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Policies and Procedures

2019 – 2020

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Aspire Health Alliance Psychology Internship Requirements

1. Successful clinical work in each of two (2) half-time placements as determined by supervisors. Direct service time of at least 25% (APA minimum requirement) and not to exceed 40% (the program's aspirational goal). Interns will receive monthly feedback about these goals as the year progresses.
2. Successful rotation at the Emergency Services Department (Crisis Team) as determined by the ESP program director.
3. Attendance and active participation in all mandatory seminars as determined by seminar leaders.
4. Successful completion of a minimum of six (6) psychological testing batteries and corresponding written reports as determined by testing supervisors.
5. Successful demonstration of ability to produce a relevant research product and ability to communicate findings and implications of this research as determined by supervisors and/or training staff.
6. Successful navigation of the program's evaluative system, including the Individual Learning Plan, Supervisors and Intern Conference, Mid-Year Evaluation, and Final Evaluation. These documents are found in the Intern Handbook.
7. Active participation in the evaluation of the training program by completing supervisor and seminar evaluations during the training year. These documents are found in the Intern Handbook, but are provided directly to the interns in PDF format by the Director of Graduate Student Training to provide confidentiality.

Psychology Intern Selection

Interns will be selected primarily via the recruitment and matching process operated by the Association of Psychology Postdoctoral and Internship Centers (APPIC). All policies and procedures of the APPIC are strictly followed in the recruiting process, including affirmative action and non-discrimination policies. Should post-match recruitment be needed, the general recruitment policies of Aspire Health Alliance, below, are followed, with procedures similar to the match recruitment (i.e., application review and interviews, followed by offer and confirmation letters).

All internship candidates shall be enrolled in a regionally accredited program in professional psychology, and have earned a Master's Degree, passed their Comprehensive exams, and had their Dissertation proposal approved by the application deadline. Interns should have a minimum of 500 hours of clinical intervention and 100 hours of assessment experience by the start of internship. Applicants should have broad based training in clinical psychology appropriate for their desired track (adult, child/adolescent, or early intervention). A solid background in test administration and report writing with the age group appropriate for their desired track is expected. Projective testing experience is preferred. Applicants should have exposure to empirically-supported treatments and evidence-based practice. Our program expects applicants to have completed coursework in psychopathology appropriate for their desired track. We prefer 4 years of graduate training prior to internship. A demonstrated interest in Community Mental Health practice is favorable.

Dual Relationships

Aspire Health Alliance subscribes to the basic position that clinicians and supervisors make every effort to avoid the formation of dual relationships in their professional endeavors. This minimizes the potential exploitation of both parties involved and is in line with our striving to maintain the highest standards of professional care.

Should any staff member or intern feel pulled in the direction of a dual relationship, he/she should consult immediately with their supervisor and/or the Director of Graduate Student Training for direction and counsel.

Stipend

The stipend of \$26,520 for psychology interns is paid on Friday in biweekly increments during the training year.

Administrative Support and Assistance

Office staff are available to trainees for such tasks as finding forms and office supplies, notifying of client arrivals, checking on authorizations, etc. Trainees are expected to use administrative support and office supplies responsibly.

Psychology Intern Time-off/Sick Days

PTO/Sick Time: Psychology interns have 12 days of paid time off (PTO) and 3 sick days without penalty during the internship year. Interns must keep a working list of time off days they have taken throughout the year. When an intern plans to use PTO or sick time, they should notify the supervisor at the placement from which they will be absent. Additionally, psychology interns must notify the Training Director by providing an updated copy of their PTO/sick day tracking log.

Extended sick or maternity/paternity leave: In the event of a medical condition and/or family needs that require extended leave, an intern would have access to reasonable unpaid leave as needed. Upon returning from the agreed upon leave, the intern would be expected to extend the hours of their internship to meet the 1960 hours of internship training required for licensure in many states.

Paid Holidays: Interns receive 8 paid holidays that are observed by Aspire Health Alliance: July 4th, Labor Day, Thanksgiving, and day after Thanksgiving, Christmas, New Year's Day, MLK Day, and Memorial Day.

Maintenance of Training Records/Records Retention

Intern records are maintained by year in a lockable file cabinet in the office of the Training Director for a period of time equal to their relevance for Self-Study. Once an APA reaccreditation has been completed and records are no longer of relevance to continued operation of the program, they are stored permanently in the locked files of the agency's Human Resources Department in the administration building.

Telesupervision and Phone Supervision

All interns receive in-person supervision with their supervisors on-site at a regular time (weekly for primary supervision and biweekly for secondary/group supervision). On occasions where the regular face-to-face meeting is not possible during a given week (e.g., due to illness of either party, etc) and an alternative on-site meeting time is not possible, a supervisor and supervisee may elect to conduct supervision utilizing video chat or the telephone. Additionally, telesupervision or phone supervision is acceptable when a supervisee requests additional support from a supervisor at a time when the supervisor is not on-site (e.g., discussing an urgent clinical matter with a supervisor outside of the regularly scheduled supervision hour). This modality of supervision will only be utilized on infrequent occasions, rather than becoming a primary modality of supervision, and may not account for more than 20% of the total supervision by any supervisor during the training year. Supervisors maintain full professional responsibility for clinical cases discussed when utilizing telesupervision or phone supervision on a given week. All telesupervision and phone supervision must be conducted while both the supervisor and the supervisee are in located in a private space (i.e., alone in an office or other room with a door) to protect the privacy of the supervisee and confidentiality of any clients discussed. If requested by either the supervisor or supervisee, training on the use of video chat will be provided by the agency's IT Department.

Intern Remediation And Termination Policy

I. POLICY:

Listed below are suggested steps that may be followed by a supervisor seeking to implement progressive discipline. This policy is designed to provide a standard protocol to address problems related to intern performance or violation of Aspire Health Alliance policy. However, there may be situations where this policy does not apply.

II. PROCEDURES:

In the event that an intern is identified as having performance problems or is suspected of policy violation, the assigned supervisor, Program Director for the intern's placement, Training Coordinator (for social work and LMHC interns) and the Director of Graduate Student Training should be notified. These individuals will meet to discuss the issue, conduct appropriate investigation, and determine appropriate follow-up which may include informal discussion with the intern, communication with the internship contact at the intern's academic program, formal disciplinary action, a Performance Improvement Plan, and/or termination.

1. **Verbal Warning:** An initial warning may be given verbally to the intern by his or her supervisor and/or the Program Director for the intern's placement after consultation with the Director of Graduate Student Training and the Training Coordinator (for social work and LMHC interns). The warning should specify problem areas, state expectations for improvement, confirm the intern's understanding of what is expected, and be signed by the supervisor and intern. If the intern discipline proceeds to the next step, this written documentation will become part of the intern's record. Please note: There may be instances when it is determined that a verbal warning should be omitted from this process.
2. **Written Warning:** A written warning may be issued to the intern (and become part of their record) by his/her supervisor and/or the Program Director for the intern's placement after consultation with the Director of Graduate Student Training. This warning should specify the problem area(s), state expectations for improvement, and be signed by the supervisor and intern. A copy of the written warning will be forwarded to the internship contact at the intern's academic program. Please note: There may be times when it is determined that a verbal and/or written warning should be omitted from this process.
3. **Performance Improvement Plan:** A Performance Improvement Plan (PIP) occurs during a specific period of time when remediation that is determined by the Director of Graduate Student Training in consultation with an intern's supervisor, the Program Director for the intern's placement, the Training Coordinator (for social work and LMHC interns), and members of the Training Committee will be implemented. Remediation may consist of actions such as increased didactic work, readings, supervision time, etc. The intern will be closely monitored by their supervisor(s) during this time. The Training Committee determines termination of this period at a specified future date. If the intern has not adequately changed the behavior by the specified date, a PIP may be continued or some other sanction may be implemented. The intern will be given a written statement of the PIP conditions. Report of the PIP will be made to the internship contact at the intern's academic program either immediately or at the next scheduled report time.
4. **Discharge:** If, after a thorough investigation by the supervisor(s), Program Director for the intern's placement, Director of Graduate Student Training, and the Training Coordinator (for social work and LMHC interns), it is recommended that an intern should be terminated from the Aspire Health Alliance internship program due to policy violation, poor performance, or insufficient progress, this matter will be discussed first with the internship contact at the academic program. The internship contact at the academic program and the Director of Graduate Student Training (for psychology interns) or the Training Coordinator (for social work and LMHC interns) will then coordinate a meeting with the intern to discuss the termination. A written letter of termination will accompany this discussion. In the case of psychology interns, the Director of Graduate Student Training will contact the Association of Psychology Postdoctoral and Internship Centers (APPIC) about termination of the Match contract.

Equal Opportunity Employment

I. POLICY:

Aspire Health Alliance is An Equal Opportunity Employer.

II. PROCEDURES:

Aspire Health Alliance will not discriminate against qualified applicants or current employees on the basis of race, color, sex, gender identity, age, disability, sexual orientation, genetic information, religion, national origin, active military status, status as a veteran, or any other characteristic protected by federal, state or local law in any term or condition of employment.

APPROVED: 10/18/88

REVISED: 4/26/94, 8/27/2018

Sexual Harassment

I. POLICY:

It is the goal of Aspire Health Alliance to promote a workplace that is free of sexual harassment. Sexual harassment in the workplace or in other settings in which employees may find themselves in connection with their employment is unlawful and will not be tolerated by this organization, and it is unlawful (and not tolerated by Aspire Health Alliance) to retaliate against an employee for filing a complaint of sexual harassment or for cooperating in an investigation of such a complaint. Aspire Health Alliance subscribes to the guidelines outlined below concerning sexual harassment and has adopted them as Agency policy. Moreover, as part of the Agency's overall nondiscrimination policy, the Company prohibits all forms of harassment of others because of race, color, religion, sex, gender identity, age, national origin, ancestry, sexual orientation, genetic information, physical or mental disability, veteran or active military status, or other characteristic protected by federal, state or local law. In particular, sexual harassment does not belong in our workplace and will not be tolerated.

Because Aspire Health Alliance takes allegations of sexual harassment seriously, we will respond promptly to complaints of sexual harassment and where it is determined that such inappropriate conduct has occurred, we will act promptly to eliminate the conduct and impose such corrective action as is necessary, including disciplinary action where appropriate.

Please note that while this policy sets forth our goals of promoting a workplace that is free of sexual harassment, the policy is not designed or intended to limit our authority to discipline or take remedial action for workplace conduct which we deem unacceptable, regardless of whether that conduct satisfies the definition of sexual harassment.

DEFINITION

In Massachusetts, the legal definition for sexual harassment is this: "sexual harassment" means sexual advances, requests for sexual favors, and verbal or physical conduct of a sexual nature when:

- a. submission to or rejection of such advances, requests or conduct is made either explicitly or implicitly a term or condition of employment or as a basis for employment decisions; or,
- b. such advances, requests or conduct have the purpose or effect of unreasonably interfering with an individual's work performance by creating an intimidating, hostile, humiliating or sexually offensive work environment.

Under these definitions, direct or implied requests by a supervisor for sexual favors in exchange for actual or promised job benefits such as favorable reviews, salary increases, promotions, increased benefits, or continued employment constitutes sexual harassment.

The legal definition of sexual harassment is broad and in addition to the above examples, other sexually oriented conduct, whether it is intended or not, that is unwelcome and has the effect of creating a work place environment that is hostile, offensive, intimidating, or humiliating to male or female workers may also constitute sexual harassment.

While it is not possible to list all those additional circumstances that may constitute sexual harassment, the following are some examples of conduct which if unwelcome, may constitute sexual harassment depending upon the totality of the circumstances including the severity of the conduct and its pervasiveness:

- Unwelcome sexual advances – whether they involve physical touching or not;
- Sexual epithets, jokes, written or oral references to sexual conduct, gossip regarding one's sex life; comment on an individual's body, comment about an individual's sexual activity, deficiencies, or prowess;
- Displaying sexually suggestive objects, pictures, cartoons;

- Unwelcome leering, whistling, brushing against the body, sexual gestures, suggestive or insulting comments;
- Inquiries into one’s sexual experiences, and;
- Discussion of one’s sexual activities.

All employees should take special note that, as stated above, retaliation against an individual who has complained about sexual harassment, and retaliation against individuals for cooperating with an investigation of a sexual harassment complaint is unlawful and will not be tolerated by this organization.

II. PROCEDURES:

If you believe that you have been the subject of sexual harassment or subjected to a hostile, offensive or coercive work environment, or if you are not sure whether certain behavior is sexual harassment or whether it is actionable under this policy, you are strongly encouraged to immediately notify the Senior Manager of your Program and/or the Chief Human Resources Officer so that the Agency may have the opportunity to investigate and deal promptly with your complaint. Members of the Senior Leadership Team and the Chief Human Resources Officer can be reached at the following locations/telephone numbers:

Aspire Health Alliance
500 Victory Road
Quincy, MA 02171

Aspire Health Alliance
460 Quincy Avenue
Quincy, MA 02169

Marybeth Hasenfuss
Chief Human Resources Officer
 (617) 847-1988
mhasenfu@aspirehealthalliance.org

Kristen Woodbury, LMHC
Chief Operating Officer
 (617) 689-8212
kwoodbur@aspirehealthalliance.org

Minghui Johnson
Chief Financial Officer
 (617) 847-1992
mjohnson@aspirehealthalliance.org

Marian Spino-Girouard, RN, MSN, CCM
Chief System Integration and Quality Officer
 (617) 514-2137
mgirouar@aspirehealthalliance.org

Shawn Fernandes
Chief IT and Administration Officer
 (617) 847-1980
sfernand@aspirehealthalliance.org

Aspire Health Alliance
500 Victory Road
Quincy, MA 02171

Aspire Health Alliance
64 Industrial Park Road
Plymouth, MA 02360

Antony Sheehan
President and Chief Executive Officer
 (617) 847-1901
asheehan@aspirehealthalliance.org

Paul Shaw, LICSW
Chief Clinical Officer
 (508) 747-7090
pshaw@aspirehealthalliance.org

If the complaint is against a member of the Senior Leadership Team, the employee should notify the Chief Human Resources Officer at the above location and telephone number.

If the complaint is against the Chief Human Resources Officer, the employee should notify the President and CEO at the above location and telephone number.

An investigation of all complaints will be undertaken promptly, and all information will be handled with the highest degree of confidentiality possible under the circumstances. Employees may also contact:

Massachusetts Commission Against Discrimination

One Ashburton Place, 6th Floor

Boston, MA 02108

(617) 727-3990

www.mass.gov/mcad

Equal Employment Opportunity Commission

One Congress Street, 10th Floor

Boston, MA 02114-2023

(617) 565-3200

www.eeoc.gov

Any employee of the Agency who is found by the Agency after an investigation to have engaged in inappropriate conduct in the workplace will be subject to appropriate discipline up to and including termination, depending upon the circumstances of the situation.

APPROVED: 10/18/88

REVISED: 4/94, 11/96, 3/99, 5/01, 3/08, 8/18

Weather Emergencies

I. POLICY:

Due to the 24-hour nature of our business, Aspire Health Alliance will remain open during inclement weather. **If, however the Governor of the Commonwealth of Massachusetts announces that the State offices are closing due to inclement weather, “non essential” personnel at Aspire Health Alliance will be sent home or will not have to report to work.**

All direct care residential, maintenance, and crisis team staff are considered “essential” staff and will be required to report to work for all shifts regardless of weather conditions. Senior Leaders may designate additional personnel as “essential” at their discretion.

II. PROCEDURES:

- A. When there is inclement weather, employees should listen to either the radio, television or log on to Mass.gov for an announcement from the Governor of the Commonwealth. If the Governor announces the State’s closing for non-essential personnel, Aspire Health Alliance employees will be paid as follows:
1. Non-essential employees who are scheduled to work on the day of the announcement will be paid for their regularly scheduled hours for that day.
 2. Essential employees who are scheduled to work on that day and report to work will be paid at time and one-half for all hours worked on that day.
 3. Essential employees who are scheduled to work on that day and do not report to work will not be paid unless vacation/personal time is authorized by the Senior Leader.
- B. If an announcement of closing for non-essential personnel is not made by the Governor and Aspire Health Alliance remains open, employees wanting to take time off must get prior approval from their supervisor and use personal and/or vacation time for all hours missed. Failure to get supervisory approval may result in disciplinary action.

APPROVED: 05/21/90

REVISED: 01/22/96, 1/31/05, 7/1/2018

Mileage Reimbursement

I. POLICY:

Aspire Health Alliance will reimburse employees for the mileage associated with the use of their personal vehicles on Aspire Health Alliance business that is properly authorized and documented.

II. PROCEDURES:

Mileage reimbursement covers only those miles incurred above and beyond the employee's normal commute to his/her/their place of work. Normal commute is defined as a trip between the employee's home and his/her/their office or a community setting (i.e. a client's home), whichever is shorter. When business travel originates from home, the normal commute must be subtracted from the total miles associated with the trip. Costs of commuting to the place of work are personal expenses.

Mileage, destination and purpose related to business travel must be accurately documented on Mileage Reimbursement Form (You can find the form on the Aspire Health Alliance Intranet), reviewed and signed by the employee's supervisor before it will be reimbursed at the standard Aspire Health Alliance mileage reimbursement rate. If the employee works for more than one program, a separate Mileage Reimbursement Form for each reporting unit (RU) must be completed.

Parking and toll expenses incurred while on Aspire Health Alliance business are also reimbursable with proper documentation.

APPROVED: 7/16/12

Employee Owned Vehicle Liability

I. POLICY:

Aspire Health Alliance Center shall secure secondary insurance coverage for all motor vehicles owned and/or hired by employees of Aspire Health Alliance consistent with the Commonwealth of Massachusetts statutes on the registration and operation of motor vehicles.

- Insurance coverage shall be secured annually on all motor vehicles.
- Insurance coverage is effective only on vehicles owned or hired by employees of Aspire Health Alliance during such times as the employee is acting in an official capacity as agent for Aspire Health Alliance.
- Coverage is secondary to the employee's insurance coverage and is effective to address claims in excess of the employee's insurance coverage limitations.

II. PROCEDURES:

1. In the event of (a) motor vehicle accident, (b) damage to the insured vehicle, c) damage to another's property by the insured vehicle, (d) injury to an employee or other, or any and all of the above, the incident shall be reported within 24 hours to the police department within whose jurisdiction the accident occurred and to Aspire Health Alliance's Property Manager.
2. Reports shall be filed on the Vehicle Accident Report (attached) available from Aspire Health Alliance's Property Manager.
3. The Property Manager shall file all necessary reports with the insurance carrier in a timely manner.

APPROVED: 9/18/90

Employee Auto Accident Damage Reimbursement

I. POLICY:

Aspire Health Alliance agrees to reimburse an employee who is involved in an automobile accident while utilizing his/her/their personal vehicle for Aspire Health Alliance authorized transportation of clients. Aspire Health Alliance will reimburse the employee up to \$500 towards the deductible amount on the employee's auto insurance policy. If deductible reimbursement is not applicable, Aspire Health Alliance agrees to reimburse up to \$500 for damages to an employee's automobile.

No reimbursement will be provided if the employee is proven to have been driving recklessly and/or is convicted of a violation in relation to the accident.

Reimbursement to an employee will be made after repairs are completed and the appropriate repair bills are submitted, verified and approved by the Safety Officer and the Service/Program Director.

II. PROCEDURES:

1. Employee submits the Commonwealth of Massachusetts Operator's Report of Motor Vehicle Accident to the Safety Officer.
2. Employee submits appropriate Incident Report and/or ART form if applicable to Service/Program Director and Safety Officer.
3. Employee submits estimate for automobile repairs to Safety Officer.
4. Employee submits final paid billing from auto repair facility for reimbursement.
5. Safety Officer and Service/Program Director approve reimbursement and forward bill and request for payment to employee to the Business Office.

APPROVED: 4/26/94

Professional Malpractice

I. POLICY:

Aspire Health Alliance shall maintain professional malpractice liability insurance. Aspire Health Alliance shall secure the maximum coverage available consistent with underwriters' criteria and premium costs.

II. PROCEDURES:

1. Coverage shall be secured on an annual basis as a component part of Aspire Health Alliance's total corporate liability coverage.
2. Coverage is provided for all employees and volunteers of Aspire Health Alliance acting in their capacity as employees of Aspire Health Alliance and/or on behalf of Aspire Health Alliance. Coverage is consistent with underwriters' criteria. Certain exclusions may apply. Underwriting criteria excludes psychiatrists and physicians from coverage under Aspire Health Alliance's policies.
3. The insurance coverage documents are on file in the Treasurer's office. An abstract is available upon request.

APPROVED: 9/18/90

Review Of Research

I. POLICY:

In order to ensure a quality approach to the planning, review and formal sanctioning of research, a research review practice is established to review projects and to recommend whether proposed projects should proceed.

II PROCEDURES:

1. All research projects are submitted to the Director of Quality Management.
2. The Director of Quality Management forwards the "Guidelines for Research Proposal" to the investigator who then submits any additional requested material.
3. The Quality Assurance Committee discusses the research proposal at its meetings with the participation of the investigator if he/she desires. A determination is then made whether the proposed research is relevant to the mission of Aspire Health Alliance and conforms to appropriate Human Rights Standards. If so, the proposal is approved; if not, the proposal is declined.
4. In instances where medical intervention is involved in the study, the proposal is also forwarded to the Department of Mental Health Research Review Committee.

Guidelines For Research Proposals

Research proposals submitted to Aspire Health Alliance must contain at least the following information:

1. Identification and affiliation of the research investigator(s).
 1. C.V.'s may be required for investigators who are not Aspire Health Alliance staff.
 2. Degree requirement research proposals should be accompanied by documentation of initial sanction from the appropriate academic advisor.
2. General rationale for the study, including:
 1. The specific hypothesis to be tested
 2. The study's relevance to the mission and work of Aspire Health Alliance
3. A complete and detailed methodology description, including:
 1. Subjects and selection process,
 2. Procedures and measurement tools, including identification and description of any experimental components,
 3. Protection of Human Rights, including informed consent process and form, confidentiality, volunteerism and potential benefits and risks for participants,
 4. Feasibility issues, including:
 - i. Resources from Aspire Health Alliance (and other resources or funds) which will be used in the study.
 - ii. Potential disruptive effects of the project in Aspire Health Alliance operations.
 - iii. Plans for dealing with any potentially harmful effects which may occur as a consequence of research activity.
 5. Copies of all subject solicitation documents, forms tools and other materials to be used in the study.
4. An outline of how the data gathered will be analyzed and used, including plans for promulgation.

APPROVED: 6/19/90

REVISED: 3/23/98

Problem Resolution Policy

I. POLICY:

The problem resolution policy provides a systematic means to address employee problems arising from the interpretation and application to the employee of Aspire Health Alliance's policies or procedures concerning wages, benefits, hours of work, working conditions, and equal employment opportunity. Any problems of sexual harassment or discrimination may also be addressed through this procedure.

II PROCEDURES:

1. Every manager has the responsibility to inform employees about the Problem Resolution procedure and their rights under it.
2. An employee may have another Aspire Health Alliance employee accompanying him/her during discussions at all steps of the procedure. Non-employees are not permitted to attend or participate in the procedure.

Informal Review Process

An employee is encouraged to make it known to their immediate manager when a problem which impacts his/her/their employment arises. When a problem or difficulty arises, the easiest and most efficient way of communicating is a thorough and frank discussion between the employee and the appropriate immediate manager with the matter at issue being clearly stated and understood by both parties. The manager has the responsibility of acting on employment problems and advising the employee of the decision with reasonable promptness. Most problems and misunderstandings can be resolved in this manner. However, if the problem is not resolved, the employee may file through the formal Problem Resolution procedure.

Formal Review Procedure

The following review procedure is established for the review of problems which remain unresolved to the employee, after informal review has occurred or if the employee prefers not to use the informal review procedure. In any event, in order to be considered through the Problem Resolution procedure, a problem must be presented in writing within ten (10) business days (meaning Monday - Friday, excluding holidays) after the occurrence of the incident which forms the basis of the problem. The Problem Resolution procedure may not be used for matters that are not specifically identified or for the purpose of suggesting changes in existing policies or procedures.

Step 1

The employee must submit a completed Problem Resolution Form to the Chief Human Resources Officer who will promptly transmit the form to the employee's immediate manager. The manager will meet with the employee within ten (10) business days after the written request for a Problem Resolution has been submitted to the Chief Human Resources Officer. The manager must notify the Chief Human Resources Officer of the date of the scheduled meeting. Following the meeting with the employee, the manager will conduct any further investigation he/she deems appropriate. The manager will give the employee a decision in writing stating his/ her reasons for the decision within ten (10) business days after such meeting. If the employee is not satisfied with the decision, the employee may appeal to Step 2 by notifying the Chief Human Resources Officer, in writing, within ten (10) days after receipt of the decision.

Step 2

Upon receipt of an appeal to Step 2, the Chief Human Resources Officer will promptly transmit the written problem and the decision in Step 1 to the appropriate Senior Leader and will arrange for a meeting between

the employee and the Senior Leader to be held within ten (10) business days after receipt of the appeal. Following the meeting with the employee, the Senior Leader will conduct any further investigation he/she deems appropriate. The Senior Leader will give the employee a decision in writing stating his/her/their reasons for the decision within ten (10) business days after such meeting. If the employee is not satisfied with the decision, the employee may appeal to Step 3 by notifying the Chief Human Resources Officer, in writing, within ten (10) business days after receipt of the decision.

Step 3

Upon receipt of an appeal to Step 3, the Chief Human Resources Officer will promptly transmit the written problem and the decisions in Steps 1 and 2 to the Office of the President. The Chief Human Resources Officer will arrange for a meeting between the employee and the President and CEO or his/her/their designee within ten (10) business days after receipt of the appeal. The President and CEO or his/her/their designee will conduct any further investigation he/she deems appropriate and will give the employee a decision in writing stating his/her/their reasons for the decision within ten (10) business days after such meeting. This decision will be final and binding.

A problem which is withdrawn by an employee or is not appealed by the employee to the next step within the specified time limit, will be deemed settled on the basis of the last decision given to the employee and will not be subject to further consideration.

Assistance from Human Resources

Copies of all written problems, decisions, and appeals will be promptly furnished to the Chief Human Resources Officer. The Chief Human Resources Officer will be responsible for monitoring the Problem Resolution procedure to see that it is carried out in accordance with this policy and is appropriately documented. The Chief Human Resources Officer will be available to assist the employee of his/her/their rights to appeal under the procedure. At any step of the procedure, the employee and/or the manager may seek the advice of the Chief Human Resources Officer concerning the problem or the procedure to be followed.

Time Limits

Timely resolution of problems is essential. Accordingly, the time limits specified in the Problem Resolution procedure should be strictly followed. However, there may be unusual circumstances which make it difficult or impossible for the employee and/or manager, to meet a time limit. In such cases, the Chief Human Resources Officer may grant a reasonable extension of the time limit involved.

APPROVED: 5/18/98

REVISED: 3/27/07