursed up to a maximum of $1800 per year.

Time spent working toward a degree is not compensable. All work must be performed outside normal working hours.

Employee Eligibility

To be eligible for tuition reimbursement under this policy an employee must:

• Be a full-time employee;
• Have completed 90 days of service; and
• Be on the payroll when the course is completed.

Otherwise eligible employees are or become ineligible for tuition reimbursement under this policy, if:
• the employee has received a formal warning within six months prior to his or her request for pre-approval; or
• the employee receives a formal warning following pre-approval and before the course is completed.

Coordination of Benefits

This Tuition Reimbursement Program meets the objectives of our Continuing Education Program. Some employees hold positions that are eligible for continuing education assistance. Benefits offered for continuing education will be suspended while participating in the Tuition Reimbursement Program.

Courses and Programs Eligibility

Associates, Bachelors, Masters and PhD degree programs are eligible for reimbursement if they are business or job related. All courses, required and elective, which are related to an employee’s work or which lead to a business-related or job-related degree are eligible for reimbursement.

The Service Area Director, under the advisement of the employee's immediate supervisor, will make the final decision about whether a course or program is eligible for educational assistance and is related to your current job or a future one and will determine if job performance meets the standards needed to participate in the program

Application for Pre-Approval of Tuition Reimbursement

Employees must obtain pre-approval for tuition reimbursement under this policy. To do so, employees must complete and submit to the Service Area Director a "Request for Tuition Reimbursement" form. If and when the course is pre-approved, this form will also serve as a request for payment form at the conclusion of the course.

Application for Reimbursement Upon Completion Of Course

Upon completion of the pre-approved course, the employee must submit a copy of the "Request for Tuition Reimbursement" form to the immediate Supervisor, along with a grade card or transcript of grades and proof of payment. Proof of payment can be established by either a receipt or a copy of a canceled check (front and back)

Termination of Employment

If an employee voluntarily resigns within one year following the completion of the last course for which assistance was received, he or she will be required to pay back all educational assistance benefits received during the preceding 12-month period. The reimbursement will generally be required at the time of the final paycheck. If separation is due to a reduction in force, Educational Assistance benefits will be paid for the current term and there will be no obligation to pay back reimbursed expenses.

Conclusion

We hope that the Tuition Reimbursement program will develop your skills but we do not promise or guarantee that more education will result in promotions, new job assignments, or pay increases. Granting educational assistance in no way offers or implies a contract guaranteeing employment for any period of time or for any particular position. The granting of this benefit in no way obliges that work schedules will be adjusted to fit educational needs.

Employees eligible for assistance from sources other than the Chancery (e.g., government assistance to veterans/communities, grants, etc.) should seek recovery from the Chancery only for the amount not covered by outside sources.

Tuition Reimbursement Application

All requests must be forwarded to the Service Area Director for final approval at least fifteen (15) days before you enroll or make a financial commitment.

Attach a copy of the official course(s) description from the institution's brochure or catalogue.

Approval is limited to those courses or programs itemized on this form, and are subject to the terms of the Tuition Reimbursement program.

Personal Information	**School Information**
Name	Name
Address	Address
City/St/Zip	City/St/Zip

Term Semester	Type Of Course	Toward Degree of	Expected Date of Degree
Begin ______________	__ Day	___ Associates	Date: ________________
End ______________	__ Evening	___ Bachelor's	
	__ Correspondence	___ Master's	
		___ Doctorate	

Course information

Course Title (List each separately)	Catalogue Number	Credit Hours	Tuition Cost
1.			
2.			

Total Tuition $____________________

Less Financial Aid $___________________

Total Covered Tuition $___________________

Please explain why you believe this course(s) is job related:

____ ______________________

Employee's Signature Date

____ ______________________

Supervisor's Signature Date

- Approved forms will be returned to the employee.
- To receive reimbursement for eligible and approved expenses, the employee will re-submit this form to their immediate supervisor, along with proof of tuition payment and grades at the end of the semester.

682 Professional Staff Development

Chancery employees are encouraged to improve job related skills through Professional/Staff Development opportunities. Professional/Staff Development opportunities usually fall into two categories: conferences and seminars/workshops.

Conferences

- Service Area Directors, Office Directors, and Assistant Directors are able to attend one conference per year. Only exception is for School Superintendents, who are allowed one conference plus the NCEA Convention.
- Uniform budgets for conference attendance are established by the Finance Office as part of the annual budget process.
- Conference attendance must be approved by immediate supervisor.
- No more than four employees from one office may attend a single conference.

Seminars/Workshops

- Budgets for attendance at seminars, workshops or local one day classes are established by the Finance Office as part of the annual budget process. A uniform amount is allocated per employee, but office directors have discretion to use for individual opportunities or a group/office in-service.

Continuing Education

Certain ministerial/teaching offices and positions are allotted an annual amount for employee continuing education desired by employee but not required for job. Allocated amount is to be used for courses, fees, and books and is set by the Finance Office. Employee shall be responsible for transportation, room and board and other costs if applicable. Benefit will be suspended if employee is part of the Tuition Reimbursement Program for a formal degree.

683 Fitness Center

Diocese of Kansas City – St. Joseph recognizes the importance of overall good health and wellness to their employees. This benefits not only the employees but also the church, and makes available equipment and space for physical exercise in order that employees can improve and/or maintain good health.

Participation in a physical exercise program or use of exercise equipment is completely voluntary. **Employees who choose to take advantage of this benefit do so voluntarily and must sign an Informed Consent and Release of Liability form. Employees should receive this form from the Employee Wellness Coordinator. This form should be turned in to the Employee Wellness Coordinator.**

Rules and guidelines are subject to change and each user agrees to abide by the rules and guidelines in effect:

4. All users must have previous training or have received training in the use of all fitness equipment.
5. All users must have previously completed the registration form and have signed an enrollment agreement and release of liability form.

Use of the exercise equipment is restricted to Diocesan employees and immediate family 18 years of age or older.

The fitness center is available for use before and after your scheduled work hours or in lieu of your scheduled lunch break.

<u>Entrance into Fitness Center</u>
A pass card and/or key will be provided after registration form, enrollment agreement, release of liability, and official fitness center training have been completed.

<u>Fitness Center Hours</u>
Open 6:00am
Close 7:00pm

<u>Attire</u>
A shirt must be worn to cover the upper body; shorts must be mid-thigh or longer. Non-slip athletic shoes are required. The clothing must be for exercise purposes. No jeans, jean shorts. No open-toed shoes, open-backed shoes, boots, sandals, or casual shoes are allowed

<u>Use of Fitness Center</u>
1. Members must wipe up sweat and wipe off all equipment after use with towels and disinfectant provided by Diocesan Fitness Center.
2. Lockers in the locker rooms are provided on a first come first serve basis.
3. So everyone has the opportunity to use a locker, lockers are to only be used while using the fitness center.
4. Please take your clothes home after each use and do not store them in lockers. Launder your clothes after exercising. Be considerate of your fellow users.

5. Please do not bring in your valuables. The Diocesan Fitness Center is not responsible for lost or stolen personal items.
6. Please use the trash receptacles and discard paper towels and water bottles properly.
7. Except for capped water bottles, eating or drinking is prohibited. Glass containers are strictly prohibited.
8. The following apply to use of the weights:
   - Weights are not to be leaned against equipment stands and machines.
   - After utilizing equipment, return weights to proper storage areas.
   - Dumbbells cannot be dropped on floor for any reason.
   - Using a spotter when lifting weights is recommended. The fitness room is not supervised and you are exercising at your own risk.
9. **The Fitness Center is only to be used by people that are properly enrolled. All family members must be with employee to use the equipment.**
10. We encourage employees to use the buddy system while working out.
11. Cardiovascular equipment use is limited to 30 minutes when people are waiting.
12. Bags, books, and personal belongings are not allowed on the fitness center floor.
13. Failure to abide by these rules may result in loss of privileges. Diocesan Fitness Center reserves the right to implement any rules or guidelines that protect the health, safety, and well being of all facility users.
14. Take pride in the Diocesan Fitness Center and keep it in order. It is each individual's responsibility to pick up after him/herself.
15. Keep equipment in its proper location (do not rearrange or remove). Rack weights correctly and replace all items when done. Equipment is to be kept off the floor and properly racked when not in use.
16. Only personal stereos with headphones are acceptable.

<u>Use of Locker Room</u>

1. Secure your belongings. Lockers are provided as a convenience. The Dioceses is not responsible for personal belongings lost or stolen in the facility.
2. Damp clothing or towels should not be stored in lockers. This is unfair and inconsiderate to your fellow users.
3. Launder clothing after exercising. Gym clothes mildew and absorb body orders.
4. Clean up after yourself. This is an "unattended" environment. Remember you are sharing space with others.
5. Food, drinks, glass containers or breakable objects are not permitted in the locker rooms.
6. Respect others and their property.

Report any equipment malfunctions or problems to Melissa Henrich x 229 or email to melissahenrich@diocesekcsj.org.

FITNESS CENTER
Member Registration Form

Name: _________________________________ Date: _______ / ________ / ________

Home Address: _____________________City: ___________ST: _____Zip: ___________

Home Phone: (_____) _____________Work Phone (_____) ______________________

Email: ______________________________Work Location: ______________________
Birth Date: ________ / ________ / _______ **Gender:** Male or Female

Emergency Contact: _____________________Emergency Contact Phone: ___________

The undersigned agrees to abide by the rules and policies of Diocesan Center Fitness Center, including the completion of the above medical questionnaire.

The undersigned guest agrees that all use of Diocesan Center Fitness Center facilities, services and programs shall be undertaken at his (her) sole risk and that Diocesan Center Fitness Center shall not be liable for any injuries, accidents or deaths occurring to guest, arising either directly or indirectly out of utilizing the facilities, services and programs. The individual for himself (herself) and on behalf of his (her) executors, administrators, heirs and assigns, does hereby expressly release, discharge, waive, relinquish and covenants not to sue Diocesan Center Fitness Center, its officers and agents for all such claims, demands, injuries, damages or cause of action, with respect to use of Diocesan Center Fitness Center facilities, services and programs.

The undersigned guest declares they have completed the enclosed medical questionnaire as required by Diocesan Center Fitness Center and they declare they are physically able to participate in physical activity and / or exercise testing. Furthermore, guest declares that Diocesan Center Fitness Center has advised the individual to obtain a medical clearance in the event they answer "yes" to any of the medical history questions, or if they are unsure of their physical health, the guest maintains that he (she) is physically capable of pursuing physical activity and / or exercise testing at Diocesan Center Fitness Center without such steps being taken. If guest wishes to participate in Group Exercise classes at Diocesan Center Fitness Center, he/she must obtain a Physician's Clearance form, should one be necessary based on individual's health history, prior to class participation. Other Diocesan Center Fitness Center guests wishing to participate in physical activity and / or exercise testing at Diocesan Center Fitness Center will assume full responsibility for their health and well being and assume all risks of such exercise and testing at Diocesan Center Fitness Center. I will not allow anyone else to use my name tag for access to the facility and will not let anyone in with me that has not completed the necessary paperwork. This includes spouses, children and other employees. Failure to adhere to policy will result in losing my access to the facility.

___________________________________ _________________________

Member Signature Date

Submit completed form to Melissa Henrich
Phone (816) 756-1850 ext 229 Fax (816) 756-0380

Staff Signature: __________________________________ Date: _____ / _____ / _____

Please read carefully and honestly answer the following questions. All information will be kept confidential.

YES NO 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

YES NO 2. Do you feel pain in your chest when you do physical activity?

YES NO 3. In the past month, have you had chest pain when you were not doing physical activity?

YES NO 4. Do you lose balance because of dizziness or do you ever lose consciousness?

YES NO 5. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

YES NO 6. Do you have a bone or joint problem that could be made worse by a change in your activity?

YES NO 7. Do you know of any other reason why you should not do physical activity?

YES NO 8. Are you over the age of 65 and not accustomed to vigorous exercise?

If you answered yes:

If you answered yes to one or more questions, are older than age 40 and have been inactive or are concerned about your health, consult a physician before taking a fitness test or substantially increasing your physical activity. You should ask for a medical clearance along with information about specific exercise limitations you may have. In most cases, you will still be able to do any type of activity you want as long as you adhere to some guidelines.

If you answered no:

If you answered no to all the PAR-Q questions, you can be reasonably sure that you can exercise safely and have low risk of having any medical complications from exercise. It is still important to start slowing and increase gradually. It may also be helpful to have a fitness assessment with a personal trainer or coach in order to determine where to begin.

When to delay the start of an exercise program:

- If you are not feeling well because of a temporary illness, such as a cold or a fever, wait until you feel better to begin exercising.

If you are or may be pregnant, talk with your doctor before you start becoming more active.

WAIVER AND RELEASE FORM

Diocesan Center, 20 West 9th St.

Activity: <u>Fitness Center activities</u>

Date & Place: <u>Chancery</u>

I wish to participate in the activity described above, and as a condition of my being allowed to do so I hereby, release and discharge the Catholic Diocese of Kansas City-St. Joseph, its constituent organizations, including but not limited to the Diocesan Center and their officers, agents, and employees from any and all claims for personal injuries or property damage that I may suffer as a result of my participation in the activity described above.

I hereby, warrant and represent that I am physically fit and capable of taking part in such activity.

I agree to abide by the rules and regulations governing the above described activity and to obey any instructions given by the person or persons having supervision and control over the activity.

I hereby, warrant and represent that I am eighteen years of age or over, and upon request will produce satisfactory proof of such fact.

Signed this________________ day of ________________, 20

Participant's Name:
(Print or Type)

Participant's Signature:

NOTE:
Where an employee of the Diocese/Parish/School is participating in such an activity the following paragraph should be included:

"My participation in this activity will be conducted on my own time and not on my time as an employee of ____. Further, this participation on my part is for my own personal benefit, is voluntary on my part, and is not as a result of any suggestion or direction of my said employer or anyone acting on its behalf. I am fully aware of any injury I may incur as a result of such participation will not be considered as a work-incurred injury, or one arising out of or in the course and scope of my employment."

Employee's Signature: ____

722 Workplace Etiquette

20 recommendations to promote greater thoughtfulness and courtesy

1. Avoid eavesdropping
2. Wait until you are invited before entering another person's work area.
3. Do not stand outside a work area to conduct a conversation – move it inside a work station/office or a nearby conference room.
4. Return later if you see someone dialing the phone, checking e-mail or voice mail, or involved in another activity.
5. Use your "library voice."
6. Avoid using your speakerphone for conversations and voicemail retrieval. Also, if you listen to CDs or Internet radio, use a headset.
7. Safeguard confidential information by keeping this information private and not discussing it with others.
8. Decorate with taste – keep it professional**.**
9. Respect boundaries by keeping **a**ll items (personal or work-related) positioned within the work station/office.
10. Plan to enjoy lunch in the cafeteria or a local café whenever possible to help keep work areas clean. A break from your work is beneficial to you and is a means of building community in the work place.
11. Take a conservative approach to indoor plants, ensure they are well maintained and don't flow over to anyone else's work space.
12. If you are ill, stay home.
13. Respect the privacy of others.
14. Resist the urge to ask your neighbor a question "over the wall" or "down the hall. " Get up and stick your head around the corner, send an email, or call on the phone to ask if your colleagues are available.
15. Use a cell phone (outside the office) for private phone conversations.
16. Keep your cell phone on vibrate or silent mode so ringing, beeping, and electronic jingles do not disrupt your neighbors.
17. Scents travel so use scented personal products in moderation.
18. Maintain a tidy space by keeping stuff off the floor, taking dirty dishes to the dishwasher each day, and putting things back where they belong.
19. Recycle plastic, paper and glass and shred confidential documents regularly to reduce clutter.
20. A good rule of thumb for work place etiquette is that *if it bothers you when others do it, avoid doing it yourself.* Set a good example for colleagues.

780 Mail Room

Incoming mail can be picked up in the mail room each morning by 7:30. Outgoing mail must be in the mail room by 3:00pm each day. Mail dropped off after 3:00pm will not be mailed on that day. In the instance of a large mailing (200+ pieces), please have the mail in the mail room by 1:00pm due to the extra time needed for metering. It is possible to weigh one piece of your mail and have the envelopes metered prior to stuffing.

For other ordinary mail, please observe the following:

- Take mail to mail room.
- If you have several pieces of mail that contain the same item (or several that are all one ounce weight), please rubber band them together and put a post-it note on the bundle indicating the number of pieces and that they are the same weight. If the bundle does not fit in the slot, please note which department to charge it to and leave it on the table.
- Place your mail in the outgoing mail slot designated for your department. A few departments do not have slots. Mail for these departments should be identified by department name and left on the table.
- If your outgoing mail slot is full, or your pieces are too large for the slot, please follow the same steps as outlined above.
- All overseas mail must be left on the table with a note indicating which department/person is to be charged for the postage. If overseas mail is placed in outgoing slots, it is treated as first class mail and will come back to us for more postage.
- You may do personal mailings through our mail service. If it is not stamped mail, place it on the table noting who is to be charged. You will receive a bill from the Accounting Office at the end of the month.
- Postage stamps may be purchased in the Accounting Office.
- Envelopes can be sealed by the postage meter. Flaps on the envelopes must be down (not overlapping) when they are brought to the mail room.

781 Bulk Mail

Sending Bulk Mail through PSI Group

If a bulk mailing (200+ pieces) with the diocesan indicia for permit #6084 is sent through PSI one of two things will happen:

If the mailing can go through the postage machine, PSI will process it from their center and then bill the Chancery for the postage. The postage does not come out of the 6084 account with the post office; therefore, it is not necessary to deposit funds into the 6084 account.

If the mailing will not go through the postage machine by PSI, they will then present it to the bulk mail center at the post office for processing and the postage is taken out of the 6084 account. Therefore, it is necessary to deposit funds to the 6084 account prior to sending the mailing to PSI.

Mailings that can go through the machine include:

- Post card
- Letter size envelope,
- Flyer with the fold at the bottom and a single tab (paper, not plastic) in the center on the top edge.

The mailing must also be...

•light in color so that neon red postal markings will be clearly visible,
•clear of any writing or design in the bottom 5/8 inch edge of the mailing
•uniform and straight in the placement of address labels with lettering that is dark and sharp in clarity

782 Federal Express & UPS Mail

Deliveries (*via UPS/USPS/FedEx/courier etc*.) for the Chancery or Offices of the Chancery will be directed to the reception desk on the 2nd floor. Upon receiving a delivery, the receptionist will notify the appropriate office/employee and request that they respond in a timely manner to pick-up their delivery. Pre-arrangements could be made to receive large scale deliveries directly to the dock door outside of the mail room area.

783 Printing

The printing room is located on the basement level, across the hall from the mail room. Printing includes, but not limited to envelopes, cards, brochures, fliers, etc.

All printing requests for 25 or more copies should be given to our printer. Fewer copies for special projects (e.g. graphics) may also go to the printer with a note stating this is a special request. Orders are to be placed in the "IN" box on the shelf outside the Print Room. The printer is here Monday through Friday. .

880 Archives

The following is the Records Management policy of the Diocese of Kansas City-St. Joseph:

> Documents generated by an office, whether in hard copy or computer copy, are by definition OFFICIAL RECORDS of the corporation. Records originating outside the Chancery become official records when they become part of any office.
>
> Official records are the property of the Diocese of Kansas City-St. Joseph.
>
> Under no circumstances are any official records of the Chancery to be destroyed without previous authorization by the Department Head and consultation with the Archivist.
>
> When an office funded by the Diocese is closed, the records of that office should be given to the Archivist, unless the records are needed by someone else in another office to accomplish their work.
>
> Confidential records no longer of use to an office should be given to the Archivist or the Chancellor.
>
> Records should be kept in the offices for five (5) years and then given to the Archivist. Papers which are needed in the day-to-day operation of an office, or are needed for reference, should be kept in the office until they are no longer needed.
>
> Common sense is a reliable guide to the interpretation of the preceding six (6) paragraphs.

GUIDELINES TO IMPLEMENT POLICY

1. Access to the records of a department will be controlled by the department head.

2. The Chancellor or the Archivist is available to answer questions about records retention.

881 Building Use

Staff members may work on weekends with the knowledge of the service area director.

The staff member will be responsible for any person who enters the building with them. Children or other guests are not allowed to walk the halls of this building or enter a private office unaccompanied by the staff member.

The Gate in the hallway of the Basement Level is locked on weekends. If you are going to have a meeting and need access to either the Assembly Room or the Coke machine, please notify Mark Cullum by a written message and place the message in his mail slot on the shelf behind the Switchboard.

882 Switchboard

The switchboard is open from 9:00 a.m. to 5:00 p.m.