



BOY SCOUTS  
OF AMERICA®

CRADLE OF LIBERTY COUNCIL

# Program Specialist Employee Handbook



**Effective: September 14, 2018**  
CONFIDENTIAL. FOR INTERNAL USE ONLY.

*This Employee Handbook supersedes all previously issued Employee Handbooks,  
and all previously issued Employee Handbooks are hereby revoked.*

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## Welcome, Program Specialist!

Dear Program Specialist,

Thank you for accepting the very important role of becoming a Program Specialist with the Cradle of Liberty Council, Boy Scouts of America. You've been selected for this position because you're a good role model for youth and for your dedication to improving the communities we serve.

The time-tested values and positive outcomes of Scouting are as important today as they ever have been. Reaching underserved youth through Scouting helps improve lives, neighborhoods, and our future, and the Cradle of Liberty Council is committed to reaching those that need our programs the most. I can't over-emphasize how important you are in delivering the promise of Scouting to dozens, maybe even hundreds, of children each year. While this is a serious responsibility, I hope that you approach each meeting and outing with the perspective that you're going to create a fun, safe experience for each and every Scout.

You are representative of Scouting and the council and, as such, your commitment to upholding the values of the Scout Oath and Law is vitally important each and every day. Please review this handbook and let your supervisor know if you have any questions. Also, please don't hesitate to reach out to your supervisor or a member of the management team if you have a great idea, a concern, or anything to improve the Scouting experience. Thanks again for all you do.

Sincerely,



Greg Osborn  
Director of Field Service/COO  
Cradle of Liberty Council, Boy Scouts of America

## Important Notice—Disclaimer

This employee handbook ("handbook") is a guide to general employment procedures and policies of the Cradle of Liberty Council ("council"). The handbook is for information purposes only, and is not a contract of employment. Any council procedure or policy, including any policy, procedure, or provision in or referred to in this handbook, may be modified, amended, or deleted by the council at any time, with or without notice.

This handbook does not and is not intended to address every possible employment/employee situation. The council reserves the right to take action or make a decision that is inconsistent with the provisions of this handbook, to address unique situations, on a case-by-case basis, at the council's sole discretion.

This handbook does not in any way alter the employment status of council employees, which is "at-will." This means that either you or the council can terminate the employment relationship at any time, for any or no reason, with or without cause, and with or without notice. No contrary statement by any council employee, manager, or agent shall have any force or effect, unless it is in writing, states that it is a "contract of employment," and is signed by the council's Scout executive.

This Employee Handbook was developed with you in mind. This will be your guide to managing your employment with the council. If you have any questions, please discuss those with your manager. Where state or local laws differ from the policies contained in this Employee Handbook, the council will follow all applicable local and state laws.

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## Position Description

**Commitment:** Give leadership to the development and maintenance of quality Scouting programs located in underserved communities in accordance with the Boy Scouts of America's mission.

Program specialists will engage Scouts in active and imaginative activities and will draw-in and manage parents and potential volunteer leaders. Program Specialists need to be self-starters, self-motivated, be able to work independently, and have a desire for community involvement.

**Reports to:** Membership & Program Executive/After-School Programs Coordinator

### Job Requirements:

- Preferably a college student or graduate (excellent for education majors).
- Must be at least 21 years of age.
- Must pass a background check and submit required PA clearances.

### Specific Responsibilities:

- Scout meeting(s) will be conducted once a week for a least 1½ hours. Ensure approx. 32 weeks of weekly meetings or outings. You will be provided with weekly program planning materials, supplies and a syllabus. If needed, revise or develop additional weekly program plans to meet the needs of your Scouts.
- You will be required to attend a program specialist orientation, staff meetings, mandatory training sessions, and other meetings assigned by your staff leader.
- You will need to familiarize yourself with and follow the policies and procedures of the Cradle of Liberty Council and the Boy Scouts of America.
- You are required wear a Scout uniform shirt or staff shirt at all meetings and activities involving youth.
- Help identify and recruit parental involvement at your site(s).
- Ensure that every youth participant will earn a minimum of one (1) rank advancement during the program year by providing a quality program.
- Provide field trips or outings for each of your Scouting units. This may include summer camp.
- Coordinate council-approved unit fundraising programs for the youth in your program.
- Meet regularly with your staff leader to review progress.

## Your Employment

### Before You Start

For you to be legally employed, the following employment paperwork must be completed and on file with the council office. This paperwork should be completed prior to or by your orientation. If anything is missed, notify your supervisor immediately.

- Employment application
- BSA adult volunteer application
- Employee's Withholding Allowance Certificate (W-4, federal)
- Form I-9, Employment Eligibility Verification (with verified documents)
  - State driver's license or other photo ID **AND** Social Security card or birth certificate
  - OR** passport
- Residency form
- Direct deposit form (if you are interested in direct pay deposit)
- Proof of vehicle insurance (if applicable)
- Membership validation form

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## Clearances:

In accordance with Pennsylvania Act 15, you must apply for three background checks prior to the commencement of your employment:

- Criminal History Record Information obtained from the PA State Police.
- Child Abuse Clearance obtained through the PA Department of Human Services.
- Federal Criminal History Record Information obtained by submitting a full set of fingerprints for submission to the Federal Bureau of Investigation.

Certifications from these background checks must be submitted to the council office prior to working with youth. Failure to submit certifications or if a background check discloses information which would bar you from working or volunteering with children will result in your immediate termination.

## Your First Assignment

Your first assignment is to read this manual. If you do not understand any policy, procedure, or expectation, ask your supervisor to explain it. When you can truthfully say that you have read the manual and understand it, sign the Program Specialist Statement of Understanding/Employee Acknowledgement at the end of this handbook and give the signed copy to your supervisor.

## Your Training

Training is critical in any occupation, and it holds especially true for Scouting. Youth Protection Training and Position-Specific Training (Cubmaster & Den Leader and/or Scoutmaster) must be completed prior to your first meeting with youth. These courses are available to take online at the BSA Learn Center through My.Scouting.org.

Additionally, program specialists serving in Scout troops must also complete Introduction to Outdoor Leader Skills within 90 days of employment.

**Supplemental Training:** The Cradle of Liberty Council may also provide you with alternative training sessions for which you will be paid your hourly rate, if not already in conjunction with monthly leader meetings.

## Your Duties

You have specific duties as a program specialist. Refer to this list frequently and you won't miss any of them.

- Complete the training programs specifically designed for your area of responsibility. Training includes (but is not limited to):
  - Youth Protection training
  - Position-specific training (Cubmaster, Den Leader and/or Scoutmaster)
  - Program specialists serving in troops must complete Introduction to Outdoor Leader Skills (IOLS)
- Review existing weekly program planning materials and outlines.
- Follow the provided lesson plans for each site assigned to you as the primary adult leader, following the weekly program plans. (Your staff leader will determine sites and specific programs based on your availability and the desires of the chartered organization.)
- Promote the council's summer camp opportunities and encourage all Scouts to attend and participate.
- Increase parent volunteer involvement in each of your Scouting units. Strive to register at least two parents or other volunteers for each pack or troop you serve.
- Strive to eventually recruit enough volunteers to run the pack or troop with minimum support from staff.
- Participate in mandatory staff meetings and training sessions.

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- Wear a full Scouting uniform at all meetings and activities involving youth. One uniform will be provided for you.
  - Attend Scouting events and activities as assigned by your staff leader.
  - Carry out a quality program in each unit to ensure that every youth participant will earn a minimum of one (1) rank advancement during the program year.
  - Complete the charter renewal paperwork on time for each of your units by working directly with your staff leader.
  - Visit monthly with the institution head, chartered organization representative, or designee from each of your units to inform them of programs and activities conducted during the last month and those planned for the next month.
  - Recruit and register youth members (ensure they all youth are registered upon their third meeting).
  - Track attendance and advancements of all Scouts in your unit(s) through Scoutbook weekly.
  - Promote and participate in district and council fundraising efforts with each of your units, which includes (but are not limited to) selling popcorn (\$50 per Scout in your units), camp cards (\$50 per Scout in your units), and raising money for Friends of Scouting where applicable.
  - Participate in one (1) field trip per month during the school year. All field trips must be approved by the after-school program coordinator prior to the event taking place.
  - Maintain uniforms for Scouts.

## Mission and Aims of the Boy Scouts of America

The mission of the Boy Scouts of America is to prepare young people to make ethical and moral choices over their lifetimes by instilling in them the values of the Scout Oath and Law.

### Scout Oath

On my honor I will do my best  
 To do my duty to God and my country  
 and to obey the Scout Law;  
 To help other people at all times;  
 To keep myself physically strong,  
 mentally awake, and morally straight

### Scout Law

*A Scout is:*

Trustworthy	Obedient
Loyal	Cheerful
Helpful	Thrifty
Friendly	Brave
Courteous	Clean
Kind	Reverent

The aims of Scouting are: **Character, Citizenship, Personal Fitness, and Leadership.**

## Routine Procedures

### Adult Supervision

Two registered adult leaders 21 years of age or over are required at all Scouting activities, including meetings. There must be a registered female adult leader over 21 in every unit serving females. A registered female adult leader over 21 must be present for any activity involving female youth. Notwithstanding the minimum leader requirements, age- and program-appropriate supervision must always be provided.

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All adults accompanying a Scouting unit who are present at the activity for 72 total hours or more must be registered as leaders. The 72 hours need not be consecutive.

**One-on-one contact between adult leaders and youth members is prohibited both inside and outside of Scouting.**

- In situations requiring a personal conference, the meeting is to be conducted with the knowledge and in view of other adults and/or youth.
- Private online communications (texting, phone calls, chat, IM, etc.) must include another registered leader or parent.
- Communication by way of social media (Facebook, Snapchat, etc.) must include another registered leader or parent.

## **Recording Time Worked**

You will use an online system called IOI Time to record your time worked and any absences. You will be provided with a user ID and temporary password; you'll need to change the password. You are required log-in to the system at the start of your shift and log-out at the end of your shift every day worked. If for some reason you forget to log-in or -out, you must email your supervisor as soon as possible so corrections can be made. Instructions for using the mobile app are included in the appendix.

## **Scout Attendance & Advancement Reporting**

You are required to accurately track and report the attendance of Scouts at meetings and outings online through Scoutbook. Likewise, advancement tracking must be done through Scoutbook no later than two weeks after Scouts complete requirements.

## **Scout Registration**

All new Scouts need to have a completed BSA youth application submitted by their third meeting/outing with the unit. These applications need to be promptly given to the after-school programs coordinator or another professional, so they can secure a *Registration Funding Assistance Request Form and Routing Sheet* and process the applications.

## **Permission Slips/Informed Consent**

Anytime a pack or troop takes a field trip away from the normal meeting location, you should have a permission slip signed by a parent or guardian for each Scout. An informed consent, release agreement, and authorization is provided on Part A of the BSA Annual Health and Medical Record, which is provided in the appendix.

## **Field Trips**

Ideally each unit should have one (1) field trip per month during the school year. Please note that all field trips/outings must be approved by the after-school programs coordinator prior to the event taking place. Ideally all events should involve no fewer than eight (8) Scouts; at least two (2) registered adults are required for all activities.

## **Purchase of Supplies**

Materials for crafts and other program supplies are provided by the council. The council can purchase materials in bulk and with a tax-exempt status, thus saving money. Individual program specialists should not purchase program supplies nor expect reimbursement unless the purchase was previously approved in advance by the after-school programs coordinator. Special requests for supplies must be

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submitted in writing to the after-school programs coordinator for approval and purchase. Tickets for field trips or special events are generally provided by the venue or event location or are purchased by the council.

## Fundraising

In the Boy Scouts of America, we help youth develop character traits like being thrifty. We believe in teaching the youth to help pay their own way through the program. As a program specialist, you will be responsible for the following fundraisers for your unit(s):

- **Camp Card Fundraising:** You will be responsible for managing the camp card fundraiser for your assigned unit(s) during the spring. *Total Camp Card Unit Goal: \$50 per Scout.*
- **Popcorn Fundraising:** You will be responsible for managing the popcorn fundraiser for your assigned unit(s) in the fall. *Total Popcorn Unit Goal: \$50 per Scout.*

## Custodial Accounts

All money collected for unit fundraising activities, including gross proceeds from camp card and popcorn sales, must be submitted to the after-school programs coordinator or another professional for deposit in unit custodial accounts. You should be issued a receipt for all monies received for deposit. These funds will be used to purchase approved program and other supplies for the Scouts in your unit(s) through the council.

## Emergency Procedures

### Youth Protection

True youth protection can be achieved only through the focused commitment of everyone in Scouting. The “three R’s” of Youth Protection convey a simple message for the personal awareness of our youth members:

- **Recognize** that anyone could be a molester.
- **Respond** when someone is doing something that goes against your gut or against the safety guidelines.
- **Report** attempted or actual molestation or any activity that you think is wrong to a parent or other trusted adult.

There are two types of Youth Protection-related reporting procedures you must follow:

- When you witness or suspect any child has been abused or neglected—See “Mandatory Report of Child Abuse” below.
- When you witness a violation of the BSA’s Youth Protection policies—See “Reporting Violations of BSA Youth Protection Policies” below.

### Mandatory Report of Child Abuse:

All persons involved in Scouting shall report to local authorities any good-faith suspicion or belief that any child is or has been physically or sexually abused, physically or emotionally neglected, exposed to any form of violence or threat, exposed to any form of sexual exploitation, including the possession, manufacture, or distribution of child pornography, online solicitation, enticement, or showing of obscene material. You may not abdicate this reporting responsibility to any other person.

Steps to Reporting Child Abuse:

1. Ensure the child is in a safe environment. Call 911 in cases of medical emergencies.
2. Immediately report suspected child abuse to Pennsylvania ChildLine by calling 1-800-932-0313 or go to [www.keepkidssafe.pa.gov](http://www.keepkidssafe.pa.gov).
3. Notify your supervisor immediately.



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Support is available to anyone currently or previously involved in the BSA through our dedicated 24/7 Scouts First Helpline at 1-844-SCOUTS1 (1-844-726-8871) or at [scouts1st@scouting.org](mailto:scouts1st@scouting.org).

### **Reporting Violations of BSA Youth Protection Policies:**

If you think any of the BSA's Youth Protection policies have been violated, including those described within Scouting's Barriers to Abuse, you must notify your supervisor immediately so appropriate action can be taken.

See the *Youth Protection/Membership Infraction Incident Information* form in the appendix. For general incidents, see the *Incident Reports Tool* form in the appendix.

## **Fire**

Move the Scouts to a safe location. Call 911. Do not put yourself or the Scouts in danger by attempting to put out the fire. Notify your supervisor as soon as possible so that any media questions may be handled by the appropriate personnel.

## **Participant Illness or Injury**

The proper care of the injured or ailing Scout is of utmost importance. Provide immediate first aid while avoiding contact with bodily fluids. In cases involving lack of breathing or shortness of breath, severe bleeding, internal poisoning, or heart attack, call 911. A qualified first-aid provider should act to control or assist the immediate recovery process. Notify your supervisor as soon as possible so that any media questions may be handled by the appropriate personnel.

## **On-the-Job Injury**

All job-related injuries and illness, regardless of the degree of severity or work location, must be reported to your supervisor. Failure to give notice of a job-related illness or injury may result in the denial of workers' compensation benefits. The employee seeking treatment should make sure the physician/facility is aware the injury/illness is work-related. Employees who require follow-up care may select their own physician. This does not constitute proper notice to the council. Some physicians may decline workers' compensation cases.

## **Fighting**

Prevent fights before they begin. Display all the rules on a poster board at every meeting and enforce the rules. One system that works well is "three strikes and you're out."

- The first time a Scout breaks a rule, s/he gets a warning.
- The second time, the Scouts spends five minutes in timeout. (Timeout is an interruption of a child's unacceptable behavior, by removing him/her from the scene of the action.) A chair off to the side, out of the activity of the meeting, can serve as the timeout area. After five minutes, the Scout is asked if s/he is ready to return to the group. If a Scout doesn't control him- or herself in timeout, s/he moves to the third strike.
- When a Scout commits a third infraction of the code of conduct, s/he is excused from the meeting and must call a parent to come get him or her. Have a conference with the Scout and at least one parent before allowing him or her to return to the next meeting. Be sure to explain the code of conduct and the consequences of breaking the rules to the parents of your Scouts. Notify your supervisor of the incident.

### **Discipline must be constructive.**

- Discipline must reflect Scouting's values.
- Corporal punishment is never permitted.
- Disciplinary activities involving isolation, humiliation, or ridicule are also prohibited.

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# Non-Discrimination and Harassment

## Employment at Will

All employees of the council are employees at will and, as such, are free to resign employment at any time with or without advance notice. Similarly, the council may terminate the employment relationship of any individual with or without advance notice, for any or no reason. This handbook is merely a guide to policies and procedures applicable to employees of the council. This handbook is not a contract of employment and does not alter your employment-at-will relationship with the council. Nothing in this employee handbook guarantees employment for any specific duration.

## Equal Employment

The council is committed to equal employment opportunity and compliance with all applicable federal, state, and local laws that prohibit workplace discrimination and unlawful retaliation, such as those that prohibit discrimination on the basis of race, color, national origin, religion, age, sex (including pregnancy, childbirth, breastfeeding, or related medical condition), gender, sexual orientation, marital or familial status, genetic information, citizenship status, protected activity (such as opposition to or reporting of prohibited discrimination or harassment), or any other status or classification protected by applicable federal, state, and/or local laws. This policy of equal employment opportunity applies to all aspects of the employment relationship, including without limitation advertising, recruiting, hiring, training, evaluation, promotion, transfer, work assignments, compensation, benefits, disciplinary action, termination, or any other term, condition, or privilege of employment.

## Non-Harassment Policy

Pursuant to federal law and applicable state law, it is the policy of the council that all employees shall have the opportunity to work in an atmosphere and environment free from any form of harassment or retaliation on the basis of any protected category, including, but not necessarily limited to, race, color, national origin, religion, age, sex (including pregnancy, childbirth, breastfeeding, or related medical condition), gender, sexual orientation, marital or familial status, genetic information, citizenship status, protected activity (such as opposition to or reporting of prohibited discrimination or harassment), or any other status or classification protected by applicable federal, state, and/or local laws. In keeping with that policy, the council will not tolerate harassment of any kind by or of any employees or applicants for employment.

"Harassment" is defined as verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of his or her race, religion, color, age, gender, national origin, sex, sexual orientation, veteran status, protected disability, or other protected status, or that of his or her relatives, friends, or associates, and that:

- Has the purpose or effect of creating an intimidating, hostile, or offensive working environment.
- Has the purpose or effect of unreasonably interfering with an individual's work performance.
- Otherwise adversely affects an individual's employment opportunities.

Examples of harassing conduct can include, but are not limited to, the following:

- Use of epithets, slurs, negative stereotyping, or threatening, intimidating, or hostile acts that relate to race, color, religion, gender, sex, sexual orientation, national origin, age, or disability.
- Written or graphic material that denigrates or shows hostility or aversion toward an individual or group because of race, color, religion, gender, sex, sexual orientation, national origin, age, or disability and that is placed on walls, bulletin boards, or elsewhere on council premises, or circulated in the workplace.
- Verbal or nonverbal innuendoes that relate to or reflect negatively upon someone because of their race, color, religion, gender, sex, sexual orientation, national origin, age, or disability.

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Similarly, sexual harassment involves:

- Making as a condition of employment unwelcome sexual advances, requests for sexual favors, or other offensive verbal or physical conduct directed toward an individual because of his or her sex.
- Making submission to or rejection of such conduct the basis for employment decisions.
- Creating an intimidating, offensive, or hostile work environment by such conduct.

Conduct which could rise to the level of sexual harassment can include, but is not limited to:

- Verbal—sexual innuendo, suggestive comments, insults, threats, jokes about gender-specific traits, or sexual propositions.
- Nonverbal—making suggestive or insulting noises, leering, whistling, or making obscene gestures.
- Physical—touching, pinching, brushing the body, coercing sexual intercourse, or assault.

Such forms of harassment or retaliation may constitute discrimination under various state and federal laws and will not be tolerated by the council. Any employee who is found to have engaged in such conduct will receive disciplinary action up to and including termination, depending upon the circumstances.

Any employee who feels that he or she has suffered any form of discrimination, harassment, or retaliation by anyone must immediately report the alleged conduct to his or her manager and a member of the council management so that an investigation of the complaint can be undertaken. If an employee's complaint concerns his or her manager, the employee does not have to report to his or her manager and should immediately report any concerns to a member of the council management. A complaint may also be filed with Ethics Point by calling 866-ETHICSP (866-384-4277) toll-free in the U.S. and Canada or on the Internet at <https://secure.ethicspoint.com>. After the online report is completed, a unique code called a "report key" will be assigned. It is critical that this report key and password be written down and kept in a safe place. After five to seven business days, the report key and password can be used to check the report for feedback or questions.

Any employee who observes conduct by another employee that he or she believes to be harassing, retaliatory, or discriminatory must report such conduct as outlined above. Managers who receive complaints of harassment must report such complaint to a member of the council management immediately.

Reports may also be submitted in writing to the following address:

**Boy Scouts of America**  
**Ethics Point**  
**P.O. Box 230369**  
**Portland, OR 97223**

Reports will be treated in a confidential manner to the extent possible, without impeding the ability of the council to conduct a discrete and thorough investigation. A representative of the council management will notify the complaining party of the outcome of the investigation. Any person employed by the council who is found to have violated this policy will be subject to appropriate disciplinary action up to and including termination. Further, any employee who engages in conduct that violates this policy, or whose conduct would violate this policy if allowed to continue, is subject to disciplinary action up to and including termination. Retaliation or discrimination against an employee for reporting harassment or complaining about harassment is prohibited. Such misconduct will result in disciplinary action up to and including termination. Any employee who knowingly makes a false report of harassment or discrimination will be subject to disciplinary action up to and including termination.

We trust that all employees will act in a responsible and professional manner to establish a pleasant working environment free of discrimination and harassment.

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## **Accommodating Employees with Disabilities**

The council complies with the Americans with Disabilities Act (ADA) and applicable state and local laws in ensuring equal opportunity and employment for qualified persons with disabilities. All employment practices, terms, and conditions of employment and privileges of employment are conducted on a non-discriminatory basis.

An employee needing reasonable accommodation should inform his or her manager and their local Human Resources representative. On receipt of an accommodation request, the council will engage in an interactive process with the employee to view possible reasonable accommodation options consistent with the ADA. Reasonable accommodations that do not result in an undue hardship on the operation of the council will be considered for all qualified employees with physical or mental disabilities where their disabilities affect their ability to perform the essential functions of their job. All employment decisions are based on the merits of the situation in accordance with applicable job criteria, not the disability of any individual.

An employee who has questions regarding this policy or believes that he/she has been discriminated against based on a disability should notify a member of the council management. All such inquiries will be treated as confidentially as possible without impeding the investigation process. Local Human Resources should work in conjuncture with a member of the council management to consider reasonable accommodation requests in accordance with the ADA.

## **Wages**

Council regular, full-time and part-time employees are paid twice a month on the 15<sup>th</sup> and the 30<sup>th</sup> of the month. If the regularly scheduled payday is a holiday, then employees will be paid on the last workday preceding the holiday. Regular employees are encouraged to request electronic deposit of paychecks.

Employees will be paid by direct deposit or pay check. Hours in a workweek are calculated beginning on Sunday and ending on Saturday. Should there be an exception to the regularly scheduled pay date, employees will be notified in advance.

Employees will not receive a paycheck or payment through direct deposit prior to their regularly scheduled payday. The council does not pay employees' wages in advance of the regularly scheduled pay date.

The council will deduct from employees' compensation for federal and state tax withholding, FICA, any court-ordered involuntary deductions, and any voluntary deductions designated by the employee in accordance with applicable federal and state law.

The council will comply with all applicable state and federal laws with respect to the issuance of lawfully compliant pay statements.

Regular travel to and from work is not working time. As indicated in the Routine Procedures section above, all time worked must be recorded electronically through the online system.

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## Absenteeism, Tardiness, and Early Departures

The council expects employees to be reliable and punctual in reporting for scheduled work. Absenteeism, tardiness, and early departures place a burden on other employees and on the council. In the rare instances when an employee cannot avoid being late to work, is unable to work as scheduled, and/or must leave work early, employees should personally notify their manager as soon as possible and in advance of the anticipated tardiness, absence, or early departure, as indicated below. You will not be paid for any time during which you are late and not performing compensable work.

You are to be present and prepared to start assigned programs on-time. You are responsible for reviewing meeting plans and prepping program supplies in advance. You must complete all assignments (including submission of all reports) on time to your supervisor.

If you are sick or otherwise unable to work, you must notify the after-school programs coordinator via phone or email 24 hours in advance. For same day emergencies, you must call the after-school programs coordinator, the other program specialist(s) you are working with, and the school/chartered partner by 11:00 AM on the day of the program. Failure to comply with these requirements will result in disciplinary action up to and including termination.

### **Philadelphia Sick Time:**

Part-time employees who work in Philadelphia are eligible for up to five days of paid sick time per calendar year under Philadelphia's "Promoting Healthy Families and Workplaces" Ordinance. Seasonal employees and employees hired for a term of less than six months are not eligible for Philadelphia sick time, nor are employees who fall into other ineligible categories under the Ordinance.

Eligible employees working at the council on January 1 of each year will accrue and can use five sick days as of January 1 of each calendar year. New hires during the year will accrue sick time prior to January 1 at a rate of one hour for every 40 hours worked in the City of Philadelphia and may use sick time starting on the 90th calendar day after their hire and thereafter as it accrues. Employees already eligible for paid time off under the council's existing Paid Time Off Policy, which can be used for the same purposes and under the same conditions as sick time under the Ordinance, will have their existing available PTO counted toward their annual five-day maximum under the Ordinance and will not be eligible to accrue and use additional sick time under this Policy.

Sick time may be used in one-hour increments and for the following purposes: (a) an employee's mental or physical illness, injury or health condition; an employee's need for medical diagnosis, care, or treatment of a mental or physical illness, injury or health condition; or an employee's need for preventative medical care; or (b) care of a family member (as defined in the Ordinance) with a mental or physical illness, injury or health condition; care of a family member who needs medical diagnosis, care, or treatment of a mental or physical illness, injury or health condition; or care of a family member who needs preventative medical care; or (c) absence necessary due to domestic abuse, sexual assault or stalking as detailed further in the Ordinance.

When the need for sick time is known to the employee in advance, such as for a scheduled appointment with a health care provider, the employee must provide notice of the need for such time in advance of the use of the sick time and make a reasonable effort to schedule the use of sick time in a manner that does not unduly disrupt the Company's operations. For all other absences, the employee must provide notice before the start of the employee's scheduled work hours, or as soon as practicable if the need arises immediately before or after the employee has reported for work. Employees using paid sick time for more than three (3) consecutive days must provide reasonable documentation that the sick time is covered by the Ordinance.

Sick time may not be used in advance of accrual and any employee who has exhausted all available sick time but requires further absence should contact local Human Resources for further direction. Any

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employee who is not actively working as a result of a covered sickness under the Ordinance will be required to use all available forms of paid time off or other compensated absence before going to unpaid absences, and sick time will run concurrently with other forms of leave to the extent permitted by law.

Sick time may not be carried over to the following calendar year. Any employee who leaves the council, whether voluntarily or involuntarily, will not be paid for any unused sick time.

## **Employee Conduct and Discipline**

### **Code of Conduct**

Our Code of Conduct is built on BSA values. As such, we acknowledge our responsibility to ensure its success—individually and collectively—by practicing and promoting the principles of the Scout Oath and the Scout Law. These values reflect how we want to operate, how we expect our employees to operate, and how we strive to be seen by others.

We pursue the mission of the Boy Scouts of America with honor, fairness, and integrity, ever mindful to uphold the values of the BSA in every action and decision. We are committed to act in good faith and to comply with the rule of law, the Bylaws, Rules and Regulations, and policies of both the council and the Boy Scouts of America.

Our Code of Conduct is not intended to cover every applicable law or provide answers to all questions that arise. Each employee must be able to rely upon personal common sense of right and wrong. Before undertaking any action on our behalf, an employee should consider carefully whether the conduct is in our best interest and complies with the spirit and letter of this Code, the council and BSA Bylaws, policies, Rules and Regulations, and if it is in compliance with the law.

An employee must not proceed with any action if it is not clearly in compliance with these criteria. In addition, if an employee believes that the actions of anyone in the workplace are unethical or expose us or our employees to liability or disrepute (or if he/she is unsure of what to do), the employee should report the situation by contacting his or her manager, or the appropriate level of management to deal with the situation. This includes any disclosure of Confidential Information (as defined herein) to anyone who is not an employee or to an employee whose job duties do not require access to that Confidential Information.

Acting with integrity when conducting business is not an occasional requirement; we expect and demand that our employees act consistently with the highest ethical principles.

The Code of Conduct sets forth the fundamental principles, policies, and procedures that govern the conduct of employees. It does not create any rights for any employee. The code does not constitute an employment contract or an assurance of continued employment. We may modify or repeal the provisions of the code or adopt a new code whenever deemed appropriate, with or without notice. All employees must become familiar with the code and conduct themselves strictly in compliance with it and with the bylaws, policies, procedures, rules, and regulations pertaining to this code.

We are committed to providing a work environment that values diversity among its volunteers and employees. All human resources policies, guidelines, and activities are intended to create a respectful workplace where every individual has the opportunity to reach his or her highest potential.

The council is committed to equal employment opportunity and compliance with all applicable federal, state, and local laws that prohibit workplace discrimination and unlawful retaliation, such as those that prohibit discrimination on the basis of race, color, national origin, religion, age, sex (including pregnancy, childbirth, breastfeeding, or related medical condition), gender, sexual orientation, marital or

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familial status, genetic information, citizenship status, protected activity (such as opposition to or reporting of prohibited discrimination or harassment), or any other status or classification protected by applicable federal, state, and/or local laws. This policy of equal employment opportunity applies to all aspects of the employment relationship, including without limitation advertising, recruiting, hiring, training, evaluation, promotion, transfer, work assignments, compensation, benefits, disciplinary action, termination, or any other term, condition, or privilege of employment.

Please review the Scouter Code of Conduct provided in the appendix.

## **Disciplinary Action**

It is the policy of the council to expect all employees to abide by certain work rules of general conduct and performance at all times. Managers are expected to monitor and enforce these work rules on a consistent basis. Employees are subject to disciplinary action for any of the offenses listed below and for failing to perform their job duties in a satisfactory manner.

It is not possible to list all forms of behavior that are considered unacceptable in the workplace; however, conduct deemed to be unacceptable behavior may result in disciplinary action up to and including termination of employment. Management, in its sole discretion, reserves the right to determine when an employee's behavior is unacceptable and when and what disciplinary action is necessary under a given circumstance. Similarly, employees may be subject to discipline for poor performance and violation of other policies and procedures. The type of disciplinary action that may be imposed may vary depending on the facts and circumstances surrounding each case. Violations of any of the policies and procedures contained in this Handbook may lead to disciplinary action up to and including termination of employment.

The type of disciplinary action that may be imposed may range from verbal warning, to written warning, to suspension and/or termination of employment. Nothing in this Handbook creates an obligation to follow any particular disciplinary procedure. Management retains the right and absolute discretion to discipline employees based on the facts of each case. Management may skip certain disciplinary steps or repeat certain disciplinary steps depending on particular facts of each situation.

## **Prohibited Conduct**

- Falsification of employment, personnel, or other records. This includes, but is not limited to, applications, all reports, time records, and statements under the responsibility of the employee.
- Disclosing confidential information to outsiders as defined in the council's confidentiality policy
- Gambling or fighting on council property.
- Unethical conduct or conduct that creates a conflict of interest.
- Stealing the council's property, a client's or customer's property, or the property of any employee; or misappropriation of council property or the property of other employees or client partners including any violation of supply discount policy.
- Reporting to work under the influence of alcohol or illegal drugs; possession, sale, or use of illegal drugs or chemicals; or consumption of alcohol while working on council business.
- Gross negligence or willful acts in the performance of duties resulting in damage to council property or injury to others.
- Insubordination.
- Violation of the council's equal opportunity or harassment policies.
- Serious safety violation.
- Failure to perform assigned work (including overtime) or to comply with work/safety rules.
- Violation of council policies.
- Misuse of council electronic equipment.
- Use of threatening or violent behavior.

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- Failure to report personal injury resulting from an on-the-job work situation.
  - Excessive absenteeism or tardiness.
  - Three consecutive days of absenteeism without notice.
  - Viewing, downloading, distributing, or sending sexual or pornographic material is strictly prohibited and will result in discipline and/or discharge.
  - Making maliciously false statements concerning another employee of the council or the BSA, or a Scouting volunteer.

Management reserves the right to take any form of disciplinary action at any time. While the circumstance of a particular case may result in termination for a first offense, other cases may result in other forms of disciplinary action. This policy in no way implies any kind of contract or obligation to follow any particular disciplinary procedure. This policy does not alter the employment at-will relationship.

## **Performance Feedback**

It is important for employees to know what is expected of them in their job and to know how their actual performance compares with these expectations. Employees will receive on-the-job feedback from their manager concerning their job performance. This feedback may be verbal or in writing. The council encourages open and effective communication between employees and their managers concerning job performance.

## **Open Door Policy**

The council is committed to maintaining a good working relationship with its employees. However, in any work environment there will be occasions when problems and complaints arise. It is important that these problems and complaints be discussed so that a resolution can be reached. Most problems can be solved; but if they are not freely discussed, they can become more serious. Therefore, it is the responsibility of everyone to help maintain a good working atmosphere.

We have adopted the following procedure for handling suggestions, problems, and complaints:

- Any employee who has a suggestion, problem, or complaint should discuss the matter with his or her manager.
- If the suggestion, problem, or complaint is not satisfactorily resolved by the immediate manager, or the problem or concern involves the immediate manager, the employee may meet with the next line of management official, who will listen to the suggestion, problem, or complaint and attempt to recommend a satisfactory solution.
- If the suggestion, problem, or complaint has not been resolved, or if the nature of the problem is such that the employee does not want to discuss it with a manager, he/she may discuss it with the Scout Executive.
- If the employee can't reach resolution, he or she may consult with the Council President for guidance as an additional resource for reconciliation and possible mediation between the employee and council leaders.

When an employee uses this Open Door Policy, he/she will receive an answer promptly. While the council may not be able to provide the solution that you desire, we will listen to your concerns and have frank and open communication with you regarding any issue you feel needs to be brought to management's attention.

Employees are encouraged to use the above procedures. Every effort will be made to render a fair and just decision. Once the decision is made, an explanation will be given to the employee who brought the suggestion, problem, or complaint.



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## Confidential Ethics Reporting

The council is committed to upholding the highest ethical standards and to protecting the integrity of the Boy Scouts of America. The council Code of Conduct and its Conflict of Interest Policy outline the minimum standards and guidelines of conduct by which it and its employees must abide. These guiding principles are consistent with the Scout Oath and the Scout Law and are set forth as benchmarks to ensure that employee and employer alike are treated with honesty and integrity and in accordance with the Boy Scouts of America's Bylaws, Rules and Regulations, policies, and procedures and with any applicable laws and regulations.

The council takes breaches of any law, rule, regulation, or policy, the Code of Conduct, and/or the Conflict of Interest Policy very seriously and will investigate all reported suspected violations. Inquiries will be investigated promptly and thoroughly, and action will be taken where warranted. The council prohibits employees from hindering the investigation. Complaints will be treated with as much confidentiality as possible, consistent with the need to conduct an adequate investigation. The council forbids retaliation against employees who report, in good faith, perceived violations of any law, rule, regulation, or policy, the Code of Conduct, or the Conflict of Interest Policy.

The council has selected Ethics Point to provide its employees with a way to anonymously report actual or possible violations of any law, rule, regulation, or policy of the council, including the council Code of Conduct and the Conflict of Interest Policy.

Employees are encouraged to speak with their manager to try to resolve issues before filing a report with Ethics Point, which may be done by calling 866-ETHICSP (866-384-4277) toll-free in the U.S. and Canada or on the Internet at <https://secure.ethicspoint.com>. Reports may also be submitted in writing to the following address:

**Boy Scouts of America  
Ethics Point  
P.O. Box 230369  
Portland, OR 97223**

## Confidentiality

The council takes steps to maintain the confidential nature of its confidential and proprietary information. Confidential Information includes, but is not limited to, proprietary technical, business, financial, supplier, customer information, sales figures, business plans and projections, profit and performance reports, vendor information, growth strategies, customer lists, employee mailing lists, local council listings, rosters or other biographical employee information, product and services information, and techniques and methods of operation that are not readily available to the public and that are maintained as confidential by the council. Employees may not discuss with outsiders/competitors or use any Confidential Information or trade secret information without prior authorization from the council. As employees of the council, employees have access to Confidential Information of customers, vendors, and others in the performance of their job duties. All employees must maintain as confidential all Confidential Information. Employees are prohibited from disclosing such Confidential Information and from using such information for personal gain. Nothing in this policy is intended to restrict employees' abilities to discuss terms and conditions of employment, including compensation. Violations of this policy will subject an employee to disciplinary action up to and including termination. Nothing in this policy is intended to restrict or inhibit an employee's ability to bring complaints of suspected unlawful conduct to the attention of any government agency or to in any way interfere with an employee's lawful rights under the National Labor Relations Board or any federal or state whistleblower law.

If an employee has any questions regarding the confidential nature of any council information, the employee should discuss the matter with his/her manager.

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## Employee Dress Code

The council believes that our employees should project a professional image while at work. This includes the highest standards of personal hygiene and grooming. Employees should present a neat, businesslike appearance at all times during work hours. All employees represent the council in their appearance, as well as by their actions, especially our employees who have contact with our customers. The properly attired employee helps to create a favorable image for the council.

Clothing should be worn and fit in such manner that it does not expose the abdomen, chest, or backside areas.

All program specialists must wear a BSA field uniform shirt or, if approved, a Scouting-appropriate activity shirt, at all unit meetings and district and council events. The council will provide you with one (1) complete adult leader uniform (one-time only), which includes:

- Short-sleeve tan shirt
- Council shoulder patch
- World crest emblem
- Pair of shoulder loops
- Pair of switchbacks pants

Additional uniforms are available for purchase at a discounted price at the Scout Shop.

Managers are responsible for fairly and consistently interpreting and enforcing dress and grooming standards in their areas of responsibility. This includes counseling employees whose appearance is inappropriate.

## Substance Abuse Policy

**Purpose:** As a part of its commitment to provide a safe place for its employees to work and to promote a drug-free community, the council establishes this policy on the use or abuse of alcohol and illegal drugs by its employees. The purpose of this policy is to set forth the council's guidelines regarding substance abuse.

**Effect:** The information contained in this policy does not create a contract of employment between the council and any employee, nor does it guarantee any benefit, procedure, or period of employment.

**Scope:** All council employees are covered by this policy.

### Definitions:

"Illegal drugs" are drugs or controlled substances which are (1) not legally obtainable or (2) legally obtainable but not obtained or used in a lawful manner. Examples include cocaine, as well as prescription drugs or substances which are not lawfully obtained or properly utilized. The term "illegal drugs" also refers to mind-altering and/or addictive substances which are not sold as drugs or medicines but are used for mind- or behavior-altering effect.

"Legal drugs" are those prescribed or over-the-counter drugs which are legally obtained by the employee and used for the purpose for which they were prescribed and sold. Legal drugs do not include recreational marijuana even if legalized under applicable state law as marijuana is still an illegal drug under federal law.

The term "council property" includes worksites; parking lots; vehicles; or offices owned, rented, utilized, or serviced by the council or by any of the councils; employee-owned or employee-rented vehicles on

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the property of the council or of any affiliate of the council while on council business; and locations where the employee represents the council in any capacity.

The term "on duty" includes all working hours as well as meal periods and break periods, regardless of whether on premises, and all hours when the employee represents the council in any capacity whether on premises or off-site.

## **Alcohol Use Prohibitions**

The consumption of alcohol on council property or while on duty is prohibited.

Off-duty abuse of alcohol which adversely affects an employee's job performance or adversely affects or threatens to adversely affect other interests of the council is prohibited.

The personal possession (i.e., on the person or in a desk or locker) of alcohol on council property or while on duty is prohibited. However, the possession of alcohol in a personal vehicle or council-assigned vehicle on council property is not prohibited provided such possession is in compliance with this policy, as well as federal, state, and local laws.

It is against council policy to report to work or to work under the influence of alcohol. An employee will be considered under the influence of alcohol when, in the judgment of the employee's manager or other management official, the employee's ability to perform the job safely and effectively is affected by the use of alcohol. An employee who is perceived to be under the influence of alcohol will be removed immediately from the workplace and may be required to submit to a breath or blood test to measure the blood alcohol concentration. An employee with an alcohol concentration of 0.04 or greater will be considered to be under the influence of alcohol for purposes of this policy. However, a determination that an employee is under the influence of alcohol may be made by the council without conducting a test to determine the employee's alcohol concentration.

Employees arrested for an alcohol-related incident must immediately notify their supervisor or a member of the council management of the arrest if:

- the employee operates council vehicles; including leased vehicles, or routinely transports council personnel or property;
- the incident(s) occur during scheduled working hours; or
- while operating a personal vehicle on council business.

## **Drug Use Prohibitions**

The use, sale, purchase, possession, manufacture, distribution, or dispensation of illegal drugs on council property or while on duty is against council policy and is cause for immediate termination.

It is also against council policy for an employee to report to work or to work while under the influence of illegal drugs. An employee will be considered to be under the influence of illegal drugs if the employee tests positive for such drug(s) (or their metabolites) at or above the cutoff levels established by the council.

Legal drugs may also affect the safety of the employee or fellow employees or members of the public. Therefore, any employee who is taking any legal drug which the prescribing physician or pharmacist indicates might adversely affect the employee's ability to safely perform the functions of his or her job must advise his or her manager before reporting to work under such medication. If the council determines that such use adversely affects the employee's ability to safely perform the functions of his or her job, the council may temporarily reassign the employee, grant a leave of absence during the period of treatment, or otherwise attempt to accommodate the employee. If the council determines that such use does not pose a risk, the employee will be permitted to work. Improper use of "legal drugs" is

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prohibited and may result in disciplinary action. Prescription medication must be kept in its original container if such medication is taken during working hours or on council property. This paragraph also applies to prescription marijuana.

If you believe you will need to use, possess, or be under the influence of medical marijuana pursuant to a medical marijuana prescription during work time or on council premises, please contact a member of the council management for further discussion as to application of this Policy to your specific circumstance. The council will not discriminate or retaliate solely on the basis of an employee's status as an individual who is certified to use medical marijuana, but restrictions on use or possession may be imposed.

## **Smoking and Tobacco Use**

Leaders should support the attitude that they, as well as youths, are better off without tobacco in any form and may not allow the use of tobacco products at any BSA activity involving youth participants. This includes the use of electronic cigarettes, personal vaporizers, or electronic nicotine delivery systems that simulate tobacco smoking.

All Scouting functions, meetings, and activities should be conducted on a smoke-free basis, with smoking areas located away from all participants.

## **Visitors**

During your scheduled program times, you are expected to be devoting all of your attention to providing an excellent program for the youth we serve. Visits by friends or family are not allowed, and children who are not registered in the unit may not be in attendance. Exceptions may be made for emergencies with prior approval, but repeated occurrences will result in disciplinary action up to and including termination. If you experience such an emergency, you must call the after-school programs coordinator immediately.

## **Use of Cell Phones**

Cell phones should not be used during work time unless using Scouting apps or placing emergency phone calls.

## **Meals & Snacks**

There is to be no eating of personal meals during meetings unless there is a snack that is shared with everyone.

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## Appendix

- Scouter Code of Conduct
- Incident Reporting Tool Form
- Youth Protection/Membership Infraction Incident Information Form
- Annual Health and Medical Record, Parts A, B & C
- Employee Directions for the TimeWorksMobile App

# BOY SCOUTS OF AMERICA SCOUTER CODE OF CONDUCT

On my honor, I promise to do my best to comply with this Boy Scouts of America Scouter Code of Conduct while serving in my capacity as an adult leader:

1. I have completed or will complete my registration with the Boy Scouts of America, answering all questions truthfully and honestly.
2. I will do my best to live up to the Scout Oath and Scout Law, obey all laws, and hold others in Scouting accountable to those standards. I will exercise sound judgment and demonstrate good leadership and use the Scouting program for its intended purpose consistent with the mission of the Boy Scouts of America.
3. I will make the protection of youth a personal priority. I will complete and remain current with Youth Protection training requirements. I will be familiar with and follow:
  - a. BSA Youth Protection policies and guidelines, including mandatory reporting: [www.scouting.org/training/youth-protection/](http://www.scouting.org/training/youth-protection/)
  - b. *The Guide to Safe Scouting*: [www.scouting.org/health-and-safety/gss](http://www.scouting.org/health-and-safety/gss)
  - c. The Sweet Sixteen of BSA Safety: [www.scouting.org/health-and-safety/gss/sweet16](http://www.scouting.org/health-and-safety/gss/sweet16)
4. When transporting Scouts, I will obey all laws, comply with Youth Protection guidelines, and follow safe driving practices.
5. I will respect and abide by the Rules and Regulations of the Boy Scouts of America, BSA policies, and BSA-provided training, including but not limited to those relating to:
  - a. Unauthorized fundraising activities
  - b. Advocacy on social and political issues, including prohibited use of the BSA uniform and brand
  - c. Bullying, hazing, harassment, and unlawful discrimination of any kind
6. I will not discuss or engage in any form of sexual conduct while engaged in Scouting activities. I will refer Scouts with questions regarding these topics to talk to their parents or spiritual advisor.
7. I confirm that I have fully disclosed and will disclose in the future any of the following:
  - a. Any criminal suspicion, charges, or convictions of a crime or offense involving abuse, violence, sexual misconduct, or any misconduct involving minors or juveniles
  - b. Any investigation or court order involving domestic violence, child abuse, or similar matter
  - c. Any criminal charges or convictions for offenses involving controlled substances, driving while intoxicated, firearms, or dangerous weapons
8. I will not possess, distribute, transport, consume, or use any of the following items prohibited by law or in violation of any Scouting rules, regulations, and policies:
  - a. Alcoholic beverages or controlled substances, including marijuana
  - b. Concealed or unconcealed firearms, fireworks, or explosives
  - c. Pornography or materials containing words or images inconsistent with Scouting values
9. If I am taking prescription medications with the potential of impairing my functioning or judgment, I will not engage in activities that would put Scouts at risk, including driving or operating equipment.
10. I will take steps to prevent or report any violation of this code of conduct by others in connection with Scouting activities.

# Incident Reporting Tool

(Events or allegations of injury, illness, or property damage, including employment and directors and officer's issues)

## General Incident Details

*\*Required Fields*

\*Incident Date: \_\_\_\_\_ Incident Time (in 24-hour format): \_\_\_\_\_

\*Report Date: \_\_\_\_\_

Date Reported to Council/BSA Location: \_\_\_\_\_

Reported by Name: \_\_\_\_\_

Reported by Primary Phone: \_\_\_\_\_ Reported by Secondary Phone: \_\_\_\_\_

Reported by Email: \_\_\_\_\_

Reported by Address: \_\_\_\_\_

Reported by City: \_\_\_\_\_ Reported by State: \_\_\_\_\_ Reported by Zip Code: \_\_\_\_\_

\*Council/BSA Location: \_\_\_\_\_ \*Location of Incident: \_\_\_\_\_

Specific area where incident occurred: \_\_\_\_\_

Incident Address: \_\_\_\_\_

Incident City: \_\_\_\_\_ \*Incident State: \_\_\_\_\_ Incident Zip Code: \_\_\_\_\_

\*Description of Incident (clear/concise/complete facts):

Was an Agency or Authority Notified?  Yes  No Whom: \_\_\_\_\_

## Injury/Illness/Damage Information

\*Claimant Name: \_\_\_\_\_

Claimant Address: \_\_\_\_\_

Claimant City: \_\_\_\_\_ \*Claimant State: \_\_\_\_\_ Claimant Zip Code: \_\_\_\_\_

Claimant Primary Phone: \_\_\_\_\_ Claimant Secondary Phone: \_\_\_\_\_

Claimant Email: \_\_\_\_\_

Claimant Date of Birth: \_\_\_\_\_ Age of Claimant: \_\_\_\_\_

General Classification (Cub Scout/Registered Leader/etc.): \_\_\_\_\_

Chartered Organization: \_\_\_\_\_

Property Damage?  Yes  No Describe: \_\_\_\_\_

Adventure/Program/Event: \_\_\_\_\_

Cause/Nature/Injury Detail: \_\_\_\_\_

Severity Rating:  Catastrophic-I  Critical-II  Marginal-III  Negligible-IV  Unknown

If medical treatment was provided, please describe: \_\_\_\_\_

If transported by air/ambulance, please describe: \_\_\_\_\_

\*Are Accident and Sickness forms provided or filed?  Yes  No  Unknown

If certificate of insurance has been provided, please describe: \_\_\_\_\_

If there is/was a contract for this event, please describe: \_\_\_\_\_

Did the event occur while transporting to/from activity?  Yes  No  Unknown

### Vehicle Involved (Duplicate if needed)

\*Owner of vehicle: \_\_\_\_\_ VIN: \_\_\_\_\_

License State: \_\_\_\_\_ Vehicle make/model/year: \_\_\_\_\_

Description of Vehicle Damage:

Weather Conditions: \_\_\_\_\_

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

Driver Address: \_\_\_\_\_

Driver City: \_\_\_\_\_ Driver State: \_\_\_\_\_ Driver Zip Code: \_\_\_\_\_

Driver Phone: \_\_\_\_\_ Driver Email: \_\_\_\_\_

### Witnesses (Duplicate if needed)

\*Witness Name: \_\_\_\_\_

Witness Address: \_\_\_\_\_

Witness Email: \_\_\_\_\_ Witness Primary Phone: \_\_\_\_\_

Witness Secondary Phone: \_\_\_\_\_

Witness Type:  Adult  Youth  Unknown

\*Witness Name: \_\_\_\_\_

Witness Address: \_\_\_\_\_

Witness Email: \_\_\_\_\_ Witness Primary Phone: \_\_\_\_\_

Witness Secondary Phone: \_\_\_\_\_

*Attachments such as photos, statements, and this incident report form can be added during online entry and are helpful.*

*Return this completed form to your council's designated user for entry, or upload into Riskconnect.*



## Youth Protection/Membership Infraction Incident Information Form

(Allegations of abuse, violations of BSA guidelines or policies, inappropriate behavior by a Scout/Scout leader/parent/other)

Return the completed form to your council's designated user for entry, or upload to Riskconnect.

Submitting this form (in hard copy or through the online reporting system) does not eliminate your responsibility to immediately stop the behavior at issue and to protect the youth nor your obligations under BSA's mandatory reporting of child abuse and any other obligations imposed by state law.

Incident date: \_\_\_\_\_ Date incident reported to council: \_\_\_\_\_

Council/BSA location where incident occurred (if applicable): \_\_\_\_\_

Incident address: \_\_\_\_\_  
City State Zip

Report type:  Suspicion/allegation of abuse       BSA policy or guideline violation(s)  
 Other inappropriate behavior by a Scout/Scout leader/parent/other

**Details of incident:** What alleged victim/target/injured party said, what reporter observed/was told, similar or past incidents involving the victim(s)/target(s)/injured party (parties) or violator(s)/offenders(s), etc.

**PERSON FILLING OUT THIS FORM:** \_\_\_\_\_

Scouting position: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(s): Primary \_\_\_\_\_ Alternate \_\_\_\_\_

Email: \_\_\_\_\_

**PERSON WHO REPORTED THIS INCIDENT:** \_\_\_\_\_

Scouting position: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(s): Primary \_\_\_\_\_ Alternate \_\_\_\_\_

Email: \_\_\_\_\_

**Duplicate as needed.**

**Alleged Victim/Target/Injured Party Information:**

Adult  Youth  Registered  Other

\_\_\_\_\_ Council \_\_\_\_\_ Unit \_\_\_\_\_ Chartered organization

\_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Gender

If a youth, parent(s) information: \_\_\_\_\_ Name

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Phone(s): \_\_\_\_\_ Primary \_\_\_\_\_ Alternate \_\_\_\_\_ Email: \_\_\_\_\_

Parent notified?  Yes  No if yes, by whom? \_\_\_\_\_ Date/Time \_\_\_\_\_

**Alleged Policy Violator/Offender Information:**

Adult  Youth  Registered  Other

\_\_\_\_\_ Council \_\_\_\_\_ Unit \_\_\_\_\_ Chartered organization

\_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Gender

If a youth, parent(s) information: \_\_\_\_\_ Name

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Phone(s): \_\_\_\_\_ Primary \_\_\_\_\_ Alternate \_\_\_\_\_ Email: \_\_\_\_\_

Parent notified?  Yes  No if yes, by whom? \_\_\_\_\_ Date/Time \_\_\_\_\_

**Reports:**

Was this incident reported to law enforcement?  Yes  No  I don't know

Name of law enforcement agency: \_\_\_\_\_

Date reported: \_\_\_\_\_ Approximate time reported: \_\_\_\_\_

If applicable, was appropriate children and family services/Child Protective Services agency notified?

Yes  No  I don't know

Name of agency: \_\_\_\_\_

Date reported: \_\_\_\_\_ Approximate time reported: \_\_\_\_\_

**Attachments such as photos, statements, and this incident report can be added during online entry and are helpful. Return this completed form to your council's designated user for entry into the BSA's online reporting system, or upload into Riskconnect.**

## Part A: Informed Consent, Release Agreement, and Authorization

Full name: \_\_\_\_\_  
DOB: \_\_\_\_\_

**High-adventure base participants:**  
Expedition/crew No.: \_\_\_\_\_  
or staff position: \_\_\_\_\_

### Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.



**NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.**



List participant restrictions, if any:  None

\_\_\_\_\_

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont, Philmont Training Center, Northern Tier, Florida Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is under the age of 18)

Second parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_

(If required; for example, California)

### Complete this section for youth participants only:

#### Adults Authorized to Take to and From Events:

You must designate at least one adult. Please include a telephone number.

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

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

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

#### Adults NOT Authorized to Take Youth To and From Events:

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

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

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_



## Part B: General Information/Health History

**Full name:** \_\_\_\_\_

**High-adventure base participants:**

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

**DOB:** \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Unit leader: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Council Name/No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_



**Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.**



**In case of emergency, notify the person below:**

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

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Alternate contact name: \_\_\_\_\_ Alternate's phone: \_\_\_\_\_

### Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	<b>Last HbA1c percentage and date:</b>
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma	<b>Last attack date:</b>
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Behavioral/neurological disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures	<b>Last seizure date:</b>
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Excessive fatigue	
		Obstructive sleep apnea/sleep disorders	<b>CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/></b>
		List all surgeries and hospitalizations	<b>Last surgery date:</b>
		List any other medical conditions not covered above	



## Part B: General Information/Health History

Full name: \_\_\_\_\_  
 DOB: \_\_\_\_\_

**High-adventure base participants:**  
 Expedition/crew No.: \_\_\_\_\_  
 or staff position: \_\_\_\_\_

### Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN.  IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

Medication	Dose	Frequency	Reason

YES  NO Non-prescription medication administration is authorized with these exceptions: \_\_\_\_\_

Administration of the above medications is approved for youth by:

\_\_\_\_\_/\_\_\_\_\_  
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

!

**Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.**

!

### Immunization

The following immunizations are recommended by the BSA. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)	Please list any additional information about your medical history:
			Tetanus		
			Pertussis		
			Diphtheria		
			Measles/mumps/rubella		
			Polio		
			Chicken Pox		
			Hepatitis A		
			Hepatitis B		
			Meningitis		
			Influenza		
			Other (i.e., HIB)		
			Exemption to immunizations (form required)		

**DO NOT WRITE IN THIS BOX**  
 Review for camp or special activity.

Reviewed by: \_\_\_\_\_

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

Further approval required:  Yes  No

Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_

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

## Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: \_\_\_\_\_

DOB: \_\_\_\_\_

**High-adventure base participants:**

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_



**You are being asked to certify that this individual has no contraindication for participation inside a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient.**



**Examiner: Please fill in the following information:**

		Yes	No	Explain							
Medical restrictions to participate											
Yes	No	Allergies or Reactions		Explain		Yes	No	Allergies or Reactions		Explain	
		Medication						Plants			
		Food						Insect bites/stings			

Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_ BMI: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_

	Normal	Abnormal	Explain Abnormalities
Eyes			
Ears/nose/throat			
Lungs			
Heart			
Abdomen			
Genitalia/hernia			
Musculoskeletal			
Neurological			
Other			

### Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

True	False	Explain
		Meets height/weight requirements.
		Does not have uncontrolled heart disease, asthma, or hypertension.
		Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
		Has no uncontrolled psychiatric disorders.
		Has had no seizures in the last year.
		Does not have poorly controlled diabetes.
		If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures.
		<b>For high-adventure participants, I have reviewed with them the important supplemental risk advisory provided.</b>

Examiner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider printed name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Office phone: \_\_\_\_\_

#### Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

#### Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295





# Employee Directions for the TimeWorksMobile App

Before accessing the TimeWorksMobile application the employee **MUST** login to the employee's time card through a PC and reset your password.



Image 1



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# Employee Directions for the TimeWorksMobile App

When you click on *IOI*Time Login through the Employee Login portal, you will land on the Web Clock. You will need to click on the [blue](#) Time Card link to login to your Employee Self Service Portal. When you enter your username and one-time-use password, you will be prompted to reset your password (required) and enter your Phone and Email Address (optional but strongly encouraged so that you receive email notifications when Time Off has been approved).

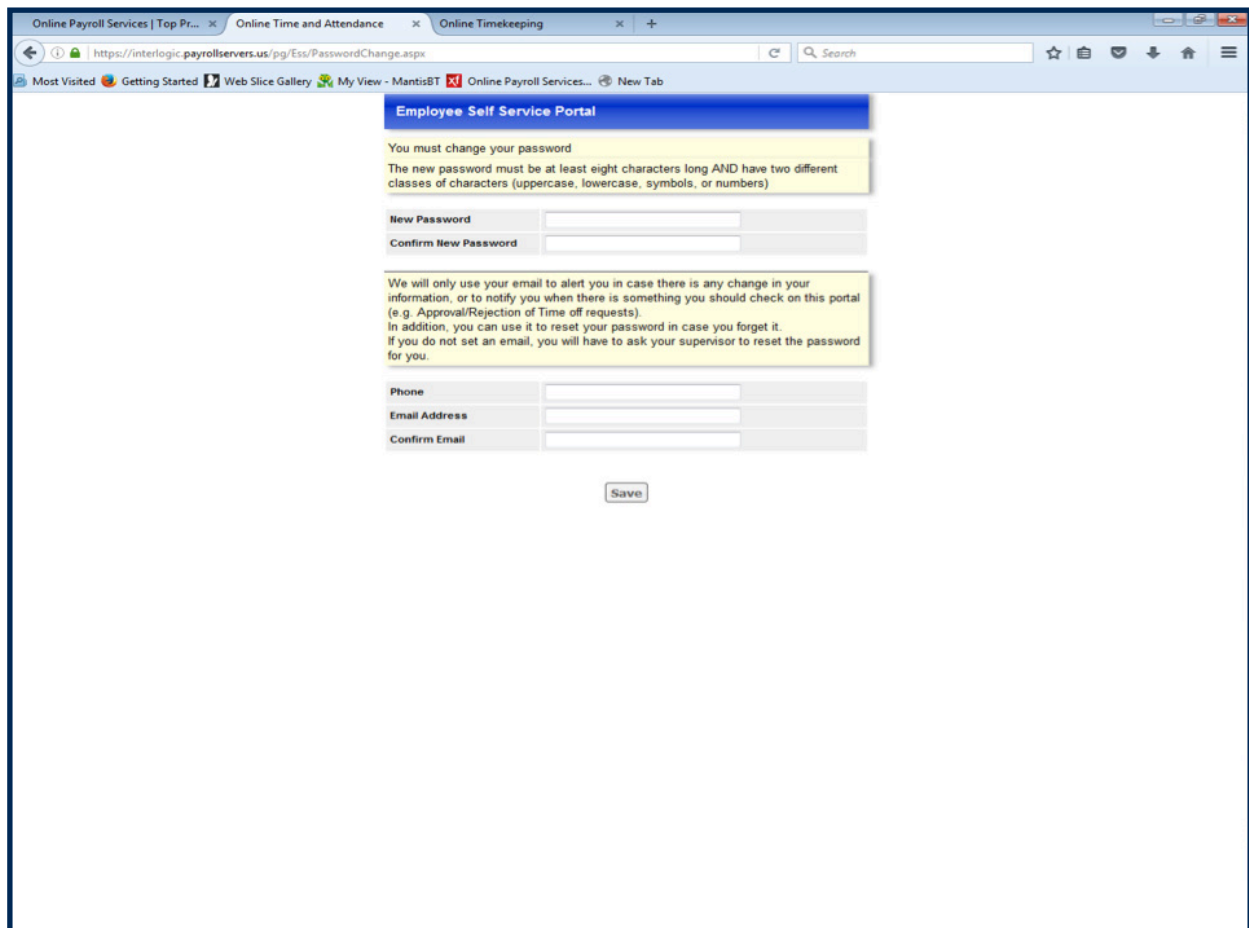


Image 2



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# Employee Directions for the TimeWorksMobile App

Log back in to your time card with your new password. When you land on your dashboard, click Personal Information in the left hand navigation. Double-check to make sure that your email is listed correctly and also select the box that says “Enable Notifications”. This will allow *IOITime* to communicate with you via email when your Supervisor Approves/ Denys/Conditionally Approves a Time Off Request.

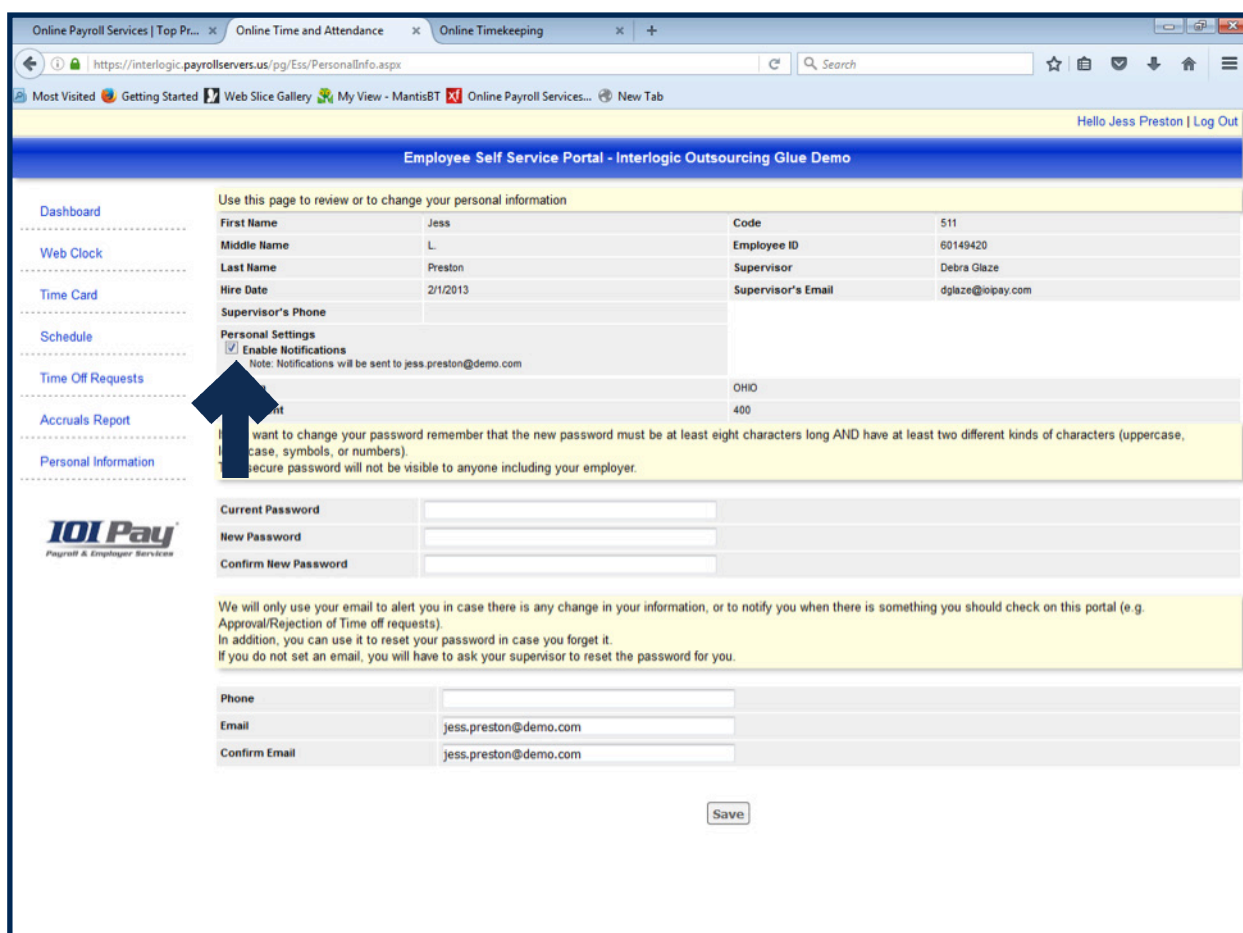


Image 3



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## Employee Directions for the TimeWorksMobile App

You are now ready to access the TimeWorksMobile application. Whether on an Android device or iPhone it is still the same application. Once the application is downloaded, login with your credentials.



Image 4

When you land on your Mobile app dashboard you will be able to:

- Toggle between clocking in and out
- View announcements made by your Supervisor
- View total hours worked in this pay period as well as available time off balances
- Request time off
- View the details of your time card, approve punches and leave notes for your Supervisor.



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## Employee Directions for the TimeWorksMobile App

To clock in, in this next screen shot, the employee would only need to press the “Submit” button. To clock out, the employee would need to click the “Clock In” button to get it to toggle to the “Clock Out” option then click “Submit”.

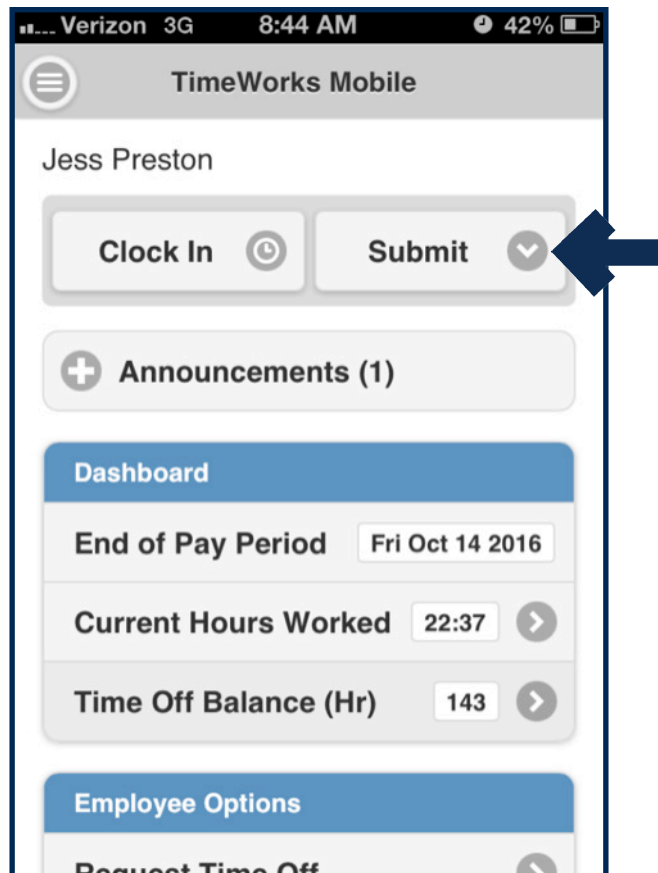


Image 5



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## Employee Directions for the TimeWorksMobile App

If your employee is required to clock into different departments, they will receive a drop down to select which department they are clocking into. Whether clocking in/out, each employee will need to make sure their mobile device is sharing its location. By allowing your device to share its location, you are allowing your punch to be connected to a GPS location (allowing your Supervisor the ability to see your whereabouts while punching).

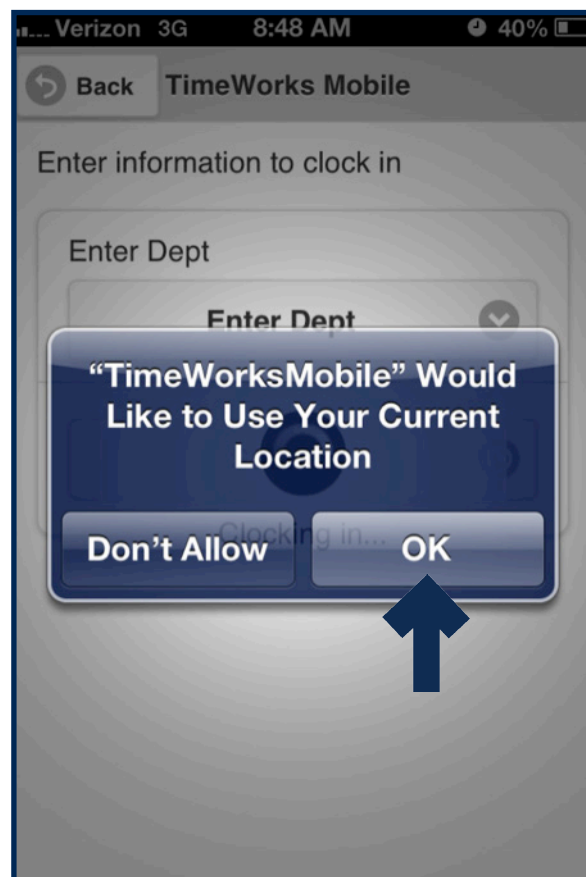


Image 6



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## Employee Directions for the TimeWorksMobile App

You will also be able to view the GPS location of your punches. The number “1” will notate an employee’s clock in and a “2” would be the out punch (as shown in Image 8). GPS enabled punches are notated with a red balloon-type icon. By selecting the day of those punches and clicking the “Map” button in the upper right hand portion of the screen, this will allow you to view your punches geographically.

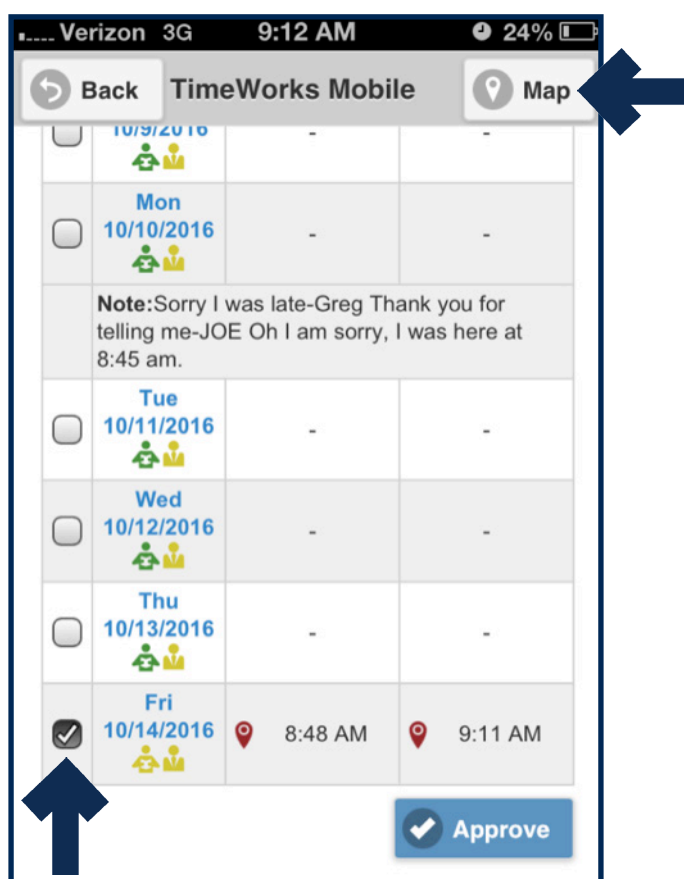


Image 7





## Employee Directions for the TimeWorksMobile App

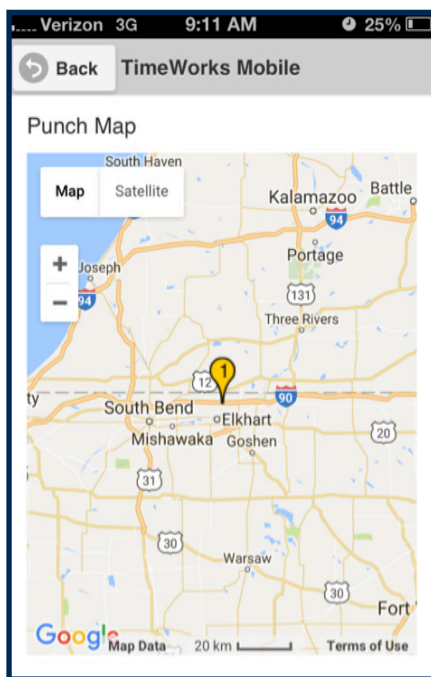


Image 8

An employee can also use this action of selecting the individual day and approving the punch activity for that day. An employee may also select all days and approve, approving the entire time card at once.

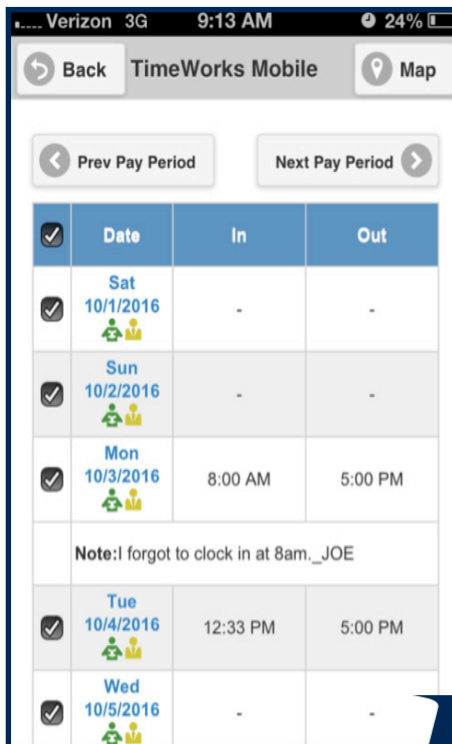


Image 9





## Employee Directions for the TimeWorksMobile App

By clicking on a specific day (not selecting the box next to the day but actually clicking on the blue font) for instance **Sat 10/1/2016** the employee can view the details of that day as well as leave notes to his/her Supervisor and approve the punches for that day (as shown in Image 10).

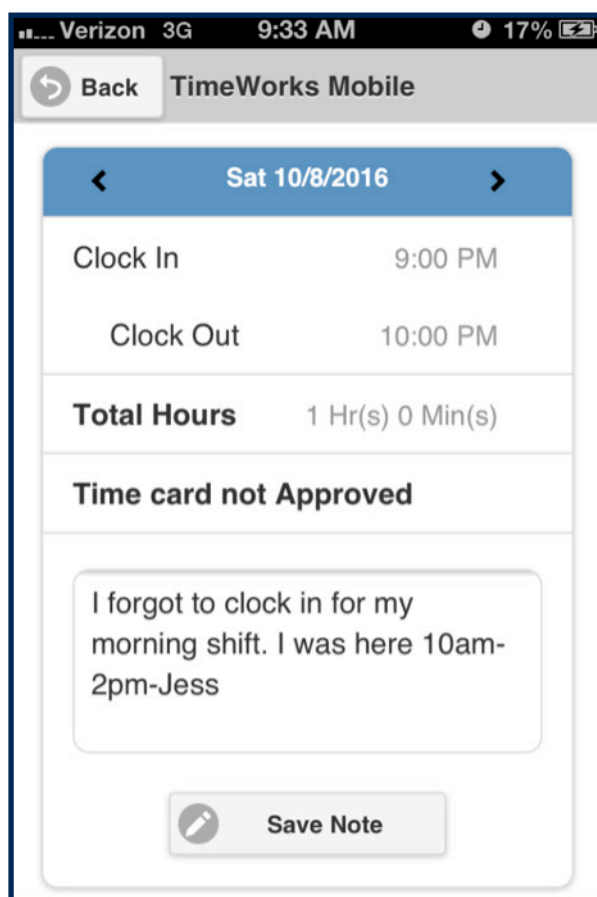


Image 10



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## Employee Directions for the TimeWorksMobile App

To request time off, simply select that option from your dashboard. Through the “Request Type” drop down menu, select the applicable Category. Select the day or days you would like to request off, the number of hours as well as leave a comment to your Supervisor.

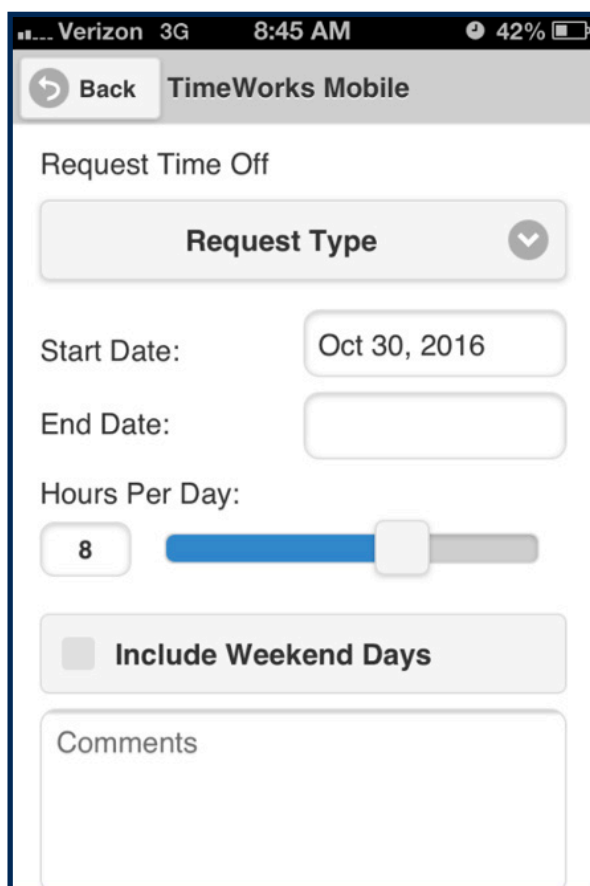


Image 11



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## Employee Directions for the TimeWorksMobile App

The mobile application is limited as to what an employee can access/edit and delete. If a Time Off Request has been approved and entered on a time card, an employee will NOT be able to edit or modify this request if the employee is not able to take the time off. The employee would not be able to modify this in their time card via PC either, this would be a function the Supervisor would have to modify.

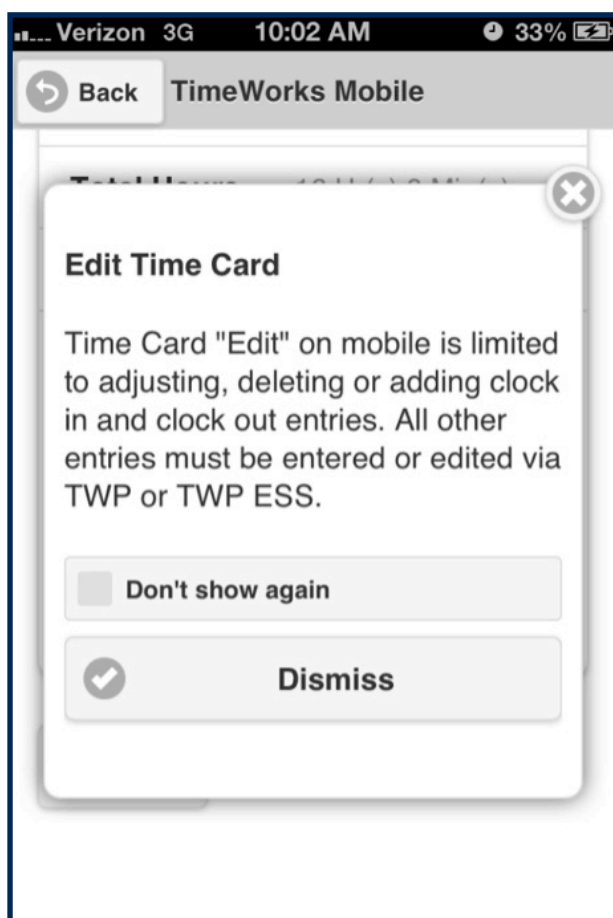


Image 12







---

## **Program Specialist Statement of Understanding/ Employee Acknowledgment**

I acknowledge receipt of the handbook and understand the handbook is not an employment contract, and I know that my employment is “at will” as defined above.

---

Employee's signature

---

Employee's name (please print)

---

Date