

**BENZIE-LEELANAU DISTRICT HEALTH DEPARTMENT
BOARD OF HEALTH MEETING AGENDA
Wednesday, March 25, 2026 – 2:00 p.m.
Leelanau County Government Center-Upper-Level Community Meeting Room
8527 E Government Center
Suttons Bay, MI 49682**

or

Electronically, via conference call

To participate, dial: (213) 282-9788 and enter Conference ID: 249 403 884#

This is a Regular Meeting of the Benzie-Leelanau District Health Department Board of Health. Public Comment is encouraged at the beginning and end of the meeting. An individual's comment time may be limited based on the discretion of the Chair.

Call to Order/Roll Call

Pledge of Allegiance

Approval of Minutes from the Regular Board of Health Meeting of February 25, 2026.

Approval of the Agenda

Public Comment Period

1. Fiscal Year 2025 Aduit Presentation - Action
2. Health Officer Update – Dan Thorell
3. Personnel and Finance Committee Report-Personnel and Finance Committee
 - A. Accounts Payable - Action
 - B. February Financials – Action
 - C. Personnel Policies (Employee Handbook) - Action
4. Staff Reports
 - A. Medical Director – Dr. Joshua Meyerson
 - B. Personal Health – Michelle Klein
 - C. Environmental Health Director – Eric Johnston
 - D. Administrative- Shelley Jablon

Public Comment Period

Board Comments

Adjourn

Personnel and Finance Comm. Meeting- March 25,2026 1:00 pm
Leelanau County Government Center – Upper-Level Community Meeting Room
Electronically via conference call:
(213) 282-9788 and enter Conference ID: 249 403 884#

**BENZIE-LEELANAU DISTRICT HEALTH DEPARTMENT
BOARD OF HEALTH MEETING
Wednesday, February 25, 2026 2:00 p.m.
Benzie Community Resource Center -- Ingemar Johansson Conference Room
6051 Frankfort Hwy.
Benzonia, MI 49616**

Chairperson Gwenne Allgaier called the meeting to order at 2:01 p.m.

Members Present:

Gary Sauer - Benzie County Board of Commissioners
Len Mathieu – Benzie County Board of Commissioners
Dr. Mark Kuiper – Benzie County Member at Large
Gwenne Allgaier – Leelanau County Board of Commissioners

Members Excused:

Mark Walter – Leelanau County Board of Commissioners

Members Unexcused:

Dr. David Quimby – Leelanau County Member at Large

Staff Present:

Dr. Joshua Meyerson – Medical Director
Shelley Jablon – Director of Administrative Services
Michelle Klein - Director of Personal Health
Dan Thorell – Health Officer

Staff Excused:

Eric Johnston – Director of Environmental Health

Pledge of Allegiance

Approval of Minutes:

Motion By: Sauer to approve the January 28, 2026, BOH meeting minutes.

Seconded By: Mathieu

Voice Vote: 4 yeas 0 nay 1 excused **Motion carried**

Approval of the Agenda:

Motion By: Sauer to approve the agenda as presented.

Seconded By: Mathieu

Voice Vote: 4 yeas 0 nay 1 excused **Motion carried**

Public Comment

Lindy Evans from State Savings bank joined in.

Health Officer Update- Dan Thorell

A report was distributed prior to the meeting. Please refer to it for details. BLDHD's Leadership Team has been working on revising the Personnel Policy Handbook. Over the past two years the Employee Committee has provided suggestions for various policy updates. The Leadership Team incorporated as many of these changes as possible. The Personnel Policy was reviewed and discussed during the Personnel and Finance Committee that met prior to the BOH meeting. The revisions were discussed there. The document

will be presented to employees for their review and comment. After that process is complete the Personnel Policy will be brought to the BOH for approval next month.

Accounts Payable

Motion By: Sauer to approve accounts payable and pay the bills in the amount of \$158,958.22.

Seconded By: Mathieu

Roll Call Vote: Sauer- yea, Mathieu- yea, Allgaier – yea, Kuiper – yea
4 yeas 0 nays 1 excused Motion carried

January Financial Statements

Motion By: Sauer to accept the financial statements as presented.

Seconded By: Mathieu

Roll Call Vote: Mathieu- yea, Kuiper – yea, Allgaier – yea, Sauer – yea
5 yeas 0 nays 1 excused Motion carried

Staff Reports:

Medical Director – Dr. Joshua Meyerson

A report was distributed prior to the meeting. Please refer to it for details.

Personal Health – Michelle Klein

A report was distributed prior to the meeting. Please refer to it for details. The Leelanau Early Childhood program will be submitting a summary of progress to the Leelanau County Commissioners to share the development that has been made in establishing the protocols/requirements for the day care reimbursement program.

Environmental Health – Eric Johnston

A report was distributed prior to the meeting. Please refer to it for details.

Administrative – Shelley Jablon

A report was distributed prior to the meeting. Please refer to it for details.

Public Comment – Lindy enjoyed the meeting

Board Comments – Mathieu’s was introduced.

Adjourn

Motion By: Allgaier to adjourn the BOH meeting at 3:44 p.m.

Voice Vote: 4 yeas 0 nays 1 excused **Motion carried**

Gwenne Allgaier, Chair

Shelley Jablon, Recording Secretary

**Benzie/Leelanau
District Health Department**

BASIC FINANCIAL STATEMENTS

September 30, 2025

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ANDERSON, TACKMAN & COMPANY, PLC
CERTIFIED PUBLIC ACCOUNTANTS

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INDEPENDENT AUDITOR'S REPORT

Members of the Board of Health
Benzie/Leelanau District Health Department
Benzonia, Michigan 49616

Report on the Audit of the Financial Statements

Opinions

We have audited the accompanying financial statements of the governmental activities and major fund of the Benzie/Leelanau District Health Department, as of and for the year ended September 30, 2025, and the related notes to the financial statements, which collectively comprise the Health Department's basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities and major fund of the Benzie/Leelanau District Health Department, as of September 30, 2025, and the respective changes in financial position for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Benzie/Leelanau District Health Department, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Benzie/Leelanau District Health Department's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health Department's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health Department's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis, schedule of funding progress, and budgetary comparison information on pages 4 to 12 and 36 to 38 be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Members of the Board of Health
Benzie/Leelanau District Health Department

Supplementary Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the Benzie/Leelanau District Health Department's basic financial statements. The accompanying statements of revenues and expenditures – budget and actual and schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the statements of revenues and expenditures – budget and actual and the schedule of federal expenditures of federal awards are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated February 6, 2026 on our consideration of the Benzie/Leelanau District Health Department's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Benzie/Leelanau District Health Department's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Benzie/Leelanau District Health Department's internal control over financial reporting and compliance.



Anderson, Tackman & Company, PLC
Certified Public Accountants
Kincheloe, Michigan

February 6, 2026

Management's Discussion and Analysis

This section of the Health Department's annual financial report presents our discussion and analysis of the Health Department's financial performance during the fiscal year ended September 30, 2025. Please read it in conjunction with the Health Department's financial statements, which follow this section.

FINANCIAL HIGHLIGHTS

When the budget was created in the summer of 2024, there were many unknowns regarding program revenue. Revenue from Federal and State government sources is typically not finalized when the budget is adopted in September. Additionally, private grants scheduled to close at the end of one fiscal year are often renewed or extended into the next fiscal year, with notifications of such funding often arriving well after budget adoption.

No increase in local appropriations was requested for this fiscal year. Instead, the Health Department pursued additional funding through local grants, partnerships, and billing reimbursements to fill service gaps while maintaining level local appropriations. Regional collaborations with other health departments and community agencies secured funding for various services, including beach water monitoring, dental care, school mental health and nursing services, immunizations, lead testing, maternal and child mental health intervention, breast and cervical cancer screenings, and essential community assistance such as housing, transportation, and insurance navigation.

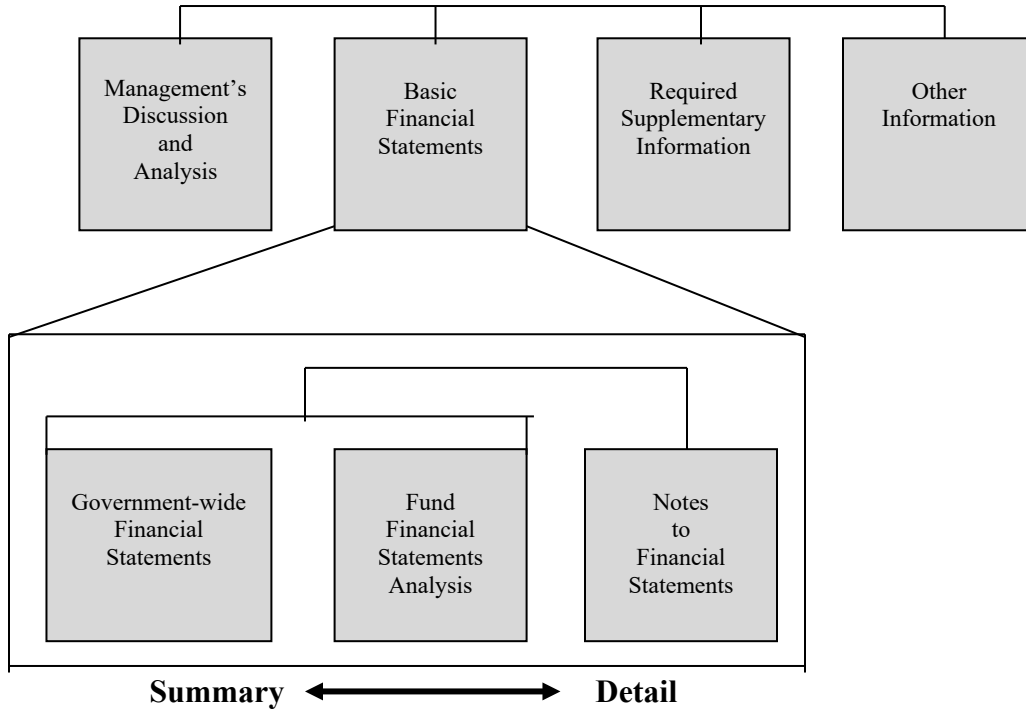
The Health Department expanded its billable services within the Community Connections program, securing contracts with all Medicaid Health Plans serving the jurisdiction. Multiple grants provided braided funding to support the necessary staffing for program referrals. Community Connections is a free program connecting individuals and families to critical community resources, addressing social determinants of health such as food, housing, transportation, and healthcare needs. The program, operated by professional community health workers, registered nurses, and social workers, aims to improve population health, reduce unnecessary emergency room visits, and lower overall healthcare costs.

A project to remodel the Environmental/Admin space within the Benzie Resource Center began in February 2025 and was completed in July 2025. The project was funded through the Centers for Disease Control Public Health Infrastructure Grant awarded to local health departments in Michigan. The renovation added workspace to allow additional employees to be able to work in the office versus strictly remote. The redesigned area allowed for more efficiency in the office with modern, ergonomic workstations, and a high-density filing system. The renovated space also provided a much more welcoming environment for the public as they entered the Environmental Health space for services.

OVERVIEW OF THE FINANCIAL STATEMENTS

This annual report consists of five parts - management's discussion and analysis (this section), the basic financial statements, notes to financial statements, required supplementary information and other information. The basic financial statements include two kinds of statements that present different views of the Health Department.

**Figure A-1
Required Components of
Health Department's Annual Financial Report**



OVERVIEW OF THE FINANCIAL STATEMENTS (Continued)

- The first two statements are government-wide financial statements that provide both long-term and short-term information about the Health Department’s overall financial status.
- The remaining statements are fund financial statements that focus on individual parts of the Health Department’s government, reporting the Health Department’s operations in more detail than the government-wide statements.

The financial statements also include notes that explain some of the information in the financial statements and provide more detailed data. The statements are followed by a section of required supplementary information that further explains and supports the information in the financial statements. Figure A-1 shows how the required parts of this annual report are arranged and relate to one another. In addition to these required elements, we have included a section with individual statements that provide details about our individual divisions of the Health Department each of which are added together and presented in single columns in the basic financial statements. Figure A-2 summarizes the major features of the Health Department’s financial statements. The remainder of this overview section of management’s discussion and analysis explains the structure and contents of each of the statements.

**Figure A-2
Major Features of Health Department’s Government-wide and Fund Financial Statements**

	Government-wide Statements	Fund Statements Governmental Funds
Scope	Entire Health Department government (except fiduciary funds) and the Health Department’s component units	The activities of the Health Department that are not proprietary or fiduciary, such as Health and Welfare
Required financial	<ul style="list-style-type: none"> • Statement of net position • Statement of activities 	<ul style="list-style-type: none"> • Balance sheet • Statement of revenues, expenditures, and changes in fund balance
Accounting basis and measurements focus	Accrual accounting and economic resources focus	Modified accrual accounting and current financial resources focus
Type of asset/liability information	All assets and liabilities, both financial and capital, and short-term and long-term	Only assets expected to be used up and liabilities that come due during the year or soon thereafter; no capital assets included
Type of inflow/outflow received	All revenues and expenses during year, regardless of when cash is received or paid	Revenues for which cash is during or soon after the end of the year; expenditures when goods or services have been received and payment is due during the year or soon thereafter

OVERVIEW OF THE FINANCIAL STATEMENTS (Continued)

Government-wide Statements

The government-wide statements report information about the Health Department as a whole using accounting methods similar to those used by private sector companies. The statement of net position includes all of the government's assets, deferred outflows, deferred inflows and liabilities. All of the current year's revenues and expenses are accounted for in the statement of activities regardless of when cash is received or paid.

The two government-wide statements report the Health Department's net position and how they have changed. Net position – the difference between the Health Department's assets, deferred outflows, deferred inflows and liabilities – is one way to measure the Health Department's financial health, or position.

- Over time, increases or decreases in the Health Department's net position are an indicator of whether its financial health is improving or deteriorating, respectively.
- To assess the overall health of the Health Department you need to consider additional nonfinancial factors such as changes in the federal and state requirements and the condition of the economy.

The government-wide financial statements of the Health Department are:

- Governmental activities – Most of the Health Department's basic services are included here, such as Public Health and Environmental Health programs.

Fund Financial Statements

The fund financial statements provide more detailed information about the Health Department's most significant funds-not the Health Department as a whole. Funds are accounting devices that the Health Department uses to keep track of specific sources of funding and spending for particular purposes.

- Some funds are required by State law and by bond covenants.
- The Benzie/Leelanau District Health Department Board establishes other funds to control and manage money for particular purposes.
- Governmental funds – All of the Health Department's basic services are included in governmental funds, which focus on (1) how much cash and other financial assets that can readily be converted to cash flow in and out and (2) the balances left at year-end that are available for spending. Consequently, the governmental funds statements provide a detailed short-term view that helps you determine whether there are more or fewer financial resources that can be spent in the near future to finance the Health Department's programs. Because this information does not encompass the additional long-term focus of the government-wide statements, we provide additional information at the bottom of the governmental funds statement, or on the subsequent page, that explains the relationship (or differences) between them.

FINANCIAL ANALYSIS OF THE HEALTH DEPARTMENT AS A WHOLE

Total assets. The Health Department’s total assets increased by 2% between fiscal year 2024 and the year ended 2025 to \$4,318,260. (See Table A-1.) This increase is due to the increase in capital assets, a portion of which the amounts are also recorded in accounts payable as of year end.

Table A-1
Health Department’s Net Position

	<u>Governmental Activities</u> <u>2025</u>	<u>Governmental Activities</u> <u>2024</u>
Assets		
Current assets	\$ 2,956,288	\$ 3,127,962
Noncurrent assets	<u>1,361,972</u>	<u>1,121,084</u>
Total assets	<u>4,318,260</u>	<u>4,249,046</u>
Deferred Outflows of Resources	<u>68,689</u>	<u>142,257</u>
Liabilities		
Current liabilities	802,267	1,169,676
Noncurrent liabilities	<u>1,064,369</u>	<u>1,148,951</u>
Total liabilities	<u>1,866,636</u>	<u>2,318,627</u>
Deferred Inflows of Resources	<u>346,217</u>	<u>377,691</u>
Net position		
Invested in capital assets	730,190	33,472
Unrestricted	<u>1,443,906</u>	<u>1,661,513</u>
Total net position	<u>\$ 2,174,096</u>	<u>\$ 1,694,985</u>

Net position of the Health Department’s governmental activities increased 28% to \$2,174,096. However, \$1,443,906 of the net position is unrestricted as to the purposes for which they can be used. The remaining \$730,190 is invested in capital assets.

Changes in net position. The Health Department’s total program revenues increased by \$350,424 to \$6,862,658. (See Table A-2.) A majority of the Health Department’s revenue (62%) comes from federal and state funding.

The total cost of all primary activities increased by \$113,098. The Health Department’s expenses cover salaries, fringes, supplies, and other expenses.

Table A-2 and the narrative that follows consider the operations of governmental-type activities.

Governmental Activities

Revenues for the Health Department’s governmental activities increased 8%, while total expenses increased 2% in 2025.

Table A-2
Changes in Health Department’s Net Position

	<u>Governmental Activities</u> <u>2025</u>	<u>Governmental Activities</u> <u>2024</u>
Program Revenue		
Charges for Services	\$ 1,821,308	\$ 1,627,117
Operating Grants and Contributions	<u>5,041,350</u>	<u>4,885,117</u>
Total Program Revenues	<u>6,862,658</u>	<u>6,512,234</u>
Program Expenses		
Environmental Health	1,751,912	1,511,611
Personal Health	5,181,023	5,090,562
Administration	360,773	582,533
Depreciation Expense – Unallocated	<u>13,592</u>	<u>9,496</u>
Total Program Expenses	<u>7,307,300</u>	<u>7,194,202</u>
Net Program Revenues (Expenses)	<u>(444,642)</u>	<u>(681,968)</u>
General Revenues		
Interest Income	83,964	102,778
Rent	252,857	258,888
County Appropriations	<u>934,036</u>	<u>660,687</u>
Total General Revenues	<u>1,270,857</u>	<u>1,022,353</u>
Changes in Net Position	826,215	340,385
Beginning Net Position (as Restated, see Note 13)	<u>1,347,881</u>	<u>1,354,600</u>
Ending Net Position	<u>\$ 2,174,096</u>	<u>\$ 1,694,985</u>

FINANCIAL ANALYSIS OF THE HEALTH DEPARTMENT’S FUNDS

As the Health Department completed the year, its governmental funds reported a fund balance of \$1,601,002, a \$141,179 increase in fund balance, as restated, see Note 13 for further detail. The primary reason for the increase in fund balance is highlighted in the financial analysis of the Health Department.

Governmental Fund Revenues and Expenditures

Operating revenues for the Health Department increased by 5% and operating expenditures for the Health Department’s governmental funds increased by 10%.

Table A-3
Changes in Health Department’s Fund Balance

	Governmental General Fund <u>2025</u>	Governmental General Fund <u>2024</u>
Revenues:		
Intergovernmental		
Federal/State/Local	\$ 5,041,350	\$ 4,885,117
Charges for Services	1,399,120	1,238,941
Licenses and Permits	422,188	388,176
Interest and Rents	<u>336,821</u>	<u>361,666</u>
Total Revenues	<u>7,199,479</u>	<u>6,873,900</u>
Expenditures:		
Health and Welfare:		
Salaries and Wages	4,064,020	3,633,200
Fringes	1,445,835	1,413,733
Supplies and Materials	560,321	868,151
Consultant	38,134	26,245
Contractual	199,213	432,211
Communications	45,921	43,904
Travel	152,266	165,898
Space	460,983	410,734
Capital Outlay	710,309	14,372
Miscellaneous	<u>315,334</u>	<u>263,116</u>
Total Expenditures	<u>7,992,336</u>	<u>7,271,564</u>
Excess of Revenues Over (Under)		
Expenditures Before Other		
Financing Sources (Uses)	(792,857)	(397,664)
Other Financing Sources (Uses):		
County Appropriations	<u>934,036</u>	<u>660,687</u>
Net Change in Fund Balance	141,179	263,023
Fund Balance Beginning of Year (as Restated, see Note 13)	<u>1,459,823</u>	<u>1,543,904</u>
Fund Balance End of Year	<u>\$ 1,601,002</u>	<u>\$ 1,806,927</u>

CAPITAL ASSETS

At the end of 2025, the Health Department had invested \$1,361,972 in capital assets, including right to use assets and equipment and furniture. (See Table A-4.) This amount presents a net increase (including additions and deductions) of \$608,646 or 81%, over last year.

Table A-4
Health Department’s Capital Assets
(net of depreciation)

	Governmental <u>Activities</u> <u>2025</u>	Governmental <u>Activities</u> <u>2024</u>
Right to Use Lease Asset	\$ 631,782	\$ 719,853
Construction in Progress	147,824	-
Equipment and Furniture	<u>582,366</u>	<u>33,473</u>
Totals	<u>\$ 1,361,972</u>	<u>\$ 753,326</u>

The principal change in capital assets consisted mainly of depreciation. More detailed information about the Health Department’s capital assets is presented in Note 5 to the financial statements.

LONG TERM OBLIGATIONS

At the end of 2025, the Health Department had a net pension liability of \$267,171.

GENERAL FUND BUDGETARY HIGHLIGHTS

The significant differences in revenue in the initial and amended budgets were a result of the abrupt end to all Covid related funds mid-year. This revenue was anticipated to end September 30, 2025, which was reflected in the initial fiscal year 2025 budget. BLDHD did receive funding from various other sources to help offset the reduction. However, several staff vacancies were not filled to decrease payroll costs as an additional effort to reduce expenditures.

ECONOMIC FACTORS IMPACTING THE 2026 BUDGET

The Essential Local Public Health funding from the State remained unchanged from fiscal year 2025 to fiscal year 2026. Other State funding sources for school nurses, infection prevention activities, and immunizations initiated during the COVID-19 pandemic had declined abruptly in fiscal year 2025. The School Wellness Programs remained unchanged from fiscal year 2025 to fiscal year 2026. All funding directly tied to the COVID-19 epidemic ended mid-2025.

The number of Environmental Health licenses, inspections, and evaluations in fiscal year 2026 is projected to slightly increase from fiscal year 2025, assuming economic stability and continued demand for housing.

BLDHD will receive additional funding in fiscal year 2026 for community health worker services in the Harm Reduction Program (\$100,000) and School Wellness Program (\$80,000).

The Health Department will continue collaborating with the Board of Health and county boards of commissioners to maximize local appropriations for community service. Both Counties approved a 5% increase in appropriations for fiscal year 2026 to BLDHD to assist in offsetting the decline of funding and the increase in operating costs.

The Administration continues to explore opportunities to expand services in Benzie and Leelanau counties while maintaining fiscal responsibility.

CONTACTING THE HEALTH DEPARTMENT'S FINANCIAL MANAGEMENT

This financial report is designed to provide our citizens and grantors with a general overview of the Health Department's finances and to demonstrate the Health Department's accountability for the money it receives. If you have questions about this report or need additional financial information, contact the Benzie/Leelanau District Health Department at 6051 Frankfort Highway, Suite 100, Benzonia, MI 49616.

Basic Financial Statements

Benzie/Leelanau District Health Department**Statement of Net Position
September 30, 2025**

	Governmental Activities
ASSETS:	
Cash and Equivalents - Unrestricted	\$ 848,038
Investments - Unrestricted	882,280
Due from Other Governments	832,976
Lease Receivable - Current Portion	28,275
Lease Receivable - Long Term	339,483
Prepaid Items	25,236
Lease Asset	631,782
Capital Assets (Not Depreciated)	147,824
Capital Assets (Net of Accumulated Depreciation)	582,366
Total Assets	<u>4,318,260</u>
DEFERRED OUTFLOWS:	
Pension Related Items	<u>68,689</u>
LIABILITIES:	
Accounts Payable	120,581
Accrued Payroll and Related Liabilities	320,008
Unearned Revenue	264,113
Lease Liability - Due in less than one year	97,565
Lease Liability - Due in more than one year	492,831
Compensated Absences - Due in more than one year	304,367
Net Pension Liability - Due in more than one year	267,171
Total Liabilities	<u>1,866,636</u>
DEFERRED INFLOWS:	
Lease Related Items	346,217
Pension Related Items	-
Total Deferred Inflows	<u>346,217</u>
NET POSITION:	
Investment in Capital Assets Unrestricted	730,190
	<u>1,443,906</u>
Total Net Position	<u>2,174,096</u>
Total Liabilities, Deferred Inflows, and Net Position	<u><u>\$ 4,386,949</u></u>

Benzie/Leelanau District Health Department

Statement of Activities For the Year Ended September 30, 2025

Functions/Programs	Expenses	Program Revenues		Net (Expense)
		Charges for Services	Operating Grants and Contributions	Revenue and Changes in Net Position
				Governmental Activities
Governmental Activities:				
Health and Welfare:				
Environmental Health	\$ 1,751,912	\$ 692,395	\$ 1,354,815	\$ 295,298
Personal Health	5,181,023	1,099,209	3,438,032	(643,782)
Administration	360,773	29,704	248,503	(82,566)
Depreciation Expense - Unallocated	13,592	-	-	(13,592)
Total Governmental Activities	<u>\$ 7,307,300</u>	<u>\$ 1,821,308</u>	<u>\$ 5,041,350</u>	<u>(444,642)</u>
General Revenues:				
Interest Income				83,964
Rent				252,857
County Appropriations				934,036
Total General Revenues				<u>1,270,857</u>
Changes in Net Position				826,215
Net Position - Beginning (as Restated, see Note 13)				<u>1,347,881</u>
Net Position - Ending				<u><u>\$ 2,174,096</u></u>

Benzie/Leelanau District Health Department**Balance Sheet
September 30, 2025**

	<u>General Fund</u>
ASSETS	
Cash and Equivalents - Unrestricted	\$ 848,038
Investments - Unrestricted	882,280
Due from Other Governments	832,976
Lease Receivable - Current Portion	28,275
Lease Receivable - Long Term	339,483
Prepaid Items	<u>25,236</u>
Total Assets	<u>\$ 2,956,288</u>
LIABILITIES AND FUND BALANCE	
Liabilities:	
Accounts Payable	\$ 120,581
Accrued Liabilities	320,008
Unearned Revenue	264,113
Compensated Absences	<u>304,367</u>
Total Liabilities	<u>1,009,069</u>
DEFERRED INFLOWS OF RESOURCES	
Lease Items	<u>346,217</u>
FUND BALANCE	
Nonspendable	25,236
Assigned	306,342
Unassigned	<u>1,269,424</u>
Total Fund Balance	<u>1,601,002</u>
Total Liabilities, Deferred Inflows, and Fund Balance	<u>\$ 2,956,288</u>

Benzie/Leelanau District Health Department

Reconciliation of the Balance Sheet Fund Balance to the Statement of Net Position For the Year Ended September 30, 2025

Total Governmental Fund Balance	\$ 1,601,002
Amounts reported for governmental activities in the statement of net position are different because:	
Capital assets used in governmental activities are not financial resources and therefore are not reported in the funds.	730,190
Right-to-Use Leased assets used in governmental activities are not financial resources and therefore are not reported in the funds.	
Right-to-Use Leased Asset	631,782
Lease Liability	(590,396)
Net pension liability not due in current year is not recognized in the fund statements.	(267,171)
Deferred outflows/inflows related to pension items.	<u>68,689</u>
Net Position of Governmental Activities	<u>\$ 2,174,096</u>

Benzie/Leelanau District Health Department**Statement of Revenues, Expenditures,
and Changes in Fund Balance
For the Year Ended September 30, 2025**

	<u>General Fund</u>
Revenues:	
Intergovernmental	
Federal/State/Local	\$ 5,041,350
Charges for Services	1,399,120
Licenses and Permits	422,188
Interest and Rents	336,821
	<hr/>
Total Revenues	7,199,479
	<hr/>
Expenditures:	
Health and Welfare:	
Salaries and Wages	4,064,020
Fringes	1,445,835
Supplies and Materials	560,321
Consultant	38,134
Contractual	199,213
Communications	45,921
Travel	152,266
Space	460,983
Capital Outlay	710,309
Miscellaneous	315,334
	<hr/>
Total Expenditures	7,992,336
	<hr/>
EXCESS OF REVENUES OVER (UNDER) EXPENDITURES BEFORE OTHER FINANCING SOURCES (USES)	(792,857)
	<hr/>
Other Financing Sources:	
County Appropriations	934,036
	<hr/>
NET CHANGE IN FUND BALANCE	141,179
	<hr/>
FUND BALANCE BEGINNING OF YEAR (as Restated, see Note 13)	1,459,823
	<hr/>
FUND BALANCE END OF YEAR	\$ 1,601,002
	<hr/> <hr/>

Benzie/Leelanau District Health Department

Reconciliation of the Statement of Revenues, Expenditures and Changes in Fund Balance of the Governmental Fund to the Statement of Activities For the Year Ended September 30, 2025

Net Change in Fund Balance – Total Governmental Fund	\$ 141,179
Amounts reported for governmental activities in the statements are different because:	
Governmental funds report capital outlays as expenditures. However, in the statement of activities, the cost of those assets is capitalized and the cost of these assets is allocated over their estimated useful lives as depreciation expense.	
Capital Outlay	710,309
Depreciation Expense	(13,592)
Amortization for Right-to-Use Leased Assets	(88,071)
Principal Payment on Right-to-Use Leased Assets	110,575
Pension expense related to experience and contributions of resources.	<u>(34,185)</u>
Change in Net Position of Governmental Activities	<u>\$ 826,215</u>

Notes to Financial Statements

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

The accounting policies of the Benzie/Leelanau District Health Department, (the “Health Department”) conform to U.S. generally accepted accounting principles as applicable to governmental units. The following is a summary of the significant accounting policies:

In June 1999, the GASB issued Statement No. 34, Basic Financial Statements – and Management’s Discussion and Analysis – for State and Local Governments. Certain significant changes in the Statement include the following:

- A Management’s Discussion and Analysis (MD&A) section providing an analysis of the Health Department’s overall financial position and results of operations.
- Financial statements prepared using full accrual accounting for all of the Health Department’s activities.
- A change in the fund financial statements to focus on the major funds.

A. Reporting Entity

The Benzie/Leelanau District Health Department is an Agency separate from the Counties of Benzie and Leelanau Michigan, the purpose of which is to provide limited health services to the residents of Benzie and Leelanau counties. The operations of the fund are accounted for with a separate set of self-balancing accounts that comprise the fund’s assets, liabilities, fund equity, revenues and expenditures. Each County Board appoints three members to the Health Board, for a total of six members of which four are Commissioners and two members are from the public.

B. Basis of Presentation – Government-Wide Financial Statements

The statement of net position and the statement of activities are prepared using the economic resources measurement focus and the accrual basis of accounting. Revenues, expenses, gains, losses, assets, and liabilities resulting from exchange and exchange-like transactions are recognized when the exchange takes place. Revenues, expenses, gains, losses, assets, and liabilities resulting from nonexchange transactions are recognized in accordance with Governmental Accounting Standards.

The statement of net position and the statement of activities display information about the Health Department as a whole. The statements include all funds of the Department.

The statement of net position and the statement of activities are presented to distinguish between governmental and business-type activities of the Health Department. Program revenues in the statement of activities are charges for services and grants received from the federal and state governments. Governmental activities are financed through taxes, intergovernmental revenues, and other nonexchange revenues. These activities are reported in governmental funds. Business-type activities are financed by fees charged to external parties for goods or services. The Health Department does not have business-type activities.

The government-wide focus is more on the sustainability of the Health Department as an entity and the change in the Health Department’s net position resulting from the current year’s activities.

When both restricted and unrestricted resources are available for use, it is the Health Department’s policy to use restricted resources first, then unrestricted resources as needed.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)**C. Basic Financial Statements – Fund Financial Statements**

The financial transactions of the Health Department are reported in individual funds in the fund financial statements. Each fund is accounted for by providing a separate set of self-balancing accounts that comprises its assets, liabilities, reserves, fund equity, revenues and expenditures/expenses. The various funds are reported by generic classification within the financial statements.

The following fund types are used by the Health Department:

Governmental Funds

The focus of the governmental funds' measurement (in the fund statements) is upon determination of financial position and changes in financial position (sources, uses, and balances of financial resources) rather than upon net income. The following is a description of the governmental funds of the Health Department.

The General fund is the operating fund of the Health Department. It is used to account for all financial resources except those required to be accounted for in another fund.

The emphasis in fund financial statements is on the major funds in either the governmental or business-type activities categories. Nonmajor funds by category are summarized into a single column. GASB 34 sets forth minimum criteria (percentage of the assets, liabilities, revenues or expenditures/expenses of either fund category of the governmental and enterprise combined) for the determination of major funds. The Health Department selected the General Fund as its only Major Fund and has no nonmajor funds.

D. Measurement Focus and Basis of Accounting

Basis of accounting refers to the point at which revenues or expenditures/expenses are recognized in the accounts and reported in the financial statements. It relates to the timing of the measurements made regardless of the measurement focus applied.

Accrual

The governmental activities in the government-wide financial statements are presented on the accrual basis of accounting. Revenues are recognized when earned and expenses are recognized when incurred.

Modified Accrual

The governmental funds financial statements are presented on the modified accrual basis of accounting. Under the modified accrual basis of accounting, revenues are recorded when susceptible to accrual; i.e., both measurable and available. "Available" means collectible within the current period or within 60 days of the end of the current period. Expenditures are generally recognized under the modified accrual basis of accounting when the related liability is incurred. The exception to this general rule is that principal and interest on general obligation long-term debt is recognized when due.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)**E. Assets, Liabilities, Deferred Outflows/Inflows of Resources and Net Position/Fund Balance****Cash and Equivalents**

Cash and equivalents are considered to be cash on hand, demand deposit, and short-term investments with maturities of three months or less.

Accounts Receivable

Accounts receivables are stated at the amount management expects to collect from outstanding balances. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable. The allowance for doubtful accounts at September 30, 2025 was \$0. Changes in the valuation allowance have not been material to the financial statements. The Health Department followed the allowance method in recognizing anticipated uncollectible accounts.

Prepaid Items

Payments made to vendors for insurance and rent that will benefit future periods are recorded as prepaid items. All other payments made to vendors for services that will benefit future periods are recorded as expenditures. These payments do not have a material effect on the financial statements.

Leases (Lessee)

The lease liability is measured at the present value of the payments expected to be made during the lease term and subsequent extensions, if they are reasonably certain to be exercised. The lease liability is subsequently reduced by the principal portion of the lease payments.

Lease assets are recorded at the amount of the initial measurement of the lease liabilities and modified by any prepayments made at or before the commencement of the lease, less any lease incentives received from the lessor. Lease assets are amortized using the straight-line method over the shorter of the useful life of the underlying asset or the lease term, unless the lease contains an option to purchase the underlying asset at the end of the term. The useful life will be used to amortize the lease if a purchase option is present and it is reasonably certain the entity will exercise that option.

Key estimates and judgements related to leases include the discount rate used to discount the expected lease payments to present value, the lease term, and lease payments. The Health Department uses the interest rate charged by the lessor as the discount rate, when available. When this rate is not provided, the Health Department generally uses the estimated incremental borrowing rate. The lease term is the non-cancellable period of the lease, which is the initial term of the lease and any options to extend if they are reasonably certain to be exercised. Payments included in the measurement of the lease liability are composed of fixed payments and purchase option prices that are reasonably certain to be exercised.

The Health Department monitors changes in circumstances that would require a remeasurement of its leases and will remeasure the lease asset and liability if changes occur that are anticipated to significantly affect the amount of the lease asset and liability.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

Leases (Lessor)

The Health Department recognizes leases receivable and deferred inflows related to lease items in the financial statements. Variable payments based on the future performance of the lessee are not included in the measurement of the lease receivable.

At the commencement of a lease, the lease receivable is measured at the present value of payments expected to be received during the lease term. Subsequently, the lease receivable is reduced by the principal portion of lease payments received. The deferred inflows of resources are measured as the initial amount of the lease receivable and is subsequently adjusted for lease payments received at or before the commencement of the lease. Deferred inflows of resources related to lease items are recognized as revenue over the lease term in a systematic and rational method.

Key estimates and judgements related to lease receivables and deferred inflows include the discount rate used to discount the expected lease payments to present value and the lease term. The Health Department uses its estimated incremental borrowing rate as the lease discount rate. The lease term is the non-cancellable period of the lease, which is the initial term of the lease and any options to extend if they are reasonably certain to be exercised. Payments included in the measurement of the lease receivable are composed of fixed payments expected to be received from the lessee.

The Health Department monitors changes in circumstances that would require a remeasurement of its leases and will remeasure the lease receivable if changes occur that are anticipated to significantly affect the amount of the lease receivable.

Capital Assets

Capital assets are reported in the government-wide statements at historical cost. Capital assets include land, improvements to land, buildings, building improvements, vehicles, machinery and equipment and all other tangible or intangible assets that are used in operations and have initial useful lives beyond two reporting periods. Capital assets are defined by the Department as assets with an initial individual cost of more than \$5,000 and an estimated life in excess of two years.

Capital assets that are depreciated are reported net of accumulated depreciation in the statement of net position. Capital assets that are not depreciated, such as land, are reported separately if significant.

Capital assets are depreciated over their estimated useful lives. Depreciation expense is reported in the statement of activities by allocating the net cost over the estimated useful life of the asset. Assets are depreciated on an individual basis.

Capital assets purchased or acquired are capitalized at historical cost or estimated historical cost. Donated fixed assets are valued at their estimated fair market value on the date received.

The costs of normal maintenance and repairs that do not add to the value of the asset or materially extend asset lives are not capitalized. Improvements are capitalized and depreciated over the remaining useful lives of the related fixed assets.

Depreciation on all assets is provided on the straight-line basis over the estimated useful lives as follows:

Equipment and Furniture

5 - 20 years

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)**Compensated Absences**

The Health Department accrues compensatory time and vacation leave when earned by the employee.

Deferred Outflows of Resources

In addition to assets, the statement of financial position will sometimes report a separate section for deferred outflows of resources. This separate financial statement element, deferred outflows of resources, represents a consumption of net position that applies to a future period(s) and so will not be recognized as an outflow of resources (expense/expenditure) until then. The Health Department has pension items that qualify for reporting in this category.

Deferred Inflows of Resources

In addition to liabilities, the statement of net position and governmental funds balance sheet will sometimes report a separate section for deferred inflows of resources. This separate financial statement element, deferred inflows of resources, represents an acquisition of net position that applies to a future period(s) and so will not be recognized as an inflow of resources (revenue) until that time. The Health Department has pension and lease items that qualify for reporting in this category.

Pensions

For purposes of measuring the net pension liability, deferred outflows of resources and deferred inflows of resources related to pensions, and pension expense, information about the fiduciary net position of the Pension Plan and additions to/deductions from the fiduciary net position have been determined on the same basis as they are reported by MERS. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

Unearned Revenue

The Health Department reports unearned revenue on its governmental funds balance sheet. Unearned revenues arise when potential revenue does not meet both the “measurable” and “available” criteria for recognition in the current period. Unearned revenues also arise when resources are received by the Health Department before it has a legal claim to them, as when grant monies are received prior to the incurrence of qualifying expenditures. In subsequent periods, when both revenue recognition criteria are met, or when the government has a legal claim to the resources, the liability for unearned revenue is removed from the balance sheet and revenue is recognized.

Annual Budget

The Health Department adopts an annual budget each year for expenditures applicable to the General Fund. The operating budget includes proposed expenditures and the means of financing them is stated on a basis consistent with accounting principles generally accepted in the United States of America (GAAP). Budgets lapse at fiscal year-end.

On or before the Board’s September meeting a final budget must be prepared and adopted for the next fiscal year. The appropriated budget is prepared by fund and function. The legal level of budgetary control is the function level.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)**Fund Balance Classification**

The governmental fund financial statements present fund balances based on classifications that comprise a hierarchy that is based primarily on the extent to which the Health Department is bound to honor constraints on the specific purposes for which amounts in the respective governmental funds can be spent. The classifications used in the governmental fund financial statements are as follows:

- Nonspendable: This classification includes amounts that cannot be spent because they are either (a) not in spendable form or (b) are legally or contractually required to be maintained intact. The Health Department has classified Prepaid Items as being Nonspendable as these items are not expected to be converted to cash within the next year. The Health Department has \$25,236 in nonspendable fund balance.
- Restricted: This classification includes amounts for which constraints have been placed on the use of the resources either (a) externally imposed by creditors (such as through a debt covenant), grantors, contributors, or laws or regulations of other governments, or (b) imposed by law through constitutional provisions or enabling legislation. The Health Department has \$0 in restricted fund balance.
- Committed: This classification includes amounts that can be used only for specific purposes pursuant to constraints imposed by formal action of the Health Department. These amounts cannot be used for any other purpose unless the Health Department removes or changes the specified use by taking the same type of action that was employed when the funds were initially committed. This classification also includes contractual obligations to the extent that existing resources have been specifically committed for use in satisfying those contractual requirements. The Health Department has \$0 in committed fund balance.
- Assigned: This classification includes amounts that are constrained by the Health Department's intent to be used for a specific purpose but are neither restricted nor committed. This intent can be expressed by the Health Department through the budgetary process. This classification also includes the remaining positive fund balance for all governmental funds except for the General Fund. The Health Department has \$306,342 in assigned funds.
- Unassigned: This classification includes the residual fund balance for the General Fund. The unassigned classification also includes negative residual fund balance of any other governmental fund that cannot be eliminated by offsetting of Assigned fund balance amounts.

The Health Department would typically use Restricted fund balances first, followed by Committed resources, and then Assigned resources, as appropriate opportunities arise, but reserves the right to selectively spend Unassigned resources first to defer the use of these other classified funds.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, deferred outflows, liabilities, and deferred inflows and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

NOTE 2 - CASH AND EQUIVALENTS:

The balance sheet accounts and types of cash items are presented below:

Cash and investments - unrestricted	\$ <u>1,730,318</u>	Petty cash	\$ 565
		Investments	882,280
		Demand deposits - savings and checking	<u>847,473</u>
TOTALS	\$ <u>1,730,318</u>		\$ <u>1,730,318</u>

Investment and Deposit Risk

Interest rate risk. State law limits the allowable investments and the maturities of some of the allowable investments as identified in the following list of authorized investments. The Department’s investment policy does not have specific limits in excess of state law on investment maturities as a means of managing its exposure to fair value losses arising from increasing interest rates.

Credit risk. The Department’s investment policy does not have specific limits in excess of state law on investment credit risk. The Department has no investments for which ratings are required.

Custodial credit risk. Custodial credit risk is the risk that in the event of a bank failure, the Department’s deposits may not be returned. State law does not require and the Department does not have a policy for deposit custodial credit risk. As of year-end, \$1,746,748 of the Department’s bank balance of \$1,996,748 was exposed to credit risk because it was uninsured and uncollateralized.

With respect to all the demand deposits listed above, they are held with the Benzie County Treasurer.

These deposits are in financial institutions located in Honor, Michigan and Traverse City, Michigan in varying amounts. All accounts are in the name of the Health Department and specific funds. Interest is recorded in the month in which it is earned.

NOTE 3 - INVESTMENTS:

The Health Department has the following fair value measurements as of year end:

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments-MI Class	\$ <u>882,280</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>

The Michigan Class investments are not required to be categorized within the fair value of the securities making up the investment fund.

Public Act 152, entitled “An act relative to the investment of funds of public corporations of the state; and to validate certain investments,” by amending section 1 (MCL 129.91), as amended by 2009 PA 21.

Except as provided in section 5, the governing body by resolution may authorize its investment officer to invest the funds of that public corporation in one or more of the following:

- a. Bonds, securities, and other obligations of the United States or an agency or instrumentality of the United States.

NOTE 3 - INVESTMENTS: (Continued)

- b. Certificates of deposit, savings accounts, or depository receipts of a financial institution, but only if the financial institution complies with subsection (2); certificates of deposit obtained through a financial institution as provided in subsection (5); or deposit accounts of a financial institution as provided in subsection (6).
- c. Commercial paper rated at the time of purchase within the two highest classifications established by not less than two standard rating services and matures not more than 270 days after the date of purchase.
- d. Repurchase agreements consisting of instruments listed in subdivision (a).
- e. Bankers' acceptances of United States banks.
- f. Obligations of this state or any of its political subdivisions that at the time of purchase are rated as investment grade by not less than one standard rating service.
- g. Mutual funds registered under the investment company act of 1940, 15 USC 80a-1 to 80a-64, with authority to purchase only investment vehicles that are legal for direct investment by a public corporation. However, a mutual fund is not disqualified as a permissible investment solely by reason of any of the following:
 - (i) The purchase of securities on a when-issued or delayed delivery basis.
 - (ii) The ability to lend portfolio securities as long as the mutual fund receives collateral at all times equal to at least 100% of the value of the securities loaned.
 - (iii) The limited ability to borrow and pledge a like portion of the portfolio's assets for temporary or emergency purposes.
- h. Obligations described in subdivisions (a) through (g) if purchased through an interlocal agreement under the urban cooperation act of 1967, 1967 (Ex Sess) PA 7, MCL 124.501 to 124.512.
- i. Investment pools organized under the surplus funds investment pool act, 1982 PA 367, MCL 129.111 to 129.118.
- j. The investment pools organized under the local government investment pool act, 1985 PA 121, MCL 129.141 to 129.150.

The Board of Health is authorized to designate depositories for department funds, and funds are invested in accordance with State of Michigan statutory authority.

NOTE 4 - INVESTMENT IN EXTERNAL INVESTMENT POOL – MICHIGAN CLASS:

The Health Department participates in the Michigan Cooperative Liquid Assets Securities System (Michigan CLASS), an external local government investment pool designed to provide local units of government in Michigan with a safe and competitive investment option for surplus funds. Michigan CLASS is managed by a professional investment advisor and is governed by a Board of Trustees elected by participating members.

Michigan CLASS is not registered with the Securities and Exchange Commission (SEC) as an investment company but operates in a manner consistent with Rule 2a-7 of the Investment Company Act of 1940. Investments in Michigan CLASS are valued at amortized cost, which approximates fair value. The pool's structure allows participants to deposit and withdraw funds on a daily basis without advance notice or penalties.

As of September 30, 2025, the Health Department's investment in Michigan CLASS totaled \$882,280.

The Michigan CLASS pool is rated 'AAAm' by Standard & Poor's.

Michigan CLASS issues separately audited financial statements, which are available at <https://www.michiganclass.org> or by contacting Michigan CLASS directly.

NOTE 5 - CAPITAL ASSETS:

A summary of capital assets is as follows:

	<u>Beginning Balance</u>	<u>Increases</u>	<u>Decreases/ Adjustments</u>	<u>Ending Balance</u>
<i>Assets not being depreciated:</i>				
Construction in Progress	\$ -	\$ 147,824	\$ -	\$ 147,824
<i>Assets being depreciated:</i>				
Right to Use Lease Asset	\$ 984,065	\$ -	\$ -	\$ 984,065
Equipment & Furniture	<u>107,297</u>	<u>562,485</u>	<u>-</u>	<u>669,782</u>
Subtotal	<u>1,091,362</u>	<u>562,485</u>	<u>-</u>	<u>1,653,847</u>
<i>Accumulated depreciation:</i>				
Right to Use Lease Asset	\$ (264,212)	\$ (88,071)	\$ -	\$ (352,283)
Equipment & Furniture	<u>(73,824)</u>	<u>(13,592)</u>	<u>-</u>	<u>(87,416)</u>
Subtotal	<u>(338,036)</u>	<u>(101,663)</u>	<u>-</u>	<u>(439,699)</u>
Net Capital Assets Being Depreciated	<u>753,326</u>	<u>460,822</u>	<u>-</u>	<u>1,214,148</u>
Net Capital Assets	<u>\$ 753,326</u>	<u>\$ 608,646</u>	<u>\$ -</u>	<u>\$ 1,361,972</u>

Depreciation/Amortization expense was charged to:

Health and Welfare	<u>\$ 101,663</u>
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NOTE 6 - COMPENSATED ABSENCES:

The Health Department has a contingent liability for accumulated vested vacation benefits and accumulated sick leave benefits of its employees. As of September 30, 2025, the accumulated vacation and sick leave benefits were as follows:

	<u>Beginning Balance</u>	<u>Increase/ (Decrease)</u>	<u>Ending Balance</u>
	<u>\$ 232,867</u>	<u>\$ 71,500</u>	<u>\$ 304,367</u>

Vacation Time

The Benzie-Leelanau District Health Department believes that staff members will benefit mentally and physically from a period of rest and relaxation away from the duties and responsibilities of the job.

To accommodate these needs for time off, and to allow eligible staff members to protect their income during periods of time off, BLDHD has a vacation time program which is used for scheduled and unscheduled time away from work for regular vacations and shorter periods of rest and relaxation. Scheduled time of more than one day should be approved by the employee's supervisor or director with a recommended minimum of 10 working days advance notice.

FULL-TIME EMPLOYEES - Regular employees working between a .80 and 1.0 FTE, will be compensated on an hourly and salary basis a proportionate share of PTO based on their FTE. Vacation time can be carried over into the next year and may be accumulated to a maximum of 300 hours.

NOTE 6 - COMPENSATED ABSENCES: (Continued)

The following Vacation Time schedule will be used (each day = 7.5 hours):

Years:	3 mos-2	3-4	5-9	10-14	15-19	20-24	25-29	30 above
Days:	10	12	15	18	20	22	24	26

PART-TIME EMPLOYEES - Part-time employees working between a .50 and .79 FTE on a regular basis, will be compensated on an hourly and salary basis a proportionate share of vacation time based on their FTE following the schedule above. Vacation time may accumulate to a maximum of 300 hours.

TEMPORARY EMPLOYEES - Temporary employees would be exempt from earning any vacation time hours.

ALLOWANCE – Vacation time shall not be credited for use until the employee has completed 90 days of continuous employment. At the end of the 90-day period, employees will receive credit for the hours of vacation time which were earned during this period.

ACCRUED VACATION TIME AT SEPARATION, RETIREMENT, OR DEATH OF EMPLOYEE – Accrued vacation time due an employee at the time of separation, retirement or death will be paid at the same time of payment of wages or salary for the last pay period, at the employee's current pay rate. Maximum number of hours paid out will be 300.

Sick Time

The Earned Sick Time Act (ESTA), effective 2/21/2025, requires employers to provide paid time off specifically for personal or family health needs, as well as purposes related to domestic violence and sexual assault. Employees will receive their sick time for the year on January 1. The front-loaded bank of sick time is based on one hour of sick time for every 30 hours worked regardless of full time or part time status. For example, a 1.0 FTE salaried employee who works 1950 hours in one year will earn 65 hours of sick time, which equates to 8.7 days. The bank of sick time will be prorated based on employees’ FTE status on January 1. If that status changes within the year, an adjustment of the sick time bank will be made. Sick time will accumulate year to year with no cap. Accrued sick time will not be paid out at time of separation, retirement, or death.

PART-TIME EMPLOYEES – Part-time employees will earn sick time at the same rate as full-time employees. One hour of sick time will accrue for every 30 hours worked.

ALLOWANCE – Sick time shall not be credited for use until the employee has completed 90 days of continuous employment. At the end of the 90-day period, employees will receive credit for the hours of sick time earned during this period which will be included in a front-loaded bank of sick time, prorated based on FTE and time left in the calendar year. New employees may use up to 2 days of sick time during their probationary period with approval from their Supervisor or Division Director.

NOTE 7 - EMPLOYEE RETIREMENT AND BENEFIT SYSTEM:

Description of Plan and Plan Assets

The Health Department is in an agent multiple-employer defined benefit pension plan with the Municipal Employees’ Retirement System (MERS). The system provides the following provisions: normal retirement, deferred retirement and service retirement to plan members and their beneficiaries. The service requirement is computed using credited service at the time of termination of membership multiplies by the sum of 2.25% and 2.5% for employees’ times the final compensation (FAC). The most recent period of which actuarial data was available was for year ended December 31, 2024.

NOTE 7 - EMPLOYEE RETIREMENT AND BENEFIT SYSTEM: (Continued)

General Information about the Pension Plan

Plan Description. The employer’s defined benefit pension plan provides certain retirement, disability and death benefits to plan members and beneficiaries. The employer participates in the Municipal Employees Retirement System (MERS) of Michigan. MERS is an agent multiple-employer, statewide public employee pension plan established by the Michigan Legislature under Public Act 135 of 1945 and administered by a nine-member Retirement Board. MERS issues a publicly available financial report that includes financial statements and required supplementary information. This report may be obtained accessing the MERS website at www.mersofmich.com.

01 – Gnr1 Empl: Closed to new hires	
	2024 Valuation
Benefit Multiplier:	2.25% Multiplier (80 % max)
Normal Retirement Age:	60
Vesting:	10 Years
Early Retirement (Unreduced):	55/25
Early Retirement (Reduced):	50/25
	55/15
Final Average Compensation:	5 years
Employee Contributions	0%
DC Plan for New Hires:	10/1/1996
Act 88:	Yes (Adopted 3/28/2002)

Employees Covered by Benefit Terms

At December 31, 2024, the following employees were covered by the benefit terms:

Inactive employees or beneficiaries currently receiving benefits	3
Inactive employees entitled to but not yet receiving benefits	-
Active employees	<u>1</u>
	4

Contributions

The employer is required to contribute amounts at least equal to the actuarially determined rate, as established by the MERS Retirement Board. The actuarially determined rate is the estimated amount necessary to finance the cost of benefits earned by employees during the year, with an additional amount to finance any unfunded accrued liability. The employer may establish contribution rates to be paid by its covered employees.

The obligation to contribute and maintain the system for these employees was established by the personnel policy; currently no employee contribution is required.

Net Pension Liability

The Health Department’s net pension liability was measured as of December 31, 2024, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of that date.

NOTE 7 - EMPLOYEE RETIREMENT AND BENEFIT SYSTEM: (Continued)

Actuarial Assumptions

The total pension liability in the December 31, 2024 actuarial valuation was determined using the following actuarial assumptions, applied to all periods included in the measurement:

Inflation	2.50 percent
Salary increases	3.00 percent, in the long term
Investment rate of return	6.93 percent, net of investment and administrative expense.

Although no specific price inflation assumptions are needed for the valuation, the 2.5% long-term wage inflation assumption would be consistent with a price inflation of 3%-4%.

Mortality rates used were based on the Pub-2010 Annual Mortality Table.

The actuarial assumptions used in valuation were based on the results of the most recent actuarial experience study in 2019-2023.

The long-term expected rate of return on pension plan investments was determined using a model method in which the best-estimate ranges of expected future real rates of return (expected returns, net of investment and administrative expenses and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation. The target allocation and best estimates of arithmetic real rates of return for each major asset class are summarized in the following table:

Asset Class	Target Allocation	Long-Term Expected Real Rate of Return
Global Equity	60.00%	2.70%
Global Fixed Income	20.00%	0.43%
Private Investments	20.00%	1.30%

Discount Rate. The discount rate used to measure the total pension liability is 7.18 percent for 2024. The projection of cash flows used to determine the discount rate assumes that employer and employee contributions will be made at the rates agreed upon for employees and the actuarially determined rates for employers. Based on these assumptions, the pension plan’s fiduciary net position was projected to be available to pay all projected future benefit payments of current active and inactive employees. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

NOTE 7 - EMPLOYEE RETIREMENT AND BENEFIT SYSTEM: (Continued)

Changes in the Net Pension Liability:

	Increases (Decreases)		
	Total Pension Liability	Plan Fiduciary Net Position	Net Pension Liability
Balances as of December 31, 2023	\$ 1,563,313	\$ 1,256,760	\$ 306,553
Service cost	12,623	-	12,623
Interest on total pension liability	110,646	-	110,646
Difference between expected and actual experience	4,049	-	4,049
Changes in assumptions	2,326	-	2,326
Employer contributions	-	76,884	(76,884)
Employee contributions	-	-	-
Net investment income	-	94,992	(94,992)
Benefit payments, including employee refunds	(57,193)	(57,193)	-
Administrative expense	-	(2,850)	2,850
Other Changes	-	-	-
Net changes	72,451	111,833	(39,382)
Balances as of December 31, 2024	\$ 1,635,764	\$ 1,368,593	\$ 267,171

Sensitivity of the net pension liability to changes in the discount rate. The following presents the net pension liability of the Health Department, calculated using the discount rate of 7.18%, as well as what the Health Department’s net pension liability would be if it were calculated using a discount rate that is 1-percentage-point lower (6.18%) or 1-percentage-point higher (8.18%) than the current rate:

	1% Decrease (6.18%)	Current Discount Rate (7.18%)	1% Increase (8.18%)
Health Department’s net pension liability	\$438,665	\$267,171	\$120,819

Pension plan fiduciary net position. Detailed information about the pension plan’s fiduciary net position is available in the separately issued MERS financial report.

NOTE 7 - EMPLOYEE RETIREMENT AND BENEFIT SYSTEM: (Continued)

Pension Expense and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions

For the year ended September 30, 2025, the Health Department recognized pension expense of \$71,113. At September 30, 2025, the Health Department reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	<u>Deferred Outflows of Resources</u>	<u>Deferred Inflows of Resources</u>
Difference between expected and actual experience	\$ -	\$ -
Changes in assumptions	-	-
Net difference between projected and actual earnings on pension plan investments	40,996	-
Contributions subsequent to the measurement date	<u>27,693</u>	<u>-</u>
 Total	 <u>\$ 68,689</u>	 <u>\$ -</u>

Amounts reported as deferred outflows of resources and deferred inflows of resources related to pensions will be recorded in pension expense as follows:

<u>Year Ended September 30:</u>	
2026	18,974
2027	32,547
2028	(9,695)
2029	(830)

NOTE 8 - DEFINED CONTRIBUTION (MONEY PURCHASE) PENSION PLAN:

The Benzie/Leelanau District Health Department contributes to a defined contribution retirement plan administered by the Municipal Employees Retirement System (MERS). Benefit provisions and contribution requirements are established and may be amended by the Board of Health.

The Health Department contributed \$360,412 and employees contributed \$72,085 to the Plan during the year ended September 30, 2025, equal to 10% and 2% respectively of the covered payroll.

NOTE 9 - RIGHT-TO-USE LEASE ASSET:

The Health Department has recorded their leases for office space as a Right-to-Use Asset. These assets are amortized using the straight-line method over the term of the lease. The lease asset has been recorded at the present value of the future minimum lease payments as of the date of adoption.

The lease liability activity for the year is as follows:

	<u>Beginning Balance</u>	<u>Additions</u>	<u>Deductions</u>	<u>Ending Balance</u>	<u>Due Within One Year</u>
Leases Payable	\$ 700,971	\$ -	\$ 110,575	\$ 590,396	\$ 97,565

The future minimum lease obligations and net present value of these leases as of September 30, 2025 are as follows:

<u>Year</u>	<u>Principal Amount</u>	<u>Interest Amount</u>	<u>Total</u>
2026	\$ 97,565	\$ 17,515	\$ 115,080
2027	43,243	15,377	58,620
2028	44,670	13,950	58,620
2029	46,143	12,477	58,620
2030	47,666	10,954	58,620
2031 – 2035	262,978	30,122	293,100
2036	48,131	720	48,851
Total	<u>\$ 590,396</u>	<u>\$ 101,115</u>	<u>\$ 691,511</u>

The subsequent amortization of the lease asset is as follows:

<u>Year</u>	<u>Amortization Expense</u>	<u>Accumulated Amortization</u>
2026	\$ 88,071	\$ 440,354
2027	88,071	528,425
2028	88,071	616,496
2029	45,946	662,442
2030	45,946	708,388
2031 – 2035	229,731	938,119
2036	45,946	984,065
Total	<u>\$ 631,782</u>	

NOTE 10 - LEASE RECEIVABLE:

The Health Department leases building space to various other organizations, with lease terms ending during the year 2036. The initial lease receivable and deferred inflow of resources related to leases was calculated as \$472,114 as of October 1, 2022. The subsequent payments made to the Health Department relating to the assets leased by other organizations are as follows:

	<u>10/01/24</u>	<u>Increases</u>	<u>Decreases</u>	<u>09/30/25</u>
Lease Receivable	\$ 395,131	\$ -	\$ 27,373	\$ 367,758
	<u>Principal Amount</u>		<u>Interest Amount</u>	<u>Total</u>
<u>Year</u>				
2026	\$ 28,275		\$ 11,533	\$ 39,808
2027	29,208		10,601	39,809
2028	30,172		9,637	39,809
2029	31,167		8,642	39,809
2030	32,195		7,614	39,809
2031 – 2035	177,625		21,419	199,044
2036	39,116		692	39,808
Total	\$ 367,758		\$ 70,138	\$ 437,896

NOTE 11 - CONTINGENT LIABILITIES:

The Benzie/Leelanau District Health Department has received significant financial assistance from state and federal agencies in the form of various grants. The payment of funds received under these programs generally requires compliance with terms and conditions specified in the grant agreement and are subject to audit by the grantor agency. Any disallowed claims resulting from such audits could become a liability of the Health Department. However, in the opinion of management, any such disallowed claims will not have a material effect on the financial statements included herein or on the overall financial position of the Health Department at September 30, 2025.

NOTE 12 - RISK MANAGEMENT/INSURANCE:

The Department is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; injuries to employees; and natural disasters. The Department is a member of Michigan Municipal Risk Management Authority (MMRMA) for risk of loss relating to its property and general liability except for auto.

The MMRMA is a municipal self-insurance entity operating pursuant to the State of Michigan Public Act 138 of 1982. The purpose of the MMRMA is to administer a risk management fund, which provides members with loss protection for general and property liability.

The Department has joined with numerous other governmental agencies in Michigan as a participant in MMRMA’s “State Pool.” Members of the State Pool do not have individual self-insured retention amounts other than a \$500 deductible per occurrence of liability coverage and a \$250 deductible per occurrence of property coverage.

State Pool members’ limits of coverage (per occurrence) are \$5,000,000 for liability and \$350,000 for property. If a covered loss exceeds these limits or, if for any reason, MMRMA’s resources are depleted, the payment of all unpaid losses is the sole obligation of the Department.

The Department carries commercial insurance for all other risks of loss including auto liability, vehicle physical damage, worker’s compensation, liability, and health insurance. Settled claims resulting from these risks have not exceeded commercial insurance coverage in past three fiscal years.

NOTE 13 - RESTATEMENTS:

Governmental Activities

The beginning net position of the Governmental Activities in the government-wide Statement of Net Position has also been restated to record a prior period adjustment to correct local revenues due to a change in grant funding that occurred after prior fiscal year end. A reconciliation of the prior period ending net position to the current year beginning net position for the Governmental Activities is as follows:

	<u>Governmental Net Position</u>
Beginning net position as previously stated at October 1, 2024	\$ 1,694,985
Restatement to adjust local revenues	<u>(347,104)</u>
Beginning net position, as restated at October 1, 2024	<u>\$ 1,347,881</u>

General Fund

The beginning fund balance of the General Fund has been restated on the fund basis financial statements to record a prior period adjustment to correct local revenues in the prior year. A reconciliation of the prior period ending fund balance to the current year beginning fund balance for the General Fund is as follows:

	<u>General Fund Fund Balance</u>
Beginning fund balance as previously stated at October 1, 2024	\$ 1,806,927
Restatement to adjust local revenues	<u>(347,104)</u>
Beginning fund balance, as restated at October 1, 2024	<u>\$ 1,459,823</u>

NOTE 14 - IMPLEMENTATION OF GASB STATEMENT NO. 101, COMPENSATED ABSENCES:

The Health Department adopted GASB Statement No. 101, Compensated Absences, for the year ended September 30, 2025. The implementation of this accounting standard did not impact the financial statements but did impact the notes to the financial statements and the disclosures applicable to the standard which have been updated based on the contents of the statement.

Required Supplementary Information

Benzie/Leelanau District Health Department

**Required Supplementary Information
Employee Retirement and Benefit Systems
Schedule of Changes in Pension Liability
For the Year Ended September 30, 2025**

	For MERS Years Ending 12/31								
	2024	2023	2022	2021	2020	2019	2018	2017	2016
Total pension liability									
Service cost	\$ 12,623	\$ 17,364	\$ 15,580	\$ 15,086	\$ 14,069	\$ 13,496	\$ 14,646	\$ 24,438	\$ 22,216
Interest	110,646	103,921	103,857	101,622	94,012	89,344	85,985	78,531	72,853
Difference between expected and actual experience	4,049	29,909	(60,252)	(17,294)	(1,801)	(24,326)	50,233	26,412	1,545
Changes in assumptions	2,326	11,163	-	53,120	54,595	41,081	-	-	-
Benefit payments, including refund of member contributions	(57,193)	(55,477)	(55,477)	(59,326)	(63,175)	(63,175)	(35,857)	(26,751)	(26,751)
Other changes	-	269	-	-	-	4,703	-	-	1
Net change in total pension liability	72,451	107,149	3,708	93,208	97,700	61,123	115,007	102,630	69,864
Total pension liability - beginning	1,563,313	1,456,164	1,452,456	1,359,248	1,261,548	1,200,425	1,085,418	982,788	912,924
Total pension liability - ending	\$ 1,635,764	\$ 1,563,313	\$ 1,456,164	\$ 1,452,456	\$ 1,359,248	\$ 1,261,548	\$ 1,200,425	\$ 1,085,418	\$ 982,788
Plan fiduciary net position									
Contributions - employer	\$ 76,884	\$ 93,030	\$ 87,870	\$ 80,103	\$ 72,162	\$ 57,804	\$ 46,407	\$ 38,850	\$ 31,254
Contributions - employee	-	-	-	-	-	-	-	-	-
Net investment income	94,992	125,102	(123,808)	146,481	118,838	108,603	(33,156)	96,284	73,589
Benefit payments, including refunds of member contributions	(57,193)	(55,477)	(55,477)	(59,326)	(63,175)	(63,175)	(35,857)	(26,751)	(26,751)
Administrative expense	(2,850)	(2,646)	(2,242)	(1,680)	(1,833)	(1,870)	(1,620)	(1,521)	(1,451)
Net change in plan fiduciary net position	111,833	160,009	(93,657)	165,578	125,992	101,362	(24,226)	106,862	76,641
Plan fiduciary net position - beginning	1,256,760	1,096,751	1,190,408	1,024,830	898,838	797,476	821,702	714,840	638,199
Plan fiduciary net position - ending	\$ 1,368,593	\$ 1,256,760	\$ 1,096,751	\$ 1,190,408	\$ 1,024,830	\$ 898,838	\$ 797,476	\$ 821,702	\$ 714,840
Net pension liability - ending	\$ 267,171	\$ 306,553	\$ 359,413	\$ 262,048	\$ 334,418	\$ 362,710	\$ 402,949	\$ 263,716	\$ 267,948
Plan fiduciary net position as a percentage of the total pension liability	84%	80%	75%	82%	75%	71%	66%	76%	73%
Covered - employee payroll	\$ 108,074	\$ 151,782	\$ 136,663	\$ 130,024	\$ 125,197	\$ 126,045	\$ 210,669	\$ 191,355	\$ 181,701
Net pension liability as a percentage of covered-employee payroll	247%	202%	263%	202%	267%	288%	191%	138%	147%

**Required Supplementary Information
Employee Retirement and Benefit Systems
Schedule of Employer Contributions
For the Year Ended September 30, 2025**

	For MERS Year Ending 12/31								
	2024	2023	2022	2021	2020	2019	2018	2017	2016
Actuarially determined contribution	\$ 76,884	\$ 93,030	\$ 87,870	\$ 80,103	\$ 72,162	\$ 57,804	\$ 46,407	\$ 38,850	\$ 31,254
Contributions in relation to the actuarially determined contribution	<u>(76,884)</u>	<u>(93,030)</u>	<u>(87,870)</u>	<u>(80,103)</u>	<u>(72,162)</u>	<u>(57,804)</u>	<u>(46,407)</u>	<u>(38,850)</u>	<u>(31,254)</u>
Contribution deficiency (excess)	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Covered - employee payroll	\$ 108,074	\$ 151,782	\$ 136,663	\$ 130,024	\$ 125,197	\$ 126,045	\$ 210,669	\$ 191,355	\$ 181,701
Contributions as a percentage of covered-employee payroll	71%	61%	64%	62%	58%	46%	22%	20%	17%

Notes to Schedule:

Actuarially determined contribution rates are calculated as of December 31st, two years prior to the end of the fiscal year in which contributions are reported.

Methods and assumptions used to determine contribution rates:

Actuarial cost method	Entry age
Amortization method	Level percentage of payroll, closed
Remaining amortization period	10 years
Asset valuation method	5-years smoothed market
Inflation	2.50%
Salary increases	3.00%, average, including inflation
Investment rate of return	6.93%
Retirement age	In the 2024 actuarial valuation, expected retirement ages of general employees were adjusted to more closely reflect actual experience
Mortality	Assumptions were based on the Pub-2010 annual mortality tables.

Benzie/Leelanau District Health Department

**Required Supplementary Information
Budgetary Comparison Schedule
General Fund
For the Year Ended September 30, 2025**

	Budgeted Amounts		Actual Amounts (Budgetary Basis)	Variance with Final Budget Positive (Negative)
	Original	Final		
Budgetary fund balance, October 1, 2024	\$ 1,459,823	\$ 1,459,823	\$ 1,459,823	\$ -
Resources (inflows):				
Licenses and Permits	388,500	434,345	422,188	(12,157)
Charges for Services	1,189,144	1,524,067	1,399,120	(124,947)
Federal Sources	1,485,102	1,451,252	1,582,167	130,915
State Sources	1,486,358	2,593,968	2,293,024	(300,944)
Local Sources	1,620,825	2,235,863	2,100,195	(135,668)
Rents	261,192	261,192	252,857	(8,335)
Interest	40,000	78,000	83,964	5,964
Amounts available for appropriation	7,930,944	10,038,510	9,593,338	(445,172)
Charges to appropriations (outflows):				
Health and Welfare				
Salaries and Wages	3,491,536	4,238,326	4,064,020	174,306
Fringes	1,386,985	1,476,486	1,445,835	30,651
Supplies and Materials	411,384	689,569	560,321	129,248
Consultant	12,600	37,100	38,134	(1,034)
Contractual	385,054	437,307	199,213	238,094
Communications	54,602	63,655	45,921	17,734
Travel	139,690	156,782	152,266	4,516
Space	351,407	536,826	460,983	75,843
Capital Outlay	-	541,344	710,309	(168,965)
Miscellaneous	237,863	302,811	315,334	(12,523)
Total charges to appropriations	6,471,121	8,480,206	7,992,336	487,870
Budgetary fund balance, September 30, 2025	\$ 1,459,823	\$ 1,558,304	\$ 1,601,002	\$ 42,698

Supplementary Information

Benzie/Leelanau District Health Department

General Fund Statement of Revenues, By Program Budget and Actual For the Year Ended September 30, 2025

	Budget	Actual	Variance Favorable (Unfavorable)
REVENUES:			
General Administration	\$ 78,500	\$ 76,827	\$ (1,673)
Community Health Assessment	6,124	2,640	(3,484)
Cross Jurisdictional Sharing Grant	90,509	102,622	12,113
Health Promotion	31,387	36,322	4,935
Worksite Wellness	-	4,345	4,345
Leelanau Marijuana Grant	13,159	13,159	-
Benzie Marijuana Grant	14,233	7	(14,226)
CHIR	667,153	654,415	(12,738)
Environmental Health	4,139	8,535	4,396
Septage Program	9,059	6,952	(2,107)
Long-Term Monitoring	1,420	1,744	324
Food Protection	264,618	259,722	(4,896)
DHHS Facilities *	6,852	4,566	(2,286)
Mortgage Evaluations *	367,394	390,394	23,000
Waste Management - Required	653,862	656,550	2,688
Private Wells	233,494	356,691	123,197
Type II Water Supply	168,187	289,259	121,072
COVID Immunizations	76,635	74,662	(1,973)
Emergency Preparedness	144,333	150,053	5,720
Public Swimming Pools*	7,700	4,220	(3,480)
Campgrounds*	9,372	9,344	(28)
EH Communicable Disease *	-	594	594
Vacant Land Development *	96,051	58,640	(37,411)
Emerging Health Threats	90,008	74,480	(15,528)
Infection Prevention Response Support	55,415	55,415	-
Syringe Service	41,237	45,000	3,763
TB Control	-	426	426
Other Communicable Diseases	85,290	41,834	(43,456)
Immunization	752,992	674,711	(78,281)
Immunization Action Plan	85,939	69,857	(16,082)
Sexually Transmitted Diseases	72,016	39,943	(32,073)
HIV/AIDS Prevention	13,736	15,000	1,264
Benzie Central School Nurse	28,284	10,917	(17,367)
Frankfort School Nurse	97,510	97,510	-
Northport School Nurse	24,022	(10,659)	(34,681)
Leland 31o Funds	-	19	19
Benzie School Wellness Program	267,133	281,743	14,610
Michigan Safer Schools	336,434	336,434	-
Lead	7,350	7,757	407

Benzie/Leelanau District Health Department

General Fund Statement of Revenues, By Program Budget and Actual For the Year Ended September 30, 2025

	Budget	Actual	Variance Favorable (Unfavorable)
REVENUES:			
Frankfort School Wellness Program	406,319	289,572	(116,747)
Suttons Bay School Wellness Program	316,027	291,872	(24,155)
Leland School Wellness Program	317,528	282,572	(34,956)
Leland SWP Construction	-	50,000	50,000
Frankfort SWP Construction	-	50,000	50,000
Vision	74,695	40,623	(34,072)
Children's Special Health Care Services	91,724	94,397	2,673
Hearing	75,318	40,613	(34,705)
Maternal and Infant Support Services (MIHP)	360,376	387,456	27,080
Healthy Futures	80,884	106,186	25,302
Mom Power	46,527	47,368	841
Leelanau Early Childhood	728,891	600,190	(128,701)
Family Planning	3,443	2,647	(796)
Medicaid Outreach	142,708	150,597	7,889
WIC	159,302	170,174	10,872
Migrant WIC	24,298	23,706	(592)
WIC - Breastfeeding	55,971	58,434	2,463
Dental Outreach **	5,340	6,259	919
Benzie Community Resource Center	289,092	289,562	470
Leelanau Resource Center	134	134	-
Public Health Infrastructure	498,563	248,503	(250,060)
TOTAL REVENUES	<u>\$ 8,578,687</u>	<u>\$ 8,133,515</u>	<u>\$ (445,172)</u>

NOTES:

* - Indicates Budgeted Revenue was included in with Environmental Health

** - Indicates Budgeted Revenue was included in with Medicaid Outreach

Benzie/Leelanau District Health Department

General Fund Statement of Expenditures, By Program Budget and Actual For the Year Ended September 30, 2025

	<u>Budget</u>	<u>Actual</u>	<u>Variance Favorable (Unfavorable)</u>
EXPENDITURES:			
General Administration	\$ 50,060	\$ 72,730	\$ (22,670)
Community Health Assessment	6,084	2,640	3,444
Cross Jurisdictional Sharing Grant	93,315	102,622	(9,307)
Health Promotion	32,481	36,322	(3,841)
Worksite Wellness	-	4,345	(4,345)
Leelanau Marijuana Grant	12,769	13,159	(390)
Benzie Marijuana Grant	13,997	14,230	(233)
CHIR	775,705	622,355	153,350
Environmental Health	(10,501)	8,535	(19,036)
Septage Program	6,356	6,952	(596)
Long-Term Monitoring	1,391	1,744	(353)
Food Protection	261,519	244,585	16,934
DHHS Facilities *	6,780	4,566	2,214
Mortgage Evaluations *	364,844	390,394	(25,550)
Waste Management - Required	646,362	656,550	(10,188)
Private Wells	231,394	220,223	11,171
Type II Water Supply	166,388	154,842	11,546
COVID Immunizations	75,835	74,662	1,173
Emergency Preparedness	141,093	150,053	(8,960)
Public Swimming Pools*	6,239	3,932	2,307
Campgrounds*	9,265	9,344	(79)
EH Communicable Disease *	-	594	(594)
Vacant Land Development *	95,452	49,651	45,801
Emerging Health Threats	83,230	74,480	8,750
Infection Prevention Response Support	54,518	55,415	(897)
Syringe Service	41,213	45,000	(3,787)
TB Control	-	426	(426)
Other Communicable Diseases	45,704	41,834	3,870
Immunization	748,012	620,595	127,417
Immunization Action Plan	85,789	69,618	16,171
Sexually Transmitted Diseases	36,424	39,943	(3,519)
HIV/AIDS Prevention	13,488	15,000	(1,512)
Benzie Central School Nurse	28,349	10,917	17,432
Frankfort School Nurse	97,510	97,510	-
Northport School Nurse	23,208	(10,659)	33,867
Leland 31o Funds	-	19	(19)
Benzie School Wellness Program	262,023	281,743	(19,720)
Michigan Safer Schools	330,176	336,434	(6,258)
Lead	7,218	7,645	(427)
Frankfort School Wellness Program	355,418	289,572	65,846
Suttons Bay School Wellness Program	315,827	291,872	23,955
Leland School Wellness Program	313,927	282,572	31,355
Frankfort SWP Construction	41,667	50,000	(8,333)
Vision	36,578	30,718	5,860

Benzie/Leelanau District Health Department

**General Fund
Statement of Expenditures, By Program
Budget and Actual
For the Year Ended September 30, 2025**

	Budget	Actual	Variance Favorable (Unfavorable)
EXPENDITURES:			
Children's Special Health Care Services	90,724	94,397	(3,673)
Hearing	37,391	35,415	1,976
Maternal and Infant Support Services (MIHP)	354,377	387,456	(33,079)
Healthy Futures	79,985	84,782	(4,797)
Mom Power	45,710	47,368	(1,658)
Leelanau Early Childhood	719,891	682,584	37,307
Family Planning	3,402	2,647	755
Medicaid Outreach	141,308	102,054	39,254
WIC	155,702	170,174	(14,472)
Migrant WIC	23,788	23,706	82
WIC - Breastfeeding	53,171	58,434	(5,263)
Dental Outreach **	5,249	4,203	1,046
Personal Health Administration	8,951	-	8,951
Benzie Community Resource Center	354,769	289,562	65,207
Leelanau Resource Center	118	134	(16)
Public Health Infrastructure	498,563	533,736	(35,173)
TOTAL EXPENDITURES	\$ 8,480,206	\$ 7,992,336	\$ 487,870

NOTES:

* - Indicates Budgeted Revenue was included in with Environmental Health

** - Indicates Budgeted Revenue was included in with Medicaid Outreach

Benzie/Leelanau District Health Department

Administrative Programs Statement of Revenues and Expenditures Budget and Actual For the Year Ended September 30, 2025

	<u>Budget</u>	<u>Actual</u>	Variance Favorable (Unfavorable)
REVENUES:			
Interest on Deposits	\$ 78,000	\$ 71,528	\$ (6,472)
Interest from Leases	-	12,436	12,436
State Funding	437,738	248,503	(189,235)
Charges for Services	28,534	29,704	1,170
Rents Collected	261,192	252,857	(8,335)
Local Funding	60,825	-	(60,825)
	<u>866,289</u>	<u>615,028</u>	<u>(251,261)</u>
Total Revenues			
EXPENDITURES:			
Salaries and Wages	292,253	292,602	(349)
Fringes	93,746	89,484	4,262
Supplies and Materials	17,240	24,994	(7,754)
Consultant	18,350	18,283	67
Contractual	5,991	6,361	(370)
Communications	3,126	2,176	950
Travel	7,055	6,442	613
Space	287,766	244,808	42,958
Capital Outlay	525,927	547,068	(21,141)
Distributive Cost	(447,662)	(422,373)	(25,289)
Miscellaneous	99,717	86,315	13,402
	<u>903,509</u>	<u>896,160</u>	<u>7,349</u>
Total Expenditures			
EXCESS REVENUES OVER (UNDER) EXPENDITURES	<u>\$ (37,220)</u>	<u>\$ (281,132)</u>	<u>\$ (243,912)</u>

Benzie/Leelanau District Health Department

**Environmental Health Programs
Statement of Revenues and Expenditures
Budget and Actual
For the Year Ended September 30, 2025**

	Budget	Actual	Variance Favorable (Unfavorable)
REVENUES:			
Licenses and Permits	\$ 434,345	\$ 422,188	\$ (12,157)
Charges for Services	277,657	270,207	(7,450)
Federal Funding	-	-	-
State Funding	843,824	960,151	116,327
Local Funding	266,322	394,664	128,342
Total Revenues	1,822,148	2,047,210	225,062
EXPENDITURES:			
Salaries and Wages	1,033,545	980,063	53,482
Fringes	354,516	345,941	8,575
Supplies and Materials	86,872	82,251	4,621
Consultant	1,500	1,500	-
Contractual	19,000	22,007	(3,007)
Communications	13,938	8,995	4,943
Travel	51,295	64,710	(13,415)
Space	88,646	58,453	30,193
Distributive Cost	105,678	121,091	(15,413)
Miscellaneous	30,500	66,901	(36,401)
Total Expenditures	1,785,490	1,751,912	33,578
EXCESS REVENUES OVER (UNDER) EXPENDITURES	\$ 36,658	\$ 295,298	\$ 258,640

Benzie/Leelanau District Health Department**Public Health Programs
Statement of Revenues and Expenditures
Budget and Actual
For the Year Ended September 30, 2025**

	Budget	Actual	Variance Favorable (Unfavorable)
REVENUES:			
Charges for Services	\$ 1,217,876	\$ 1,099,209	\$ (118,667)
Federal Funding	1,451,252	1,582,167	130,915
State Funding	1,312,406	1,084,370	(228,036)
Local Funding	1,908,716	1,705,531	(203,185)
Total Revenues	<u>5,890,250</u>	<u>5,471,277</u>	<u>(418,973)</u>
EXPENDITURES:			
Salaries and Wages	2,912,528	2,791,355	121,173
Fringes	1,028,224	1,010,410	17,814
Supplies and Materials	585,457	453,076	132,381
Consultant	17,250	18,351	(1,101)
Contractual	412,316	170,845	241,471
Communications	46,591	34,750	11,841
Travel	98,432	81,114	17,318
Space	160,414	157,722	2,692
Capital Outlay	15,417	163,241	(147,824)
Distributive Cost	341,984	301,282	40,702
Miscellaneous	172,594	162,118	10,476
Total Expenditures	<u>5,791,207</u>	<u>5,344,264</u>	<u>446,943</u>
EXCESS REVENUES OVER (UNDER) EXPENDITURES	<u>\$ 99,043</u>	<u>\$ 127,013</u>	<u>\$ 27,970</u>

Reports on Compliance



ANDERSON, TACKMAN & COMPANY, PLC
CERTIFIED PUBLIC ACCOUNTANTS

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**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL
REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN
AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE
WITH *GOVERNMENT AUDITING STANDARDS***

Members of the Board of Health
Benzie/Leelanau District Health Department
Benzonia, Michigan 49616

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities and major fund of the Benzie/Leelanau District Health Department, as of and for the year ended September 30, 2025, and the related notes to the financial statements, which collectively comprise the Benzie/Leelanau District Health Department's basic financial statements, and have issued our report thereon dated February 6, 2026.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Benzie/Leelanau District Health Department's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Benzie/Leelanau District Health Department's internal control. Accordingly, we do not express an opinion on the effectiveness of the Benzie/Leelanau District Health Department's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Members of the Board of Health
Benzie/Leelanau District Health Department

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or, significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Benzie/Leelanau District Health Department’s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity’s internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity’s internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



Anderson, Tackman & Company, PLC
Certified Public Accountants
Kincheloe, Michigan

February 6, 2026



ANDERSON, TACKMAN & COMPANY, PLC
CERTIFIED PUBLIC ACCOUNTANTS

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**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR
PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE
REQUIRED BY THE UNIFORM GUIDANCE**

Members of the Board of Health
Benzie/Leelanau District Health Department
Benzonia, Michigan 49616

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited the Benzie Leelanau District Health Department's, compliance with the types of compliance requirements identified as subject to audit in the *OMB Compliance Supplement* that could have a direct and material effect on each of the Benzie Leelanau District Health Department's major federal programs for the year ended September 30, 2025. The Benzie Leelanau District Health Department's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, Benzie/Leelanau District Health Department complied, in all material respects, with types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2025.

Basis for Opinion on Each Major Federal Program

We conducted our audit on compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States; and audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of Benzie/Leelanau District Health Department and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence that we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the Health Department's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to Benzie/Leelanau District Health Department's federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on Benzie/Leelanau District Health Department's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgement made by a reasonable user of the report on compliance about Benzie/Leelanau District Health Department's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding Benzie/Leelanau District Health Department's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of Benzie/Leelanau District Health Department's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of Benzie/Leelanau District Health Department's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Members of the Board of Health
Benzie/Leelanau District Health Department

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.



Anderson, Tackman & Company, PLC
Certified Public Accountants
Kincheloe, Michigan

February 6, 2026

Benzie Leelanau District Health Department

Schedule of Expenditures of Federal Awards For the Year Ended September 30, 2025

Federal Grantor/Pass-Through Grantor/Program Title	Assistance Listing Number	Passed Through	Pass-Through Grantor Number	Federal Expenditures
U.S. DEPARTMENT OF AGRICULTURE:				
Women with Infant Children Breastfeeding	10.557	MDHHS	E20252272	\$ 27,709
Women with Infant Children Migrant Services	10.557	MDHHS	E20251995	16,905
Women with Infant Children Resident Services	10.557	MDHHS	E20251994	134,420
Total U.S. Department of Agriculture				<u>179,034</u>
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES:				
ADMINISTRATION FOR CHILDREN AND FAMILIES:				
Public Health Emergency Preparedness	93.069	MDHHS	E20251387	87,199
Tuberculosis TB Control	93.116	MDHHS	E20251587	282
Immunization - IAP	93.268	MDHHS	E20251087	20,837
Immunization - Fixed Fees	93.268	MDHHS	E20251154	3,625
Immunization-COVID	93.268	MDHHS	E20250348	45,960
Immunization - Vaccince Initiative	93.268	MDHHS	N/A	31,920
Reopening Schools HRA	93.323	MDHHS	E20250587	332,473
Epidemiology and Laboratory Capacity	93.323	MDHHS	E20251395	55,415
Subtotal				<u>577,711</u>
Medicaid Cluster				
SDOH Hub Pilot	93.778	MDHHS	E20255226	24,028
Medical Care and Treatment	93.778	MDHHS	E20250936	5,007
Medicaid Outreach	93.778	MDHHS	E20251493	294,882
CSHCS Outreach and Advocacy	93.778	MDHHS	E20250935	17,644
CSHCS Care Coordination	93.778	MDHHS	E20251393	13,758
Opioid Response Activities	93.778	MDHHS	E20255342	16,875
Subtotal - Medicaid Cluster				<u>372,194</u>
Strengthen MI PH Workforce and Infrastructure	93.967	MDHHS	E20251086	437,738
Enabling Services Women-MCH	93.994	MDHHS	E20251792	15,490
Subtotal				<u>453,228</u>
Total U.S. Department of Health & Human Services				<u>1,403,133</u>
TOTAL EXPENDITURES OF FEDERAL AWARDS				<u>\$ 1,582,167</u>

See accompanying notes to schedule of expenditures of federal awards.

Benzie/Leelanau District Health Department

Notes to Schedule of Expenditures of Federal Awards For the Year Ended September 30, 2025

NOTE A - BASIS OF PRESENTATION:

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal award activity of the Benzie Leelanau District Health Department under programs of the federal government for the year ended September 30, 2025. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Benzie Leelanau District Health Department, it is not intended to and does not present the financial position, changes in net position, or cash flows of the Benzie Leelanau District Health Department.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

NOTE C - INDIRECT COST:

For purposes of charging indirect costs to federal awards, the Health Department has elected to use the 15% de minimus cost rate as permitted by CFR Section 200.414 of the Uniform Guidance.

NOTE D - RECONCILIATION TO BASIC FINANCIAL STATEMENTS:

The following is a reconciliation of the amounts reported on the basic financial statements to the schedule of expenditures of federal awards:

Total Federal per Financial Statements	
Revenues	\$ <u>1,582,167</u>
Total Federal Revenue Recognized per Schedule of	
Expenditures of Federal Awards	\$ <u>1,582,167</u>

Section I – Summary of Auditor’s Results

Financial Statements

Type of auditors' report issued:	Unmodified
Internal control over financial reporting:	
Material weaknesses identified?	No
Significant deficiencies identified that are not considered to be material weaknesses?	No
Noncompliance material to financial statements noted?	No

Federal Awards

Internal control over major programs:	
Material weaknesses identified?	No
Significant deficiencies identified that are not considered to be material weaknesses?	No
Type of auditors' report issued on compliance for major programs:	Unmodified
Any audit findings disclosed that are required to be reported in accordance with Title 2 (CFR) part 200, Uniform Guidance?	No

Identification of Major Programs

Assistance Listing Numbers

Name of Federal Program or Cluster

10.557	Women with Infant Children
93.069	Public Health Emergency Preparedness
93.967	Strengthen MI PH Workforce and Infrastructure
Dollar threshold used to distinguish between type A and type B programs:	\$1,000,000
Auditee qualified as low risk auditee?	No

Section II – Financial Statement Findings

NONE.

Section III – Federal Award Findings and Questioned Costs

NONE.

Section III – Federal Award Findings and Questioned Costs

NONE.



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COMMUNICATION WITH THOSE CHARGED WITH GOVERNANCE

Members of the Board of Health
Benzie/Leelanau District Health Department
Benzonia, Michigan 49616

We have audited the financial statements of the governmental activities and major fund of the Benzie/Leelanau District Health Department for the year ended September 30, 2025. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards and *Government Auditing Standards* and the Uniform Guidance, as well as certain information related to the planned scope and timing of our audit. We have communicated such information to you in our letter dated January 12, 2026. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Matters

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Benzie/Leelanau District Health Department are described in Note 1 to the financial statements. As described in Note 14 to the financial statements, the Benzie/Leelanau District Health Department changed accounting policies related to accounting changes and error corrections by adopting Statement of Governmental Accounting Standards Board (GASB Statement) No. 101, *Compensated Absences* in 2025. The application of existing policies was not changed during fiscal year 2025. We noted no transactions entered into by the Health Department during the year for which there is a lack of authoritative guidance or consensus. All significant transactions that have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the financial statements were:

- Management's estimate of the depreciation expense is based on estimated lives. We evaluated the key factors and assumptions used to develop the estimate to determine that it is reasonable in relation to the financial statements taken as a whole.
- Management's estimate of the accrued compensated absences is based on current hourly rates and policies regarding payment of vacation bank.

- Management's estimate for pension benefits were based on various assumptions regarding life expectancies, inflation, and investment rates.
- Management's estimate of the allowance for uncollectible accounts receivable is based on past experience and future expectations for collection of various account balances and has been determined to be \$0.
- Management's estimate of the discount rate used in the present value of leases were based on the interest rate charged by the lessor, when available. If unavailable, the estimated incremental borrowing rate is used.

The financial statement disclosures are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to the financial statements taken as a whole.

Disagreements with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated February 6, 2026.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Benzie/Leelanau District Health Department's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Benzie/Leelanau District Health Department's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

New Pronouncements

The following pronouncements of the Governmental Accounting Standards Board (GASB) have been released recently and may be applicable to the Health Department in the near future. We encourage management to review the following information and determine which standard(s) may be applicable to the Health Department. For the complete text of these and other GASB standards, visit www.gasb.org. If you have questions regarding the applicability, timing, or implementation, please contact us.

GASB Statement No. 103, Financial Reporting Model Improvements

In April 2024, the GASB issued Statement No. 103, Financial Reporting Model Improvements. This statement improves key components of the financial reporting model to enhance its effectiveness in providing information that is essential for decision-making and assessing a government's accountability as well as addressing certain application issues. The requirements of this Statement are effective for reporting periods beginning after June 15, 2025.

GASB Statement No. 104, Disclosure of Certain Capital Assets

In September 2024, the GASB issued statement No. 104, Disclosure of Certain Capital Assets. This statement aims to provide users of government financial statements with essential information about capital assets by requiring the separate disclosure of certain types of capital assets and additional disclosures for capital assets held for sale. The requirements of this Statement are effective for reporting periods beginning after June 15, 2025.

GASB Statement No. 105, Subsequent Events

In December 2025, the GASB issued statement No. 105, Subsequent Events. This statement enhances the consistency of the application for disclosing subsequent events and better meets the informational needs of financial statement by defining subsequent events as transactions or other events that occur after the date of the financial statements, but before the financial statements are available to be issued (the financial statements are complete in accordance with GAAP and approvals necessary for issuance have been obtained). The requirements of this Statement are effective for reporting periods beginning after June 15, 2026.

Other Matters

We applied certain limited procedures to the management's discussion and analysis, schedule of funding progress, and budgetary comparison schedules, which are required supplementary information (RSI) that supplements the basic financial statements. Our procedures consisted of inquires of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquires, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We did not audit the RSI and do not express an opinion or provide any assurance on the RSI.

We were engaged to report on the statements of revenues and expenditures – budget and actual, which accompany the financial statements but are not RSI. With respect to this supplementary information, we made certain inquires of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with accounting principles generally accepted in the United States of America, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

Restriction on Use

This information is intended solely for the information and use of management, the Board of Health, state awarding agencies, pass-through entities, and others within the organization and is not intended to be and should not be used by anyone other than these specified parties.

Conclusion

We would like to express our appreciation, as well as that of our staff for the excellent cooperation we received while performing the audit. If we can be of assistance, please contact us.

A handwritten signature in blue ink that reads "Anderson Tackman & Co. PLC". The signature is written in a cursive, flowing style.

Anderson, Tackman & Company, PLC
Certified Public Accountants
Kincheloe, Michigan

February 6, 2026

To: Benzie-Leelanau District Health Department Board of Health Members

From: Daniel Thorell, MS, RS, Health Officer

Date: March 25, 2026

Subject: March Board of Health Report

1. Medicare Billing for Community Health Worker Services Project

Benzie-Leelanau District Health Department (BLDHD) has a Michigan Health Endowment Fund grant to explore Medicare billing options to address social determinants of health (SDOH) found during screenings by primary care providers (PCP). Staff have been working with Munson Healthcare to set up a pilot project at a local Munson practice to test the effectiveness of the process. Below are some details:

- The Medicare patient is screened at the PCP office to determine SDOH needs.
- The patient is referred to Community Connections (CC) staff at BLDHD to address needs.
- BLDHD CC staff report back to the PCP office regarding the progress and outcomes achieved.
- The PCP office bills Medicare for the services.
- BLDHD and Munson Healthcare collaborated on a contract that identified deliverables and set up a pay structure that provides BLDHD with 70% of billable revenue from Medicare.

The goal of this pilot project is to set up a sustainable model for PCPs to address SDOH issues among Medicare patients. The development of a straightforward and reliable billing method allows for sustainable funding for CHWs at local health departments as well as medical documentation regarding outcomes after screening and referral by the PCP office.

2. Day at the Capitol Debrief

On March 18th, I participated in the Michigan Association of Local Public Health legislative advocacy day. I met with Representative Coffia, Representative Roth's Chief of Staff, Senator Bumstead's Chief of Staff, and Senator Damoose. We discussed the three main legislative priorities as outlined in the attached document created by the Northern Michigan Public Health Alliance. Overall, the Legislators and their staff were receptive and supportive of our priorities. In particular, Senator Damoose pledged to work on our first two priorities which



includes an inflationary increase for Essential Local Public Health Services funding and an increase for Children's Special Health Care Services (CSHCS) program coordination. Our 3rd priority was discussed and there was an understanding about the efficiencies that would be gained by making local health department funding more flexible. This would be a more difficult problem to solve due to concerns by some legislators about government fraud and abuse. All Legislators shared that this coming budget year was going to be challenging due to a significant drop in anticipated revenue.

3. Michigan Statewide Code Update

On March 6th, I participated in a webinar panel with other stakeholders including Senator Singh, the bill sponsor. The webinar was sponsored by FLOW, a water and environmental advocacy organization based in Traverse City. I heard a lot of great feedback regarding the [webinar](#) and encourage you to view it if you are interested.

A hearing in the Senate's Natural Resources and Agriculture Committee allowed the public and stakeholders to provide testimony. I have attached testimony provided by MALPH. At this time, MALPH submitted a neutral position on the bill due to concerns about funding and enforcement. Fiscal analysis of the bill stated that \$6.3M would be available to local health departments for implementation. This would amount to \$140K per health department if split evenly. Even though an even split is unlikely, this amount of funding is not sufficient to implement the sweeping program changes included in the bill. Local health departments support the statewide code effort, but funding for implementation must be adequate.

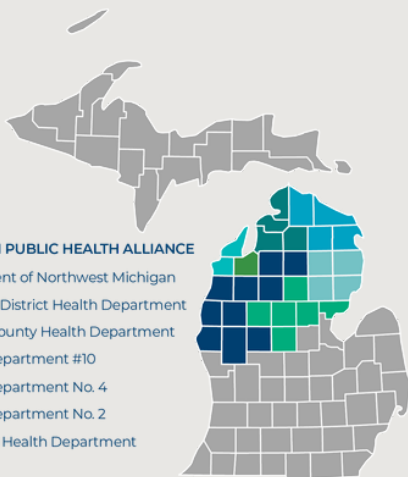
LOCAL PUBLIC HEALTH

Helping You Meet Local Needs



NORTHERN MICHIGAN Public Health Alliance

The NMPHA is made up of seven local health departments who work collaboratively to create a healthier Northern Lower Michigan



nmpublichealthalliance.org



1 INCLUDE AN INFLATION ADJUSTMENT OF \$6.5 MILLION FOR ESSENTIAL LOCAL PUBLIC HEALTH SERVICES (ELPHS).

This is not a program expansion, but a maintenance adjustment. It would increase funding from \$75 to \$81.5 million annually.

Through flat or reduced funding for Local Public Health Services, **we lose ground annually on disease prevention.** The maintenance adjustment simply preserves the Legislature's original intent and commitment in real terms.

Every dollar invested in ELPHS saves taxpayer money by supporting:

- Infectious disease and STI prevention
- Food safety
- Drinking water protection
- Sewage regulation
- Immunizations
- Hearing, vision, and oral screenings for children



2 INCREASE FUNDING BY \$7.3 MILLION FOR MDHHS AND LOCAL PUBLIC HEALTH FOR CHILDREN'S SPECIAL HEALTH CARE SERVICES (CSHCS).

Tax dollars at the Local Public Health Department level can no longer cover the funding gaps.

Investing in CSHCS is far less expensive than crisis care, institutionalization, or long-term disability resulting from chronic, complex, and rare conditions not often fully covered by standard insurance, conditions such as:

- Congenital heart disease
- Cystic fibrosis
- Cancer
- Metabolic disorders
- Severe neurological conditions



3 OTHER VITAL WAYS TO SUPPORT LOCAL PUBLIC HEALTH:

- **Sponsor a bill that creates flexible funding for Local Public Health** to allow each Health Department to fund local programs as needed. The current system is inefficient and does not always align with local priorities.
- **Support Rural Health Transformation funding** and its focus on improving the health and wellbeing of constituents in Northern Lower Michigan.

Thank you for supporting the health and wellbeing of your constituents!





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Testimony on SB 771

March 3, 2026

The Michigan Association for Local Public Health (MALPH) is the statewide professional membership association of all 45 city, county, and multi-county district local health departments in Michigan. Founded in 1985, MALPH is led by a board of directors consisting primarily of local health officers, and it represents approximately 2,800 local health department employees, including medical directors, clinical staff, health educators, epidemiologists, finance managers, administrative staff, and local environmental health professionals.

The Michigan Association of Environmental Health Administrators (MALEHA), which is led by its own governing board, serves a membership of directors of environmental health within local health departments. These two associations work together closely to identify and address environmental threats to public health in Michigan.

For those not familiar with onsite wastewater system design, function, evaluation, and regulation, the development of a statewide sanitary code can seem fairly simple and straightforward. In fact, the issues become complicated very quickly and impact a large variety of stakeholders and interests. Negotiations around legislation that balances the needs of homeowners, industry professionals, regulatory agencies, and public health have been going on for decades in Michigan.

MALPH is, and has always been, supportive of a statewide sanitary code. In 2019, MALPH and MALEHA jointly adopted a set of core principles that, from the perspective of local public health, are necessary to ensure that any statewide code is protective of public health and our state's natural resources but can be implemented and managed efficiently and effectively.

Bill sponsors have engaged in numerous individual conversations, as well as small and large group discussions with a broad variety of stakeholders.

Much progress has been made and there is substantial agreement on several key elements.



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State-level database

Currently, our ability to understand the true nature and extent of the problem of failing septic systems is hindered by a lack of usable data. Some systems were installed before septic permits were required, and there is no record of their existence or location. Permit records for systems that have them may be stored only in paper form, or on scanned electronic documents that do not allow a user to query the exact location or other variables like age of the system or proximity to surface waters. A database that can be queried will be essential to identifying systems at risk of failure and documenting results of evaluations. However, manual review and entry of thousands of static files will be required at most, if not all, local health departments and will create tremendous burden on existing local health department resources.

Technical Advisory Committee (TAC)

Creation of a TAC to advise the Department of Environment, Great Lakes, and Energy (EGLE) on various technical matters, such as standards for management of onsite wastewater systems, qualifications for inspectors, guidance around alternative technologies, required elements of inspections, etc. This committee is essential to identifying and making recommendations for the initial implementation of the program and for ongoing assessment of its effectiveness. We do acknowledge and appreciate the sponsors' willingness to expand the composition of the TAC to include local public health representatives and to ensure geographic representation from various parts of the state.

Risk-based evaluations

Considerable progress can be achieved in identifying and addressing the most problematic septic systems in Michigan by focusing on risk and existing point-of-sale requirements.

Examples include:

- older systems with no permit record and/or proximity to environmentally sensitive areas such as critical dunes, high risk erosion areas, floodplains, or surface water
- oldest systems with permit records
- failures visible by surface inspection
- voluntary request by property owner
- change of use or increase in use requests
- voluntary property ownership transfer



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Time-interval evaluation discretion

After the initial risk-based evaluation, an onsite wastewater treatment system must be evaluated once every 10 years. However, local health departments are given the discretion whether to conduct a subsequent evaluation after 10 years, if actions taken during the initial evaluation resulted in the installation of an approved onsite wastewater treatment system or corrective action, remedy, or management steps completed on the existing system. The decision making regarding the necessity of time-interval evaluations is left up to the expertise within the local health department. This approach factors the risks and benefits into the decision-making matrix which provides thoughtful and measured public health action regarding onsite wastewater treatment system evaluations.

Financial assistance for property owners

Senate Bill 771 creates the onsite wastewater treatment system administration fund providing grants or loans to homeowners below 400% of the federal poverty level. However, limited dollars dedicated to the fund in this Bill are also for general implementation, grants to local health departments for the digitation of records, and outreach and education. The latter overlaps with the public education and training fund established under Sec. 12752. The Septic Replacement Loan Program provides low-interest financing to Michigan homeowners for the replacement of failing or near-failing septic systems and connections to municipal sewer systems. The initial investment of \$35 million for this program will need to be expanded as additional failures are discovered and more property owners are faced with the prospect of expensive repairs or replacement of their septic system.

From our perspective, there are still some key elements of SB 771 that warrant further discussion and clarification, including:

Funding

The proposal outlined in SB 771 will require a large commitment of resources from the state. Local health departments are not adequately funded to implement any of the additional requirements in the bills. Creating a searchable database of septic systems in each local health department jurisdiction will be a monumental task that will require additional, dedicated personnel to manually enter data from paper files or scanned documents. Ongoing management of the program will also require additional financial and human resources.



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As written, the evaluation requirements in the bills will warrant additional LHD staff to oversee and implement the requirements which will necessitate considerable ongoing costs statewide. To date, no fiscal analysis has been published to attempt transparency for real costs to wastewater treatment system owners, state agencies, local public health departments, local prosecutors, and other taxpayers connected to public sewer systems.

Community Perception and Resistance

Public perception of the necessity of evaluations will be a key factor in property owner compliance and the overall success of the statewide program. Evaluations are expensive and will be a financial burden to homeowners. Local health department staff will meet resistance when communicating new regulatory requirements.

Enforcement

Local health departments cannot assume full responsibility for identification of failing systems and enforcement of a statewide septic system evaluation system. They have limited ability to impose penalties for non-compliance, and local prosecutors may be unwilling to take action against property owners.

Much has been said about the fact that Michigan is the only state without a statewide sanitary code. While this is mostly true, it should be noted that other state sanitary codes vary greatly in scope. We don't need an all or nothing approach.

The implementation of a state-level database, creation of a TAC, the initiation of risk-based inspections, and the expansion of financial assistance for homeowners would be four huge strides in the right direction toward protecting public health and our state's natural resources.

MALPH recommends that Michigan focus its legislative efforts on the elements where consensus can be achieved, and task the Technical Advisory Committee with continuing discussions and presenting recommendations on those points that require further development and legislative consideration in the future.

ACCOUNTS PAYABLE TOTALS

(March 2026)

BOH meeting

03/02/2026.....	\$115,462.91
03/18/2026.....	\$14,296.98
03/18/2026.....	\$12,517.69

TOTAL	\$142,277.58
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Benzie Leelanau District Health Department

Check/Voucher Register - Check Register

API00888 - FEB MANUAL AP

10100 - Honor Bank Checking

From 2/28/2026 Through 3/2/2026

Effective Date	Document Date	Check Number	Vendor Name	Invoice #	Invoice Description	RU Code	Check Amount	Payment Type
2/28/2026	2/28/2026	M022826FEB001	Cardmember Service	021326SJ	FEB MANUAL AP		837.98	Check
2/28/2026	2/28/2026	M022826FEB002	DTE Energy	02112026DTE	FEB MANUAL AP		247.32	Check
2/28/2026	2/28/2026	M022826FEB003	Cardmember Service	021326DT	FEB MANUAL AP		823.27	Check
2/28/2026	2/28/2026	M022826FEB004	Synchrony Bank/Amazon.com	1JNT-T3HM-TYKR	FEB MANUAL AP		101.54	Check
2/28/2026	2/28/2026	M022826FEB005	Lincoln Financial	02202026LFG	FEB MANUAL AP		4,391.97	Check
2/28/2026	2/28/2026	M022826FEB006	Aflac	104461	FEB MANUAL AP		1,588.28	Check
3/2/2026	3/2/2026	47544	BCN	260380234071	HEALTH CARE		60,436.50	Check
3/2/2026	3/2/2026	47545	Dearborn Life Insurance Company	02132026DB	LIFE INSURANCE		340.00	Check
3/2/2026	3/2/2026	47546	Delta Dental	RIS0006868353	DENTAL INSURANCE		3,866.79	Check
3/2/2026	3/2/2026	47547	Dolly Parton's Imagination Library GTR	02.15.26	DPIL BOOKS FOR FEB 2026		1,224.37	Check
3/2/2026	3/2/2026	47548	Great Lakes CPR, LLC	22393872	CPR SKILLS CERTIFICATION FOR J. GARCIA & T. O'BOYLE		90.00	Check
3/2/2026	3/2/2026	47549	Great Lakes Water Quality Laboratory, Inc.	B25-054	WATER TEST FOR B25-054		35.00	Check
3/2/2026	3/2/2026	47550	Jason Collier	022026JC	REFUND ALT TREATMENT SYSTEM PERMIT FEE/SOLD PROPERTY		1,095.00	Check
3/2/2026	3/2/2026	47551	JenTees	43076	TICK REMOVER CARDS		1,480.00	Check
3/2/2026	3/2/2026	47552	Kelsey Silver	02192026KS	REFUND BECAUSE NEEDED REVIEW FOR REMODEL/NOT MORT. EVAL		9.00	Check
3/2/2026	3/2/2026	47553	Leelanau County	02202026LC	MAINTENANCE COST PER COST SHARING AGREEMENT MARCH 26 LEE EH		2,650.00	Check
3/2/2026	3/2/2026	47554	Leelanau Montessori	202202026LMS	MONTHLY RENT FOR MARCH 2026		6,273.28	Check
3/2/2026	3/2/2026	47555	State of Michigan	791-11405377	STATE OF MI FOOD LICENSE FEES		150.00	Check
3/2/2026	3/2/2026	47556	Pitney Bowes Global Financial Services, LLC	3322055417	METER LEASE FOR 12/30/25-03/29/26 LEELANAU PH		149.73	Check
3/2/2026	3/2/2026	47557	Pitney Bowes Global Financial Services, LLC	3322057348	METER LEASE FOR 12/30/25-3/29/26 BCRC		149.73	Check

Benzie Leelanau District Health Department

Check/Voucher Register - Check Register

API00888 - MISC AP FEB

10100 - Honor Bank Checking

From 2/28/2026 Through 3/2/2026

Effective Date	Document Date	Check Number	Vendor Name	Invoice #	Invoice Description	RU Code	Check Amount	Payment Type
3/2/2026	3/2/2026	47558	Ruth Griner	02232026RG	VISION TRAINING		125.00	Check
3/2/2026	3/2/2026	47559	State of Michigan	02012026SOM	LEAD TESTING FOR ACCT#668331		17.67	Check
3/2/2026	3/2/2026	47560	STATE OF MICHIGAN/DTMB	02162026SOM	ANNUAL MEMBERSHIP FEE FOR MIDEAL		180.00	Check
3/2/2026	3/2/2026	47561	Traverse City Area Public Schools	6404	FLYERS & BUSINESS CARDS		28.67	Check
3/2/2026	3/2/2026		Traverse City Area Public Schools	6447	MARCH EVENTS FLYERS & STORYTELLING FLYERS		52.74	Check
3/2/2026	3/2/2026	ACH022825FEB28	Applied Innovation	3074591	COPIERS/PRINTERS		413.21	Voucher
3/2/2026	3/2/2026	ACH022825FEB29	Courtney Yaple	02252026CY	REIMBURSEMENT FOR PESI TRAINING & MI-AIMH TRAINING		90.00	Voucher
3/2/2026	3/2/2026	ACH022825FEB30	Mark Kuiper	02252026MK	PER DIEM & MILEAGE FOR BOH MEETING		53.05	Voucher
3/2/2026	3/2/2026	ACH022825FEB31	DWD Technology Group	212949	CONSULTING/TRAININ... ON AMENDING BUDGET IN MIP		130.00	Voucher
3/2/2026	3/2/2026	ACH022825FEB32	Hannah Grinage	02252026HG	REIMBURSEMENT OF OUTREACH LOGO MATERIAL & OUTREACH BAGS		498.50	Voucher
3/2/2026	3/2/2026	ACH022825FEB33	NHF Sub Benzie-Leelanau	02202026NHF	LOAN PAYMENT		4,885.00	Voucher
3/2/2026	3/2/2026	ACH022825FEB34	Northern Michigan Health Consortium	1182	2026 MI COUNCIL FOR MATERNAL & CHILD HEALTH DUES		342.86	Voucher
3/2/2026	3/2/2026	ACH022825FEB35	Northern Michigan Janitorial Services	3420	CLEANING SVCS FOR BCRC/FEB		6,820.00	Voucher
3/2/2026	3/2/2026	ACH022825FEB36	Solutions For You, LLC	HA-5H83H6	CLEANING SERVICES FOR FEB/LEELANAU PH		1,200.00	Voucher
3/2/2026	3/2/2026	ACH022825FEB37	SOS Analytical	260009	WATER TESTING FOR EVALS, WELL PERMITS AND DHS INSPECTIONS		2,375.00	Voucher
3/2/2026	3/2/2026	ACH022825FEB38	Maggie Sprattmoran	2410	REFLECTIVE CONSULTATION FOR ECD & MIHP FOR FEB		600.00	Voucher
3/2/2026	3/2/2026	ACH022825FEB39	The Boat Doctors Plowing	2198	PLOWING/SALTING FOR FEB		1,650.00	Voucher

Benzie Leelanau District Health Department

Check/Voucher Register - Check Register

API00888 - MISC AP FEB

10100 - Honor Bank Checking

From 2/28/2026 Through 3/2/2026

<u>Effective Date</u>	<u>Document Date</u>	<u>Check Number</u>	<u>Vendor Name</u>	<u>Invoice #</u>	<u>Invoice Description</u>	<u>RU Code</u>	<u>Check Amount</u>	<u>Payment Type</u>
3/2/2026	3/2/2026	ACH022825FEB40	Wyant Computer Services	35740	ADOBE ACROBAT PRO FOR TEAMS		243.00	Voucher
3/2/2026	3/2/2026	ACH022825FEB41	Wyant Computer Services	35749	COMPUTER MAINTENANCE & SOFTWARE SUBSCRIPTIONS & LICENSING		9,818.45	Voucher
Report Total							<u>115,462.91</u>	

Benzie Leelanau District Health Department

Check/Voucher Register - Check Register

API00890 - FEB MANUAL AP

10100 - Honor Bank Checking

From 2/28/2026 Through 3/18/2026

Effective Date	Document Date	Check Number	Vendor Name	Invoice #	Invoice Description	RU Code	Check Amount	Payment Type
2/28/2026	2/28/2026	M022826MAR001	Synchrony Bank/Amazon.com	1L1M-7QWY-64F4	FEB MANUAL AP		379.99	Check
2/28/2026	2/28/2026	M022826MAR002	Synchrony Bank/Amazon.com	11N1-N3KG-F9DK	FEB MANUAL AP		504.40	Check
2/28/2026	2/28/2026	M022826MAR003	Consumers Energy	02032026CE	FEB MANUAL AP		3,301.11	Check
2/28/2026	2/28/2026	M022826MAR004	Verizon Wireless	6137520436	FEB MANUAL AP		1,193.99	Check
3/18/2026	3/18/2026	47562	Daniel Rose	03022026DR	REIMBURSEMENT FOR WITHDRAWL OF VACANT LAND EVAL		275.00	Check
3/18/2026	3/18/2026	47563	John E. Green Company	219209	PTAC SMELL/CLEAN & TEST UNIT		496.00	Check
3/18/2026	3/18/2026		John E. Green Company	219211	BENZIE OFFICE RECEPTION NOT COOLING		496.00	Check
3/18/2026	3/18/2026	47564	Leelanau Montessori	2025-2026-01	QTR MAINTENANCE BILLING FOR OCT, NOVEMBER & DEC 25		5,122.87	Check
3/18/2026	3/18/2026	47565	Republic Services #239	0239-003951339	GARBAGE SERVICE FOR FEB 26		700.90	Check
3/18/2026	3/18/2026	47566	The Standard	030126TS	VISION INSURANCE		582.92	Check
3/18/2026	3/18/2026	ACH022826MAR01	Autumn Jurek	008	IBCLC HOME VISIT & MILEAGE		268.86	Voucher
3/18/2026	3/18/2026	ACH022826MAR02	Hospital Network Healthcare	104796	MEDICAL WASTE PICKUP		68.58	Voucher
3/18/2026	3/18/2026	ACH022826MAR03	Nugent Hardware	022526NH	REPLACEMENT TOILET HANDLE		9.99	Voucher
3/18/2026	3/18/2026	ACH022826MAR04	RHC Consulting, Theresa Ramsey MBR	736	RURAL DATA GRANT		545.49	Voucher
3/18/2026	3/18/2026	ACH022826MAR05	Valley City Linen	2272026VCL	RUG CLEANING SERVICES FOR FEBRUARY		350.88	Voucher
Report Total							14,296.98	

Benzie Leelanau District Health Department

Check/Voucher Register - Check Register

API00891 - MARCH MANUAL AP

10100 - Honor Bank Checking

From 3/15/2026 Through 3/18/2026

Effective Date	Document Date	Check Number	Vendor Name	Invoice #	Invoice Description	RU Code	Check Amount	Payment Type
3/15/2026	3/15/2026	M031526MAR001	Charter Communicaitons	5311501030126	MARCH MANUAL AP		34.25	Check
3/15/2026	3/15/2026	M031526MAR002	Charter Communicaitons	5281701030126	MARCH MANUAL AP		188.48	Check
3/15/2026	3/15/2026	M031526MAR003	Charter Communicaitons	5311401030126	MARCH MANUAL AP		95.16	Check
3/15/2026	3/15/2026	M031526MAR004	Charter Communicaitons	5281601030126	MARCH MANUAL AP		50.74	Check
3/15/2026	3/15/2026	M031526MAR005	Charter Communicaitons	5280501030126	MARCH MANUAL AP		45.00	Check
3/15/2026	3/15/2026	M031526MAR006	MERS Retirement	00176789-1	MARCH MANUAL AP		3,857.00	Check
3/15/2026	3/15/2026	M031526MAR007	Synchrony Bank/Amazon.com	1F63-9NYL-JGR1	MARCH MANUAL AP		80.84	Check
3/15/2026	3/15/2026	M031526MAR008	Synchrony Bank/Amazon.com	1LY6-YMQV-TJN7	MARCH MANUAL AP		502.60	Check
3/15/2026	3/15/2026	M031526MAR009	Synchrony Bank/Amazon.com	179H-LRHJ-DFFC	MARCH MANUAL AP		67.25	Check
3/18/2026	3/18/2026	47567	Jessie Duperon	030426JD	REIMBURSEMENT/CO... WRONG APPLICATION		105.00	Check
3/18/2026	3/18/2026	47568	Munson Occupational Health & Medicine	00248533-00	DRUG TEST AND PHYSICAL FOR NEW EMPLOYEE		143.00	Check
3/18/2026	3/18/2026	47569	Pitney Bowes Global Financial Services, LLC	3322179132	POSTAGE METER RENTAL 1/1/26-3/31/26 LEELANAU EH		181.68	Check
3/18/2026	3/18/2026	47570	PR Design Build	03032026PR	REIMBURSED AS CHARGED WRONG AMOUNT		155.00	Check
3/18/2026	3/18/2026	47571	Pitney Bowes Bank Inc Reserve Account	03102026RA	POSTAGE FOR THE LEELANAU EH OFFICE		500.00	Check
3/18/2026	3/18/2026	47572	Traverse City Area Public Schools	6501	MOOG EDUCATIONAL POSTCARDS & BUSINESS CARDS		60.68	Check
3/18/2026	3/18/2026	ACH031826MAR01	Health Department of Northwest Michigan	6554	MEDICAL DIRECTOR FOR MARCH 26		5,293.93	Voucher
3/18/2026	3/18/2026	ACH031826MAR02	PROFILE	0092238-IN	SHREDDING SERVICES		557.08	Voucher
3/18/2026	3/18/2026	ACH031826MAR03	Maggie Sprattmoran	2418	REFLECTIVE CONSULTATION FOR MIHP AND ECD		600.00	Voucher
Report Total							12,517.69	

Benzie Leelanau District Health Department

Revenues & Expenditures by Program - BOH Monthly Financials - Unposted Transactions Included In Report

From 10/1/2025 Through 2/28/2026

	Current Period Actual	Total Budget	% of Budget Spent
Revenues			
Fees & Collections			
Sewage Permit Refund	(2,447.00)	0.00	0.00%
Private Pay Clinic Fees	2,153.23	119,000.00	1.80%
Clinic Fees-Private Insurance	78,585.19	179,470.00	43.78%
Well Permit Refund	(1,225.00)	0.00	0.00%
Revenue-Campground Trailer Parks	2,846.00	6,757.00	42.11%
Revenue-Food Licenses	5,034.00	125,000.00	4.02%
Revenue-Sewage Permits	51,004.00	198,000.00	25.75%
Revenue-Well Permits	25,529.00	115,000.00	22.19%
Revenue-Land Evals/Site Surveys	17,862.00	55,000.00	32.47%
Revenue-Mortgage Evaluation	59,077.00	215,000.00	27.47%
Radon Testing	120.00	100.00	120.00%
Land Evaluations - Refund	(2,140.00)	0.00	0.00%
Mortgage Eval Refund	(327.00)	0.00	0.00%
Total Fees & Collections	236,071.42	1,013,327.00	23.30%
Medicaid/Medicare Revenue			
Medicaid Clinic Fees	61,032.46	176,793.00	34.52%
Clinic Fees - Medicare	174,079.14	385,683.00	45.13%
Managed Health Care Plan	66,525.41	126,300.00	52.67%
WIC Blood Lead Tests	129.03	0.00	0.00%
Total Medicaid/Medicare Revenue	301,766.04	688,776.00	43.81%
Cost Based Reimbursement			
Cost Based Reimbursement	59,589.00	256,734.00	23.21%
Total Cost Based Reimbursement	59,589.00	256,734.00	23.21%
Federal Financial Participation			
Federal Financial Participation	62,704.25	158,667.00	39.51%
Total Federal Financial Participation	62,704.25	158,667.00	39.52%
State Funding (MDHHS-CPBC)			
Prior Year-State Funding	56,412.02	0.00	0.00%

Benzie Leelanau District Health Department

Revenues & Expenditures by Program - BOH Monthly Financials - Unposted Transactions Included In Report

From 10/1/2025 Through 2/28/2026

	Current Period Actual	Total Budget	% of Budget Spent
MDHHS - CPBC Categorical Grant	513,881.00	1,455,165.00	35.31%
Total State Funding (MDHHS-CPBC)	570,293.02	1,455,165.00	39.19%
ESLPHS - DEQ & MDHHS			
ELPHS Funding	339,861.00	594,649.00	57.15%
Total ESLPHS - DEQ & MDHHS	339,861.00	594,649.00	57.15%
DEQ Type II Grant			
MDEQ Type II Grant	75,845.40	173,798.00	43.63%
Total DEQ Type II Grant	75,845.40	173,798.00	43.64%
Other State Fees/Funding			
MDHHS Lic Facilities	1,015.00	3,958.00	25.64%
Swimming Pools	2,315.00	6,582.00	35.17%
Septage Licensing	0.00	5,703.00	0.00%
Other State Funding	97,446.00	255,585.00	38.12%
VFC Vaccine Received	9,871.50	35,000.00	28.20%
Non-CPBC Funding/Grants	988.74	12,000.00	8.23%
Total Other State Fees/Funding	111,636.24	318,828.00	35.01%
Local Grants			
Other Local Grants	59,903.63	373,339.00	16.04%
Northern Michigan Health Consortium	73,820.62	0.00	0.00%
Michigan Center for Rural Health	54,941.33	50,176.00	109.49%
31o School Funds	142,547.69	0.00	0.00%
Michigan Health Endowment Foundation	153,020.88	105,871.00	144.53%
Leelanau Early Childhood Healthy Futures Grant	407,539.39	801,162.00	50.86%
	12,868.79	10,384.00	123.92%
Total Local Grants	904,642.33	1,340,932.00	67.46%
Reimbursement Funds/Charge for Service			
Food Courses	1,708.00	7,500.00	22.77%
Reimbursed Revenues	67,284.05	2,631.00	2,557.35%
Total Reimbursement Funds/Charge for Service	68,992.05	10,131.00	681.00%
Rents Collected			
Rents Collected	103,161.60	261,192.00	39.49%
Total Rents Collected	103,161.60	261,192.00	39.50%
Interest			

Benzie Leelanau District Health Department

Revenues & Expenditures by Program - BOH Monthly Financials - Unposted Transactions Included In Report

From 10/1/2025 Through 2/28/2026

	Current Period Actual	Total Budget	% of Budget Spent
Interest	20,187.98	72,000.00	28.03%
Total Interest	20,187.98	72,000.00	28.04%
Local Funds			
Local Funds Distributive	256,785.00	996,629.00	25.76%
Local In-Kind	0.00	140,000.00	0.00%
Total Local Funds	256,785.00	1,136,629.00	22.59%
Total Revenues	3,111,535.33	7,480,828.00	41.59%
Expenditures			
Salaries & Wages			
Salaries	1,563,300.20	3,875,456.00	40.33%
Insurance Payout Earnings	22,494.82	0.00	0.00%
Total Salaries & Wages	1,585,795.02	3,875,456.00	40.92%
Fringe Benefits			
FICA	114,786.33	286,292.00	40.09%
Medical Insurance	226,012.22	679,251.00	33.27%
Employer-HSA	39,670.15	0.00	0.00%
Life Insurance	2,025.64	5,583.00	36.28%
Unemployment Compensation	10,573.77	12,585.00	84.01%
Retirement	174,874.27	391,868.00	44.62%
Workers Compensation	9,003.00	15,739.00	57.20%
Physicals	186.00	200.00	93.00%
Dental Insurance	20,096.09	58,771.00	34.19%
Disability Insurance	15,139.47	40,725.00	37.17%
Vision Insurance	2,875.19	7,396.00	38.87%
Total Fringe Benefits	615,242.13	1,498,410.00	41.06%
Agency Operating Expenses			
Advertising	0.00	2,200.00	0.00%
Membership & Dues	6,405.86	6,294.00	101.77%
Grant Expenses	44.16	0.00	0.00%
Total Agency Operating Expenses	6,450.02	8,494.00	75.94%
Supplies & Materials			
Printing	3,018.24	7,832.00	38.53%
Postage	583.16	8,352.00	6.98%
Office Supplies	1,973.32	9,107.00	21.66%
Janitorial Supplies	1,458.33	5,787.00	25.20%
Water Tests	18,314.62	44,200.00	41.43%
Food License Fees	831.00	9,000.00	9.23%

Benzie Leelanau District Health Department

Revenues & Expenditures by Program - BOH Monthly Financials - Unposted Transactions Included In Report

From 10/1/2025 Through 2/28/2026

	Current Period Actual	Total Budget	% of Budget Spent
Temporary Campground Fees	510.00	700.00	72.85%
Program Supplies	12,445.94	104,318.00	11.93%
Other Supplies	4,986.85	17,400.00	28.66%
Fuel Purchases	48.90	1,400.00	3.49%
Clinic Supplies	113,738.89	514,901.00	22.08%
VFC Vaccine Received	9,871.50	35,000.00	28.20%
Total Supplies & Materials	<u>167,780.75</u>	<u>757,997.00</u>	<u>22.13%</u>
Technology Services/Subscriptions			
Computer Maintenance	38,500.00	92,100.00	41.80%
Subscriptions	10,920.96	500.00	2,184.19%
Annual Computer Subscriptions/Licensing	30,216.56	128,468.00	23.52%
Total Technology Services/Subscriptions	<u>79,637.52</u>	<u>221,068.00</u>	<u>36.02%</u>
Equipment Rental/Maintenance			
Equipment Maintenance & Repairs	660.52	0.00	0.00%
Equipment	10,808.00	11,000.00	98.25%
Vehicle Maintenance and Repairs	4.00	0.00	0.00%
Equipment Rental	780.60	3,900.00	20.01%
Total Equipment Rental/Maintenance	<u>12,253.12</u>	<u>14,900.00</u>	<u>82.24%</u>
Medical Operating Expenses			
Medical Waste Disposal	399.48	500.00	79.89%
Health Services	17.67	0.00	0.00%
Total Medical Operating Expenses	<u>417.15</u>	<u>500.00</u>	<u>83.43%</u>
General Liability Insurance			
Insurance	19,170.85	50,000.00	38.34%
Total General Liability Insurance	<u>19,170.85</u>	<u>50,000.00</u>	<u>38.34%</u>
Consultant Services			
Consultant Services-Audit	7,700.00	8,000.00	96.25%
Consultant Services-Legal	0.00	6,775.00	0.00%
Other Consultant Services	1,090.98	2,500.00	43.63%
Total Consultant Services	<u>8,790.98</u>	<u>17,275.00</u>	<u>50.89%</u>
Contractual Services			

Benzie Leelanau District Health Department

Revenues & Expenditures by Program - BOH Monthly Financials - Unposted Transactions Included In Report

From 10/1/2025 Through 2/28/2026

	Current Period Actual	Total Budget	% of Budget Spent
Medical Director	26,202.95	72,000.00	36.39%
Per Diem	200.00	0.00	0.00%
Other Contractual	7,062.51	208,595.00	3.38%
Website Maintenance	0.00	1,000.00	0.00%
Total Contractual Services	<u>33,465.46</u>	<u>281,595.00</u>	<u>11.88%</u>
Communications			
Telephone	3,854.15	10,344.00	37.25%
Cell Phone	7,828.63	26,700.00	29.32%
Data Line	5,709.72	19,977.00	28.58%
Total Communications	<u>17,392.50</u>	<u>57,021.00</u>	<u>30.50%</u>
Travel & Training			
Mileage	49,718.96	144,110.00	34.50%
Meals/Lodging	2,941.77	14,434.00	20.38%
Training & Education	3,413.00	35,250.00	9.68%
Total Travel & Training	<u>56,073.73</u>	<u>193,794.00</u>	<u>28.93%</u>
Space Costs			
Space-Electric	16,661.41	45,000.00	37.02%
Space-Gas	813.28	2,500.00	32.53%
Janitorial Services	45,830.51	101,100.00	45.33%
Snow Removal	11,560.00	12,000.00	96.33%
Loan Payments	24,425.00	61,000.00	40.04%
Space-Distributed Costs	13,250.00	117,614.00	11.26%
Space-Grounds & Building Maintenance	23,147.91	67,000.00	34.54%
BLDHD Rent	52,875.20	76,032.00	69.54%
Total Space Costs	<u>188,563.31</u>	<u>482,246.00</u>	<u>39.10%</u>
Building Costs			
Capital Outlay Local	0.00	13,794.00	0.00%
Total Building Costs	<u>0.00</u>	<u>13,794.00</u>	<u>0.00%</u>
Distributed Costs - Administrative			
Administration O/H	0.00	(1.00)	0.00%
Total Distributed Costs - Administrative	<u>0.00</u>	<u>(1.00)</u>	<u>0.00%</u>
Distributive Costs - PH Program & Support			
PH Administration	0.00	17,050.00	0.00%
EH Administration	0.00	3.00	0.00%
Total Distributive Costs - PH Program & Support	<u>0.00</u>	<u>17,053.00</u>	<u>0.00%</u>
Total Expenditures	<u>2,791,032.54</u>	<u>7,489,602.00</u>	<u>37.27%</u>

Benzie Leelanau District Health Department

Revenues & Expenditures by Program - BOH Monthly Financials - Unposted Transactions Included In Report

From 10/1/2025 Through 2/28/2026

	Current Period Actual	Total Budget	% of Budget Spent
Net Revenues/(Expenditures)	<u>320,502.79</u>	<u>(8,774.00)</u>	<u>(3,652.86)%</u>

Benzie Leelanau District Health Department

Revenues & Expenditures by Program - BOH Monthly Financials - Unposted Transactions Included In Report

200 - Environmental Health Division

From 10/1/2025 Through 2/28/2026

	Current Period Actual	Total Budget	% of Budget Spent
Revenues			
Fees & Collections			
Sewage Permit Refund	(2,447.00)	0.00	0.00%
Well Permit Refund	(1,225.00)	0.00	0.00%
Revenue-Campground Trailer Parks	2,846.00	6,757.00	42.11%
Revenue-Food Licenses	5,034.00	125,000.00	4.02%
Revenue-Sewage Permits	51,004.00	198,000.00	25.75%
Revenue-Well Permits	25,529.00	115,000.00	22.19%
Revenue-Land Evals/Site Surveys	17,862.00	55,000.00	32.47%
Revenue-Mortgage Evaluation	59,077.00	215,000.00	27.47%
Radon Testing	120.00	100.00	120.00%
Land Evaluations - Refund	(2,140.00)	0.00	0.00%
Mortgage Eval Refund	(327.00)	0.00	0.00%
Total Fees & Collections	155,333.00	714,857.00	21.73%
State Funding (MDHHS-CPBC)			
Prior Year-State Funding	49,439.05	0.00	0.00%
Total State Funding (MDHHS-CPBC)	49,439.05	0.00	0.00%
ESLPHS - DEQ & MDHHS			
ELPHS Funding	232,516.00	558,042.00	41.66%
Total ESLPHS - DEQ & MDHHS	232,516.00	558,042.00	41.67%
DEQ Type II Grant			
MDEQ Type II Grant	75,845.40	173,798.00	43.63%
Total DEQ Type II Grant	75,845.40	173,798.00	43.64%
Other State Fees/Funding			
MDHHS Lic Facilities	1,015.00	3,958.00	25.64%
Swimming Pools	2,315.00	6,582.00	35.17%
Septage Licensing	0.00	5,703.00	0.00%
Other State Funding	97,446.00	97,446.00	100.00%
Total Other State Fees/Funding	100,776.00	113,689.00	88.64%
Reimbursement Funds/Charge for Service			
Food Courses	1,708.00	7,500.00	22.77%
Reimbursed Revenues	163.58	0.00	0.00%

Benzie Leelanau District Health Department

Revenues & Expenditures by Program - BOH Monthly Financials - Unposted Transactions Included In Report

200 - Environmental Health Division

From 10/1/2025 Through 2/28/2026

	Current Period Actual	Total Budget	% of Budget Spent
Total Reimbursement Funds/Charge for Service	1,871.58	7,500.00	24.95%
Local Funds			
Local Funds Distributive	33,945.00	304,328.00	11.15%
Total Local Funds	33,945.00	304,328.00	11.15%
Total Revenues	649,726.03	1,872,214.00	34.70%
Expenditures			
Salaries & Wages			
Salaries	410,515.20	1,012,478.00	40.54%
Insurance Payout Earnings	5,877.68	0.00	0.00%
Total Salaries & Wages	416,392.88	1,012,478.00	41.13%
Fringe Benefits			
FICA	30,539.01	74,918.00	40.76%
Medical Insurance	58,443.55	175,187.00	33.36%
Employer-HSA	8,642.65	0.00	0.00%
Life Insurance	509.73	1,461.00	34.88%
Unemployment Compensation	2,860.98	3,294.00	86.85%
Retirement	45,679.04	102,545.00	44.54%
Workers Compensation	2,344.94	4,163.00	56.32%
Physicals	43.00	0.00	0.00%
Dental Insurance	4,927.96	15,381.00	32.03%
Disability Insurance	4,101.54	10,656.00	38.49%
Vision Insurance	720.53	1,936.00	37.21%
Total Fringe Benefits	158,812.93	389,541.00	40.77%
Agency Operating Expenses			
Membership & Dues	30.00	30.00	100.00%
Total Agency Operating Expenses	30.00	30.00	100.00%
Supplies & Materials			
Printing	261.66	400.00	65.41%
Postage	108.40	1,910.00	5.67%
Office Supplies	338.81	3,387.00	10.00%
Water Tests	17,000.00	41,700.00	40.76%
Food License Fees	831.00	9,000.00	9.23%
Temporary Campground Fees	510.00	700.00	72.85%
Program Supplies	600.54	9,400.00	6.38%
Other Supplies	376.60	5,800.00	6.49%

Benzie Leelanau District Health Department

Revenues & Expenditures by Program - BOH Monthly Financials - Unposted Transactions Included In Report

200 - Environmental Health Division

From 10/1/2025 Through 2/28/2026

	Current Period Actual	Total Budget	% of Budget Spent
Fuel Purchases	48.90	1,200.00	4.07%
Total Supplies & Materials	20,075.91	73,497.00	27.32%
Technology Services/Subscriptions			
Computer Maintenance	5,439.35	24,800.00	21.93%
Annual Computer Subscriptions/Licensing	11,794.29	43,200.00	27.30%
Total Technology Services/Subscriptions	17,233.64	68,000.00	25.34%
Equipment Rental/Maintenance			
Equipment Rental	181.68	0.00	0.00%
Total Equipment Rental/Maintenance	181.68	0.00	0.00%
Consultant Services			
Consultant Services-Legal	0.00	1,775.00	0.00%
Total Consultant Services	0.00	1,775.00	0.00%
Contractual Services			
Medical Director	7,860.90	18,500.00	42.49%
Total Contractual Services	7,860.90	18,500.00	42.49%
Communications			
Telephone	868.58	2,493.00	34.84%
Cell Phone	1,000.00	4,320.00	23.14%
Data Line	1,846.43	5,098.00	36.21%
Total Communications	3,715.01	11,911.00	31.19%
Travel & Training			
Mileage	24,781.32	70,505.00	35.14%
Meals/Lodging	276.06	0.00	0.00%
Training & Education	225.00	0.00	0.00%
Total Travel & Training	25,282.38	70,505.00	35.86%
Space Costs			
Space-Distributed Costs	27,457.83	82,973.00	33.09%
Total Space Costs	27,457.83	82,973.00	33.09%
Distributed Costs - Administrative			
Administration O/H	47,298.82	143,004.00	33.07%
Total Distributed Costs - Administrative	47,298.82	143,004.00	33.08%
Distributive Costs - PH Program & Support			
EH Administration	0.00	3.00	0.00%

Benzie Leelanau District Health Department

Revenues & Expenditures by Program - BOH Monthly Financials - Unposted Transactions Included In Report

200 - Environmental Health Division

From 10/1/2025 Through 2/28/2026

	Current Period Actual	Total Budget	% of Budget Spent
Total Distributive Costs - PH Program & Support	<u>0.00</u>	<u>3.00</u>	<u>0.00%</u>
Total Expenditures	<u>724,341.98</u>	<u>1,872,217.00</u>	<u>38.69%</u>
Net Revenues/(Expenditures)	<u>(74,615.95)</u>	<u>(3.00)</u>	<u>2,487,198.24%</u>

Benzie Leelanau District Health Department

Revenues & Expenditures by Program - BOH Monthly Financials - Unposted Transactions Included In Report

910 - Personal Health Division

From 10/1/2025 Through 2/28/2026

	Current Period Actual	Total Budget	% of Budget Spent
Revenues			
Fees & Collections			
Private Pay Clinic Fees	2,153.23	119,000.00	1.80%
Clinic Fees-Private Insurance	78,585.19	179,470.00	43.78%
Total Fees & Collections	80,738.42	298,470.00	27.05%
Medicaid/Medicare Revenue			
Medicaid Clinic Fees	61,032.46	176,793.00	34.52%
Clinic Fees - Medicare	174,079.14	385,683.00	45.13%
Managed Health Care Plan	66,525.41	126,300.00	52.67%
WIC Blood Lead Tests	129.03	0.00	0.00%
Total Medicaid/Medicare Revenue	301,766.04	688,776.00	43.81%
Cost Based Reimbursement			
Cost Based Reimbursement	59,589.00	256,734.00	23.21%
Total Cost Based Reimbursement	59,589.00	256,734.00	23.21%
Federal Financial Participation			
Federal Financial Participation	62,704.25	158,667.00	39.51%
Total Federal Financial Participation	62,704.25	158,667.00	39.52%
State Funding (MDHHS-CPBC)			
Prior Year-State Funding	6,972.97	0.00	0.00%
MDHHS - CPBC Categorical Grant	513,881.00	1,455,165.00	35.31%
Total State Funding (MDHHS-CPBC)	520,853.97	1,455,165.00	35.79%
ESLPHS - DEQ & MDHHS			
ELPHS Funding	107,345.00	36,607.00	293.23%
Total ESLPHS - DEQ & MDHHS	107,345.00	36,607.00	293.24%
Other State Fees/Funding			
Other State Funding	0.00	158,139.00	0.00%
VFC Vaccine Received	9,871.50	35,000.00	28.20%
Non-CPBC Funding/Grants	988.74	12,000.00	8.23%

Benzie Leelanau District Health Department

Revenues & Expenditures by Program - BOH Monthly Financials - Unposted Transactions Included In Report

910 - Personal Health Division

From 10/1/2025 Through 2/28/2026

	Current Period Actual	Total Budget	% of Budget Spent
Total Other State Fees/Funding	10,860.24	205,139.00	5.29%
Local Grants			
Other Local Grants	59,903.63	373,339.00	16.04%
Northern Michigan Health Consortium	73,820.62	0.00	0.00%
Michigan Center for Rural Health	54,941.33	50,176.00	109.49%
31o School Funds	142,547.69	0.00	0.00%
Michigan Health Endowment Foundation	153,020.88	105,871.00	144.53%
Leelanau Early Childhood Healthy Futures Grant	407,539.39	801,162.00	50.86%
	12,868.79	10,384.00	123.92%
Total Local Grants	904,642.33	1,340,932.00	67.46%
Reimbursement Funds/Charge for Service			
Reimbursed Revenues	50,809.57	0.00	0.00%
Total Reimbursement Funds/Charge for Service	50,809.57	0.00	0.00%
Local Funds			
Local Funds Distributive	222,840.00	692,301.00	32.18%
Local In-Kind	0.00	140,000.00	0.00%
Total Local Funds	222,840.00	832,301.00	26.77%
Total Revenues	2,322,148.82	5,272,791.00	44.04%
Expenditures			
Salaries & Wages			
Salaries	1,053,580.42	2,508,006.00	42.00%
Insurance Payout Earnings	14,960.83	0.00	0.00%
Total Salaries & Wages	1,068,541.25	2,508,006.00	42.61%
Fringe Benefits			
FICA	77,077.68	185,174.00	41.62%
Medical Insurance	155,664.10	496,897.00	31.32%
Employer-HSA	28,879.80	0.00	0.00%
Life Insurance	1,381.50	3,611.00	38.25%
Unemployment Compensation	7,053.28	8,139.00	86.66%
Retirement	118,081.42	253,457.00	46.58%
Workers Compensation	6,113.27	10,120.00	60.40%
Physicals	143.00	0.00	0.00%

Benzie Leelanau District Health Department

Revenues & Expenditures by Program - BOH Monthly Financials - Unposted Transactions Included In Report

910 - Personal Health Division

From 10/1/2025 Through 2/28/2026

	Current Period Actual	Total Budget	% of Budget Spent
Dental Insurance	13,837.18	38,012.00	36.40%
Disability Insurance	10,066.37	26,342.00	38.21%
Vision Insurance	1,969.90	4,783.00	41.18%
Total Fringe Benefits	<u>420,267.50</u>	<u>1,026,535.00</u>	<u>40.94%</u>
Agency Operating Expenses			
Advertising	0.00	700.00	0.00%
Membership & Dues	2,356.86	1,264.00	186.46%
Grant Expenses	44.16	0.00	0.00%
Total Agency Operating Expenses	<u>2,401.02</u>	<u>1,964.00</u>	<u>122.25%</u>
Supplies & Materials			
Printing	1,088.68	3,932.00	27.68%
Postage	269.97	3,442.00	7.84%
Office Supplies	874.23	1,550.00	56.40%
Program Supplies	11,845.40	85,918.00	13.78%
Other Supplies	1,036.01	3,700.00	28.00%
Clinic Supplies	113,738.89	514,901.00	22.08%
VFC Vaccine Received	9,871.50	35,000.00	28.20%
Total Supplies & Materials	<u>138,724.68</u>	<u>648,443.00</u>	<u>21.39%</u>
Technology Services/Subscriptions			
Computer Maintenance	16,318.02	59,500.00	27.42%
Subscriptions	10,556.46	0.00	0.00%
Annual Computer Subscriptions/Licensing	12,382.82	68,380.00	18.10%
Total Technology Services/Subscriptions	<u>39,257.30</u>	<u>127,880.00</u>	<u>30.70%</u>
Equipment Rental/Maintenance			
Vehicle Maintenance and Repairs	4.00	0.00	0.00%
Total Equipment Rental/Maintenance	<u>4.00</u>	<u>0.00</u>	<u>0.00%</u>
Medical Operating Expenses			
Medical Waste Disposal	399.48	500.00	79.89%
Health Services	17.67	0.00	0.00%
Total Medical Operating Expenses	<u>417.15</u>	<u>500.00</u>	<u>83.43%</u>
Consultant Services			
Other Consultant Services	18.84	0.00	0.00%

Benzie Leelanau District Health Department

Revenues & Expenditures by Program - BOH Monthly Financials - Unposted Transactions Included In Report

910 - Personal Health Division

From 10/1/2025 Through 2/28/2026

	Current Period Actual	Total Budget	% of Budget Spent
Total Consultant Services	18.84	0.00	0.00%
Contractual Services			
Medical Director	18,342.05	53,500.00	34.28%
Other Contractual	7,062.51	208,595.00	3.38%
Total Contractual Services	25,404.56	262,095.00	9.69%
Communications			
Telephone	2,538.51	5,997.00	42.32%
Cell Phone	6,828.63	22,380.00	30.51%
Data Line	3,628.66	13,287.00	27.30%
Total Communications	12,995.80	41,664.00	31.19%
Travel & Training			
Mileage	23,207.50	68,500.00	33.87%
Meals/Lodging	2,065.41	13,684.00	15.09%
Training & Education	2,959.00	35,250.00	8.39%
Total Travel & Training	28,231.91	117,434.00	24.04%
Space Costs			
Space-Distributed Costs	69,680.63	176,401.00	39.50%
BLDHD Rent	600.00	0.00	0.00%
Total Space Costs	70,280.63	176,401.00	39.84%
Distributed Costs - Administrative			
Administration O/H	120,485.44	355,719.00	33.87%
Total Distributed Costs - Administrative	120,485.44	355,719.00	33.87%
Distributive Costs - PH Program & Support			
PH Administration	0.00	17,050.00	0.00%
Total Distributive Costs - PH Program & Support	0.00	17,050.00	0.00%
Total Expenditures	1,927,030.08	5,283,691.00	36.47%
Net Revenues/(Expenditures)	395,118.74	(10,900.00)	(3,624.94)%

Benzie Leelanau District Health Department

Revenues & Expenditures by Program - BOH Monthly Financials - Unposted Transactions Included In Report

995 - Resource Centers

From 10/1/2025 Through 2/28/2026

	Current Period Actual	Total Budget	% of Budget Spent
Revenues			
Reimbursement			
Funds/Charge for Service			
Reimbursed Revenues	2,389.90	2,131.00	112.14%
Total Reimbursement	2,389.90	2,131.00	112.15%
Funds/Charge for Service			
Rents Collected			
Rents Collected	103,161.60	261,192.00	39.49%
Total Rents Collected	103,161.60	261,192.00	39.50%
Total Revenues	105,551.50	263,323.00	40.08%
Expenditures			
Salaries & Wages			
Salaries	3,233.29	11,259.00	28.71%
Insurance Payout	73.00	0.00	0.00%
Earnings			
Total Salaries & Wages	3,306.29	11,259.00	29.37%
Fringe Benefits			
FICA	241.53	767.00	31.49%
Medical Insurance	274.76	562.00	48.88%
Employer-HSA	47.29	0.00	0.00%
Life Insurance	3.41	15.00	22.73%
Unemployment	21.43	34.00	63.02%
Compensation			
Retirement	339.28	1,055.00	32.15%
Workers Compensation	17.46	43.00	40.60%
Dental Insurance	42.20	157.00	26.87%
Disability Insurance	28.10	109.00	25.77%
Vision Insurance	5.67	20.00	28.35%
Total Fringe Benefits	1,021.13	2,762.00	36.97%
Supplies & Materials			
Office Supplies	27.67	100.00	27.67%
Janitorial Supplies	1,458.33	5,787.00	25.20%
Water Tests	1,314.62	2,500.00	52.58%
Other Supplies	320.97	4,900.00	6.55%
Total Supplies & Materials	3,121.59	13,287.00	23.49%
Technology			
Services/Subscriptions			
Computer Maintenance	0.00	800.00	0.00%
Annual Computer	144.00	900.00	16.00%
Subscriptions/Licensing			

Benzie Leelanau District Health Department

Revenues & Expenditures by Program - BOH Monthly Financials - Unposted Transactions Included In Report

995 - Resource Centers

From 10/1/2025 Through 2/28/2026

	Current Period Actual	Total Budget	% of Budget Spent
Total Technology Services/Subscriptions	144.00	1,700.00	8.47%
Equipment Rental/Maintenance			
Equipment Maintenance & Repairs	660.52	0.00	0.00%
Equipment	10,808.00	11,000.00	98.25%
Total Equipment Rental/Maintenance	11,468.52	11,000.00	104.26%
General Liability Insurance			
Insurance	1,917.10	5,000.00	38.34%
Total General Liability Insurance	1,917.10	5,000.00	38.34%
Consultant Services			
Other Consultant Services	81.88	0.00	0.00%
Total Consultant Services	81.88	0.00	0.00%
Communications			
Telephone	246.55	1,102.00	22.37%
Data Line	4.12	53.00	7.77%
Total Communications	250.67	1,155.00	21.70%
Travel & Training			
Mileage	10.05	105.00	9.57%
Total Travel & Training	10.05	105.00	9.57%
Space Costs			
Space-Electric	16,661.41	45,000.00	37.02%
Space-Gas	813.28	2,500.00	32.53%
Janitorial Services	45,830.51	101,100.00	45.33%
Snow Removal	11,560.00	12,000.00	96.33%
Loan Payments	24,425.00	61,000.00	40.04%
Space-Distributed Costs	(90,836.47)	(162,086.00)	56.04%
Space-Grounds & Building Maintenance	23,147.91	67,000.00	34.54%
BLDHD Rent	52,275.20	76,032.00	68.75%
Total Space Costs	83,876.84	202,546.00	41.41%
Building Costs			
Capital Outlay Local	0.00	13,794.00	0.00%
Total Building Costs	0.00	13,794.00	0.00%
Distributed Costs - Administrative			
Administration O/H	353.43	1,466.00	24.10%

Benzie Leelanau District Health Department

Revenues & Expenditures by Program - BOH Monthly Financials - Unposted Transactions Included In Report

995 - Resource Centers

From 10/1/2025 Through 2/28/2026

	Current Period Actual	Total Budget	% of Budget Spent
Total Distributed Costs - Administrative	<u>353.43</u>	<u>1,466.00</u>	<u>24.11%</u>
Total Expenditures	<u>105,551.50</u>	<u>264,074.00</u>	<u>39.97%</u>
Net Revenues/(Expenditures)	<u>0.00</u>	<u>(751.00)</u>	<u>0.00%</u>

**Benzie Leelanau District Health Department
Accounts Receivable and Prepaid Expenses
as of February 28, 2026**

Due from Michigan Department of Environmental Quality:

Type II	<u><u>\$252,205</u></u>
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Due from State of Michigan:

2024 Cost Based Reimbursement	93160
2025 Cost Based Reimbursement	(59589)
2023 Federal Finance Participation	4435
2024 Federal Finance Participation	50,832
2025 Federal Finance Participation	(189,158)
2026 Federal Finance Participation	<u>62,704</u>
Total	<u><u>(37,615)</u></u>

Due from Michigan Department of Community Health:

CPBC	<u><u>(1,072)</u></u>
------	-----------------------

Due from Other Units of Government:

Regional Grants	100,914
	<u><u>100,914</u></u>

Rents Due - Benzie Building:

Catholic Human Services	0
NMHSI	0.00
Centra Wellness Network	0
Auditor Adjustment to Lease Receivable	<u>12,464</u>
Total	<u><u>12,464</u></u>

Prepaid Expenses:

Prepaid Insurances	<u><u>37,358</u></u>
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CPBC Pullbacks	\$104,120
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**Benzie-Leelanau District Health Department
Statement of Assets and Liabilities
as of February 28, 2026**

ASSETS:

Cash - Checking and Savings	2,111,245
Imprest Cash	565
A/R - PH Revenue	0
Appropriations Due - Benzie	111,794
Appropriations Due - Leelanau	144,991
Due from DEQ	252,205
Due from State of Michigan	(37,615)
Due from MDCH	(1,072)
Due from Other Government Units	(100,914)
Rents Due - Benzie	12,464
Prepaid Expenses	332,157
Total Assets	2,825,821

LIABILITIES AND FUND BALANCE:

Accounts Payable	475,929
Accrued Wages	549,442
Deferred Family Planning Revenues	
Deferred Medicaid Revenues	0
Other Deferred Revenues	(111,978)
Fund Balance:	
Unassigned	1,238,763
Assigned	306,342
Non-Spendable	46,821
Committed	
Restricted	
Medicaid Payment Holding	
Current Year	320,503
Total Liabilities and Fund Balance	2,825,821

(0)



Benzie County Office
6051 Frankfort Hwy, Ste 100
Benzonia, MI 49616
Phone: 231-882-4409
Fax: 231-882-0143

**Leelanau County
Personal Health Office**
7401 E. Duck Lake Rd
Lake Leelanau, MI 49653
Phone: 231-256-0200

**Leelanau County
Environmental Health Office**
8527 E. Government Center Dr.
Suite LL-007
Suttons Bay, MI 49682
Phone: 231-256-0201

www.bldhd.org

Summary of Requested Changes to Employee Handbook (Personnel Policies)

- Removed the statement that the Department Director will review an applicant's driving record. ([Section III: Hiring Standards and Practices, F. Driver's License Check](#))
- Updated (e) that previously stated "no texting while driving" to reflect current Michigan law that prohibits holding or manually using a cell phone while driving. ([Section IV. Conditions of Employment, J. Personal Calls and Cell Phone Use](#))
- Political messages and displays in work areas are prohibited. Behavior that could be perceived as pressuring others to accept or reject particular political views is prohibited. ([Section IV: Conditions of Employment, G. Conflicts of Interest, 3. Political Activity](#))
- Religious views and opinions are not shared in public or shared workspaces. ([Section IV: Conditions of Employment, G. Conflicts of Interest, 4. Religious Activity](#))
- Removed the statement that the Board of Health will meet with employee representatives. ([Section V: Employee Classification and Compensation, B. Employee Classifications, 9. Compensation Schedule](#))
- Clarified that exempt staff can have salary reduced for an occasional absence of more than 2 hours. While exempt staff are encouraged to use PTO when necessary, the occasional personal appointment of less than 2 hours does not require the use of PTO. ([Section VI: Hours of Work, Overtime and Pay Day, E. Safe Harbor Policy for Exempt Employees](#))
- Full day instead of half day Good Friday holiday. ([Section VII: Paid Time Off, A. Holidays](#))
- Employees who work from .50 to .79 are eligible for one floating holiday. ([Section VII: Paid Time Off, A. Holidays](#))
- Jury duty. ([Section VIII: Leaves of Absence, C. Other Leaves of Absence, 3. Jury Duty](#))
 - Don't need to sign over payment

- Only need to return to work if let out of jury duty before noon
- Bereavement leave changed to tiered system. ([Section VIII: Leaves of Absence, C. Other Leaves of Absence, 6. Bereavement Leave](#))
 - 5 days for immediate family (spouse/significant other, parent, child)
 - 3 days for close family (in-laws, brother, sister, grandparents)
 - 1 day for extended family (aunt, uncle, cousin)
- Storms and other Emergencies. ([Section VIII: Leaves of Absence, C. Other Leaves of Absence, 9. Storms or Other Emergencies](#))
 - Defined rules regarding office closures due to severe weather or other emergencies
- Added language that prohibits transporting non-employees while on duty in personal or agency-owned vehicles. ([Section IX: Transportation and Other Expenses, A. Operation of Vehicles](#))
- Defined travel reimbursement rules. ([Section IX: Transportation and Other Expenses, B. Travel, 1-4](#))
- Carpooling to meetings/conferences added. ([Section IX: Transportation and Other Expenses, B. Travel, \(5\)](#))
- Meal per diem flat rate and requirement for receipts for auditing purposes. Alcohol with meal is not reimbursed. ([Section IX: Transportation and Other Expenses, H. Meal Allowance](#))
- Considerations regarding layoffs and recalls. ([Section X: Termination, Discipline, and Rules of Conduct, A. Termination, 3. Termination Due to Workforce Reduction](#))
- Added language to Attendance section ([Section X: Termination, Discipline, and Rules of Conduct, B. Discipline and Rules of Conduct, 3. Attendance](#))
 - Absences of 3 days or more without notifications may result in termination
- Updated Benefits section to reflect actual practice and language. No substantive changes are made. ([Section XVI: Employee Benefits](#))



Employee Handbook

Draft

*Version:
3.2026*

Benzie-Leelanau District Health Department

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ACKNOWLEDGMENT OF RECEIPT OF HANDBOOK..... 80

SECTION I: Introduction

This handbook is designed to help employees get acquainted with Benzie-Leelanau District Health Department, hereinafter referred to as “the Health Department”. It describes some of our philosophies and beliefs, and the basic terms and conditions of employment with the Health Department. Employees are expected to read this handbook carefully, and to know and understand its contents.

The Health Department reserves the right to make changes to this handbook. Changes will be disseminated to staff via email and employees are responsible for knowing about and understanding those changes. The Health Department also reserves the right to interpret the provisions of this handbook. For this reason, employees should check with the Director of Administrative Services to obtain information regarding specific employment guidelines, practices, policies, or procedures.

Employees should not interpret anything in this handbook as creating a contract or guarantee of continued employment. In addition, this handbook is not intended to cover all possible situations that may arise in your employment relationship with the Health Department.

Many matters covered by this handbook, such as benefit plan descriptions, are also described in separate Health Department documents. These Health Department documents always any statement made in this handbook or by any member of management.

This handbook is the property of The Health Department, and it is intended for the use and reference by employees of The Health Department.

A. Development Of Policies

Policies concerning personnel practices affecting all employees within the Benzie-Leelanau District Health Department (hereinafter referred to as “Health Department”), are developed by Health Department Administration with input from an Employee Committee. The Employee Committee is composed of at least one representative from each category of personnel employed by the Health Department. At least once a year, and at other times when necessary, such policies shall be subject to review by this Committee. Such revisions are prepared by Administration and the Committee and shall be submitted to the Benzie-Leelanau District Health Department Board of Health (“Board of Health”) for review and consideration.

As of the date of adoption of this Policy by the Board of Health, it supersedes all earlier and prior personnel and other policies of the Health Department.

B. Definition of Board of Health

The Board of Health is defined as the official Board of Health of Benzie-Leelanau District Health Department as defined by Act 368 of the Public Acts of 1978, State of Michigan.

C. Administration of Policies

The Health Officer or in their absence, his/her designate, shall be responsible for the administration of approved personnel policies and the development and administration of rules and procedures.

D. Interpretation of Policies

Whenever there is a disagreement between a member of the staff and his/her Division Director

over interpretation of a personnel policy, the problems will be presented to the Division Directors and Health Officer for resolution. After discussion with the Personnel and Compensation Committee, a written administrative memo will be issued to clarify and resolve the issue. In summary, these rules are not all inclusive. The Health Department reserves all management and administrative rights not covered by these rules which shall be exercised at its sole discretion.

E. Amendments

These rules may be amended from time to time by the Board of Health. Proposed amendments shall be reviewed by the Personnel and Finance Committee prior to a recommendation to the Board of Health. The proposed amendment or notice of the amendment shall be distributed to employees of the Health Department. Comment, either oral or in writing, regarding the proposed amendment shall be given to employee representatives of the Employee Committee or a Division Director. Unless an emergency exists, employees shall have at least five (5) working days after the posting of the notice in which to make comment. After an opportunity for employee comments, the Personnel and Compensation Committee shall make a recommendation regarding the proposed amendment to the Board of Health. The final decision on all amendments shall be made by the Board of Health.

This handbook replaces all earlier handbooks and supersedes all prior inconsistent policies, practices, and procedures.

F. Handbook Acknowledgement

Employees must sign the acknowledgement form at the end of this handbook, tear it out, and return it to the Director of Administrative Services (or if delivered via an electronic format: click on the box as indicated, type their name and the date, as applicable, and hit "enter"). This will provide The Health Department with a record that each employee has received, read and understood this handbook.

SECTION II: EMPLOYMENT PRACTICES AND EQUAL OPPORTUNITY

A. Employment At-Will

All employment at The Health Department is "at-will." This means that both employees and The Health Department have the right to terminate employment at any time, with or without advance notice, and with or without cause. Employees also may be demoted or disciplined, and the terms of their employment may be altered at any time, with or without cause, at the discretion of The Health Department. No one other than the Health Officer of the Health Department has the authority to alter this arrangement, to enter into an agreement for employment for a specified period of time, or to make any agreement contrary to this at-will status. Any such agreement must be in writing, must be signed by the Health Officer, and must express a clear and unambiguous intent to alter the at-will nature of the employment relationship.

Nothing contained in this Handbook, or any other documents provided to employees is intended to be, nor should it be, construed as a guarantee that employment (or any benefit) will be continued for a specific time period. For example, any salary figures provided to an employee in annual or monthly terms are stated for the sake of convenience. They are not intended to create an employment contract for one or more months. Employees should ask the Director of Administrative Services if they have any questions about their status as an employee at-will.

B. Equal Employment Opportunity

It is The Health Department's policy to provide equal employment opportunity for all applicants and employees. The Health Department does not unlawfully discriminate on the basis of actual or perceived race, color, religion, religious creed (including religious dress and religious grooming practices), sex (including pregnancy, perceived pregnancy, childbirth, breastfeeding, or related medical conditions), gender, gender identity (including transgender identity, status and transitioning), gender expression and sex stereotyping, national origin, ancestry, citizenship, age, physical or mental disability, legally protected medical condition or information (including genetic information), family care or medical leave status, military caregiver status, military status, veteran status, marital status, domestic partner status, sexual orientation, status as a victim of domestic violence, sexual assault or stalking, enrollment in a public assistance program, engaging in protected communications regarding employee wages, requesting a reasonable accommodation on the basis of disability or bona fide religious belief or practice, or any other basis protected by local, state, or federal laws. Consistent with the law, The Health Department also makes reasonable accommodations for disabled applicants and employees; for pregnant employees who request an accommodation with the advice of their health care providers, for pregnancy, childbirth, or related medical conditions; for employees who are victims of domestic violence, sexual assault, or stalking; and for applicants and employees based on their religious beliefs and practices.

The Health Department will endeavor to accommodate the sincere religious beliefs of its employees to the extent such accommodation does not pose an undue hardship on The Health Department's operations. If employees wish to request such accommodation, they should contact the Director of Administrative Services.

The Health Department prohibits sexual harassment and the harassment of any individual on any of the other bases listed above. For information about the types of conduct that constitute impermissible

harassment and The Health Department's internal procedures for addressing complaints of harassment, and the legal remedies available through and complaint procedures of the appropriate state and federal agencies and directions on how to contact these agencies, please refer to The Health Department's Policy Against Harassment, Discrimination, and Retaliation in this Handbook.

This policy applies to all areas of employment including recruitment, hiring, training, promotion, compensation, benefits, transfer, disciplinary action, and social and recreational programs. It is the responsibility of every manager and employee to conscientiously follow this policy. Any employee having any questions regarding this policy should discuss them with the Director of Administrative Services.

C. Applicants and Employees with Disabilities

The Health Department is committed to providing equal employment opportunities for all qualified individuals with disabilities in accordance with the federal Americans with Disabilities Act and applicable State disability laws. In accordance with these laws, The Health Department strictly forbids all forms of unlawful discrimination, harassment, or retaliation against qualified applicants or employees with disabilities, and for pregnant employees who so request for pregnancy, childbirth, or related medical conditions, and requires reasonable accommodation if necessary for such individuals to perform the essential functions of their jobs safely and efficiently without undue hardship to The Health Department and without serious risk to the health and safety of others.

Applicants and employees who require accommodation of any disability should inform The Health Department of their needs. The Health Department may have no way of knowing whether an individual requires accommodation unless they bring it to the attention of The Health Department. The Health Department will engage in an interactive conversation to determine if there is a reasonable accommodation that can be provided that will not cause The Health Department undue hardship and will treat all such information as confidential to protect privacy rights under laws such as HIPAA, but some disclosure will be necessary to fulfill the purposes of this policy.

Employees who are made aware that an applicant or employee has a disability should presume that the information is confidential and discuss it only with upper management and the Director of Administrative Services, unless the employee has disclosed or consented to further disclosure.

Discrimination, harassment, or retaliation against an individual because they are considered disabled or has been given accommodation for a disability is absolutely forbidden and grounds for immediate termination. Employees who believe they have been harassed in violation of this policy may file a complaint under The Health Department's policy on Equal Employment Opportunity.

D. Affirmative Action Plan

1. Plan Responsibilities

The Health Officer will be responsible for the development and administration of the plan. The Personnel and Compensation Committee shall serve to advise the Health Officer in the development and administration of the plan. The Board of Health shall approve any revisions in the plan. The Board of Health will also receive periodic reports concerning the administration of the plan.

2. Goals and Objectives

The overall goal of the Affirmative Action Plan is to ensure that the administration of the personnel program of the Health Department is in basic compliance with merit employment principles and such factors as race, color, ancestry, sex, age, physical disability and political affiliation shall not interfere with such administration. The immediate objectives of the plan are the following:

- (a) The assurance that all composite groups in the community and the workforce making up the community in terms of race, sex, age, etc. have an equal opportunity to enter employment with the Department.
- (b) Ensure that after entering employment with the Department, composite groups from the community in terms of race, sex, age, etc. are employed equally in terms of conditions of employment, job types and advancement opportunities.

3. Methods and Procedures

- (a) An analysis will be made of the current work force of the Health Department in comparison to the work force found in the community.
- (b) The entire classification plan for the Health Department will be revised to ensure the validity of all job requirements and to ensure that artificial barriers such as non-valid educational or training requirements are removed.
- (c) The Health Department's current affirmative recruitment efforts will be maintained. Currently all vacancies are advertised in appropriate local papers and on appropriate websites for a reasonable period of time before they are filled. All job announcements are not identified by gender and appear with the adage that "Benzie Leelanau District Health Department is an Equal Opportunity Employer".
- (d) The Personnel and Compensation Committee will continue to meet periodically to review the Personnel Policies and Procedures of the Health Department in terms of insuring equal employment and compliance with the Merit Principles.

4. Plan Evaluation

The impact of this plan will be reviewed annually to determine if the objectives have been met and to develop revised objectives necessary to achieve the overall goal of the plan.

E. Policy Against Harassment, Discrimination and Retaliation

1. Purpose of Policy

The Health Department is committed to providing a workplace free of unlawful harassment and discrimination. This includes sexual harassment (which includes harassment based on pregnancy, perceived pregnancy, childbirth, breastfeeding, or related medical conditions) and harassment based on actual or perceived gender, gender identity (including transgender identity, status and transitioning), gender expression and sex stereotyping, as well as harassment based on such factors as race, color, religion, religious creed (including religious dress and religious grooming), national origin, ancestry, citizenship, age, physical or mental disability, legally-protected medical condition or information (including genetic information), family care or medical leave status, military caregiver status, military status, veteran status, marital status, domestic partner status, sexual orientation, status as a victim of domestic violence, sexual assault or stalking, enrollment in a public assistance program, engaging in protected communications regarding employee wages, requesting a reasonable accommodation on the basis of disability or bona fide religious belief or practice, or any other basis protected by federal, state,

or local laws. The Health Department strongly disapproves of and will not tolerate harassment of or discrimination against applicants, employees, interns, or volunteers by managers, supervisors, co-workers or third parties with whom employees come into contact. Similarly, The Health Department will not tolerate harassment by its employees of non-employees with whom The Health Department employees have a business, service, or professional relationship.

2. Harassment Defined

Harassment includes verbal, physical, and visual conduct that creates an intimidating, offensive, or hostile working environment or that interferes with an employee's work performance. Such conduct constitutes harassment when (1) submission to the conduct is made either an explicit or implicit condition of employment; (2) submission or rejection of the conduct is used as the basis for an employment decision; or (3) the harassment interferes with an employee's work performance or creates an intimidating, hostile, or offensive work environment.

Harassing conduct can take many forms and may include, but is not limited to, the following: slurs, jokes, insults, statements, gestures, teasing, assault, impeding or blocking another's movement or otherwise physically interfering with normal work, pictures, posters, symbols, drawings, or cartoons, violating someone's "personal space" (for example by blocking someone's way) foul or obscene language, leering, stalking, staring, unwanted or offensive letters or poems, offensive email or voicemail messages, or any kind of verbal, visual or physical conduct that denigrates or shows hostility or aversion towards an individual because of any protected characteristic.

Sexually harassing conduct may include all of these prohibited actions, as well as other unwelcome conduct, such as requests for sexual favors, conversation containing sexual comments, and other unwelcome sexual advances. Sexually harassing conduct can be by a person of either the same or opposite sex. Sexually harassing conduct need not be motivated by sexual desire to be violative of this policy.

3. Reporting and Investigating Harassing, Discriminatory and Retaliatory Conduct

All employees, independent contractors, interns, and volunteers of The Health Department must promptly report any incidents of harassment, discrimination, and retaliation so that The Health Department can take appropriate action.

Complaint Reporting Process

It is the responsibility of all of us to contribute to a work environment that is free of unlawful bias, discrimination, harassment, and retaliation. Failure to bring forth a complaint prevents The Health Department from having the opportunity to correct the situation.

Any incidents of discrimination, harassment, or retaliation, including work-related harassment by any Health Department personnel or any other person, or any conduct believed to violate this policy, must be reported immediately to the Director of Administrative Services, who is responsible for investigating harassment complaints. An individual is not required to bring a complaint to Director of Administrative Services if the individual is uncomfortable doing so for any reason. In that case, complaints should be reported to the Health Officer.

Managers and supervisors have a special responsibility under this policy. All levels of management and all

supervisors are responsible for compliance with this Policy Against Harassment, Discrimination, and Retaliation AND for ensuring that everyone in their department is aware of, understands and adheres to this policy. Supervisors and managers who receive complaints or who observe or learn of discriminatory, harassing, or retaliatory conduct must immediately inform the Director of Administrative Services or the Health Officer so that an investigation may be initiated.

4. Corrective Action

The Health Department prohibits conduct severe enough to be unlawful. Yet even more, The Health Department's workplace conduct standards also prohibit conduct and comments which are not severe enough to violate state or local or federal law—but which are still inappropriate in the workplace. For example, The Health Department prohibits abusive conduct in the workplace—whether or not it is based on a protected category.

As a result, The Health Department will take prompt, appropriate, and effective corrective action (e.g., remedial measures) any time it is established that discrimination, harassment, or retaliation in violation of this policy has occurred—whether or not such violation also violates the law.

Corrective action may include, for example: training, referral to counseling, or disciplinary action ranging from a verbal or written warning to termination of employment, depending on the circumstances. With regard to acts of harassment or discrimination by customers or vendors, corrective action will be taken after consultation with the appropriate management personnel.

The Health Department will not tolerate retaliation against any employee for making a good faith complaint of harassment, discrimination, or retaliation, or for cooperating in an investigation.

5. Zero Tolerance

The Health Department does not tolerate and prohibits discrimination, harassment or retaliation of or against job applicants, contractors, interns, volunteers or employees by another employee, supervisor, vendor, customer or any third party on the basis of race, color, creed, religion, age, sex or gender (including pregnancy, childbirth and related medical conditions), sexual orientation, gender identity or gender expression (including transgender status), national origin, ancestry, marital status, protected medical condition as defined by state law (cancer or genetic characteristics), physical or mental disability, military and veteran status, genetic information, or any other characteristic protected by applicable federal, state or local laws and ordinances. The Health Department is committed to a workplace free of discrimination, harassment, and retaliation.

Our management team is dedicated to ensuring the fulfillment of this policy as it applies to all terms and conditions of employment, including recruitment, hiring, placement, promotion, transfer, training, compensation, benefits, employee activities and general treatment during employment.

SECTION III: Hiring Standards and Practices

A. Introductory Period

The Health Department attempts to hire the most-qualified employees for each position. To ensure this, the Health Department provides for an introductory period of employment for the employee to assess the Health Department and the job content, and for the Health Department to evaluate the new employee and their job performance. All new employees must complete to The Health Department's satisfaction a 90-day introductory period beginning with the date of initial employment. Consistent with The Health Department's Employment At-Will policy, during the introductory period, an employee may be discharged by The Health Department for any reason and without advance notice. Similarly, the employee may resign employment for any reason without advance notice during this period. Completion of the introductory period does not alter the employee's at-will status.

At the Health Department's discretion, an employee's introductory period may be extended one or more times. On successful completion of the introductory period, an employee will become a regular employee. Successful completion of the introductory period does not, however, guarantee employment for any specific duration or change the at-will status of regular employment.

B. Proof of Right to Work

The Health Department is committed to full compliance with the Federal immigration laws. The Health Department will not knowingly hire or continue to employ anyone who does not have the legal right to work in the United States. As a condition of employment, all employees are required to complete a DHS Employment Eligibility Verification form (I-9) and present acceptable documentation verifying their identity and right to work in the United States in accordance with Federal and State immigration law.

C. Open Competitive Selection

The Health Department will use all appropriate means to openly publicize vacancies. All employees shall be selected for appointment based exclusively on merit, efficiency, and skills as determined by open, competitive examination and evaluation. Such examination and evaluation shall be based upon the best available methods that maximize reliability, objectivity and validity, consistent with the practical needs of the local health department.

D. Employment Status

All employment with the Health Department shall be at-will and without definite term. Any employee who has been hired subject to a grant, is also an at-will employee, whose continued employment may or may not be limited to the term of the grant under which he/she was hired.

1. Regular Full Time/Part Time Appointment

Employment expected to last more than six months shall be considered regular full-time (.80 FTE or greater)/part time (less than .80 FTE) employment. No person shall be appointed to a regular full time/part time position that has not been determined as qualified for such appointment on the basis of merit, efficiency, and skills. Each person appointed shall have ranked among the highest in the competitive examination or evaluation. All employees have an at-will employment status regardless of whether his/her position is classified as .80FTE greater or less.

2. Short-Term Temporary Appointment

Short-term temporary appointments shall be made from lists of certified eligible persons, when available, and may be terminated at-will. A short-term temporary appointment is intended to fill a staffing need that is expected to last no more than ninety calendar days. Where no list of certified eligible persons exist, appointments may be made providing the appointee meets the minimum qualifications of merit and skills for the position.

3. Emergency Appointment

Emergency appointments shall be made only under conditions necessitating immediate action for maintenance of essential services, where normal procedures are impractical. No emergency appointment shall continue longer than is necessary to meet the emergency, and an employee in this position has an at-will employment status.

4. Long-Term Temporary Appointment

Long-term, temporary appointments shall be made from lists of certified eligible persons to long-term temporary positions established on a project basis for the duration of the project and such appointments shall have ranked among the highest in the competitive examination or evaluation. An employee in a long-term temporary appointment is an at-will employee and must satisfactorily complete a probationary period.

E. Complete Physical Examination

All prospective employees will have a pre-employment medical examination, including a drug screen, by a physician designated by the Health Department to determine if they can perform all assigned duties and responsibilities.

F. Driver's License Check

All prospective employees will be required to complete an application form which allows The Health Department to obtain a copy of his/her driving record. Applicants will not be considered for employment if their job description requires a valid driver's license and he/she currently does not have a valid driver's license.

G. Vaccination Status

Employee vaccine status will be assessed through review of immunization records and/or serum testing. Needed vaccines are provided at no cost to employees. Per any existing mandatory vaccination policy, employees who decline mandatory vaccines for approved reasons, may be required to use other protective measures to prevent the spread of disease.

H. Background Check Policy and Procedure

All offers of employment at the Health Department are contingent upon clear results of a thorough background check. Background checks will be conducted on all final candidates and on all employees who are promoted, as deemed necessary.

Background checks may include:

- **Social Security Verification:** validates the applicant's Social Security number, date of birth and former addresses.
- **Prior Employment Verification:** confirms applicant's employment with the listed companies,

including dates of employment, position held and additional information available pertaining to performance rating, reason for departure and eligibility for rehire. This verification will be run on the past two employers or the previous five years, whichever comes first.

- **Personal and Professional References:** Individuals listed as references by the applicant will be contacted.
- **Educational Verification:** confirms the applicant's claimed educational institution, including the years attended and the degree/diploma received.
- **License/Certification Verification:** confirms the applicant's claimed licensure/certifications required for the position.
- **Criminal History:** includes review of criminal convictions and probation. The following factors will be considered for applicants with a criminal history:
 - The nature of the crime and its relationship to the position.
 - The time since the conviction.
 - The number (if more than one) of convictions.
 - Whether hiring, transferring or promoting the applicant would pose an unreasonable risk to the business, its employees or its customers and vendors.

The following additional background searches will be required if applicable to the position:

- **Credit History:** confirms candidate's credit history. This search will be run for positions that involve management of the Health Department's funds and/or handling of cash or credit cards.

Procedure

Final candidates must complete a background check authorization form and return it to the Director of Administrative Services or their representative. Candidates identified for hire will be presented an offer letter with a request for a background check. Candidates may not begin employment until a successful background check is completed.

Administration will order the background check upon receipt of the signed release form, and either internal administrative staff or an employment screening service will conduct the checks. A designated administrative representative will review all results.

The administrative representative will notify the hiring director regarding the results of the check. In instances where negative or incomplete information is obtained, the appropriate director and the Director of Administrative Services will assess the potential risks and liabilities related to the job's requirements and determine whether the individual should be hired. If a decision not to hire or promote a candidate is made based on the results of a background check, there may be certain additional Fair Credit Reporting Act (FCRA) requirements that will be handled by administration in conjunction with the employment screening service (if applicable).

Background check information will be maintained in a file separate from employees' personnel files for a minimum of five years.

The Health Department reserves the right to modify this policy at any time without notice.

I. Employment of Relatives

Relatives of present employees may be hired by the Health Department only if (1) the individuals concerned will not work in a direct supervisory relationship with one another, and (2) the employment

will not pose difficulties for supervision, security, safety, or morale. "Relatives" are defined as spouses, children, sisters, brothers, mothers, or fathers, and persons related by marriage. Present employees who marry or who become related by marriage will be permitted to continue employment with The Health Department only if they do not work in a direct supervisory relationship with one another, or otherwise pose difficulties for supervision, security, safety, or morale. If employees who marry or who become related by marriage do work in a direct supervisory relationship with one another, The Health Department will attempt to reassign one of the employees to another position for which they are qualified, if such a position is available. If no such position is available, then one of the employees will be required to leave the Health Department. The decision as to which employee leaves will be left solely to the employees. In the event that no alternative position is available and neither employee voluntarily leaves the Health Department, the employee with lesser seniority will be terminated.

J. Employment Applications

The Health Department relies upon the accuracy of information provided by an applicant in the employment application, as well as the accuracy of other data presented throughout the hiring process and employment. Any misrepresentation, falsification, or material omission by an applicant in any of this information or data may result in revocation of any offer or immediate termination of employment, regardless of when it is discovered.

SECTION IV: Conditions of Employment

A. Non-Fraternization

In order to promote the efficient operation of the Health Department's business and to avoid misunderstandings; complaints of favoritism; other problems of supervision, security and morale; and possible claims of sexual harassment, managers and supervisors are forbidden from dating or pursuing romantic or sexual relationships with employees whom they supervise, directly or indirectly. Employees who violate this guideline will be subject to discipline, up to and including termination of employment.

B. Membership In Professional Organizations

Professional employees shall be encouraged to maintain membership in at least one related professional organization of their discipline.

C. Identification Cards

A card bearing identification as an employee of the local health department shall be issued to each employee by the Health Department. This card must be in the possession of the employee when he/she is on duty.

D. Unique Conditions

Unique conditions of employment will be addressed in written letters of understanding between the Health Department and employee.

E. Rehire Eligibility and Service Recognition

Where business needs dictate, it is the policy of the Health Department to rehire former employees who: a) voluntarily left Health Department employment or b) were laid off due to business slowdown(s). To be eligible for rehire, former employees must have possessed a satisfactory record of service. This policy sets forth The Health Department's philosophy governing eligibility for reemployment and associated bridging of service (service recognition), where appropriate.

1. Eligibility for Rehire

Employees who completed their Health Department introductory period and who were part of a reduction in force, as well as those employees who voluntarily resigned, will be eligible for rehire if they had a satisfactory work record while employed by the Health Department.

2. Ineligibility for Rehire

Former employees who had a less-than-satisfactory work record appropriately noted at termination as not being eligible for rehire are excluded from rehire consideration.

Employees who were involuntarily terminated by the Health Department or who were laid off (with a less-than-satisfactory work record) or who failed to complete their Health Department introductory period will not be considered for rehire.

3. Service Restoration Rules for Eligible Employees

If a former employee with less than one year's prior service is rehired, the employee will be considered a new employee and will not be eligible for prior service recognition for seniority or benefits plan participation purposes.

If a former employee with more than one year's prior service is rehired, the employee's seniority and eligibility to participate in the Health Department benefits plans will be bridged if the employee is rehired and the period of prior Health Department service exceeded the duration of the period of absence. Service recognition will include prior service recognition for accrued leave plans.

If a former employee with more than one year's prior service is rehired and the duration of the period of absence exceeded the period of prior Health Department service, the employee will be considered a new employee and will not be eligible for prior service recognition for seniority or benefits plan participation purposes.

4. Rehire Service Date Adjustment

When recognition of prior service is granted, a rehired employee's Health Department service date will be adjusted in accordance with the service restoration rule.

F. Fraud Policy

The Health Department's fraud policy was established to facilitate the development of controls which will aid in the detection and prevention of fraud against the Health Department. It is the intent of the Health Department to promote consistent organizational behavior by providing guidelines and assigning responsibility for the development of controls and conduct of investigations. This Policy applies to any fraud, or suspected fraud, involving employees, board members, consultants, vendors, contractors, outside agencies doing business with employees of such agencies and/or any other parties with a business relationship with the Health Department. Any investigative activity required will be conducted without regard to the suspected wrongdoer's length of service, position/title, or relationship to the Health Department.

The Health Officer, or a designee, is responsible for the detection and prevention of fraud, misappropriations, and other inappropriate conduct. Fraud is defined as the intentional false representation or concealment of a material fact for the purpose of inducing another to act upon it to one's own injury. Suspected improprieties concerning an employee's moral, ethical, or behavioral conduct, should be resolved by the employee's direct supervisor. Any fraud that is detected or suspected must be immediately reported to the Director of Administrative Services.

The terms defalcation, misappropriation, and other fiscal wrong doings refer to, but are not limited to:

- a) Any dishonest or fraudulent act
- b) Forgery or alteration of any document or account belonging to the Health Department. c) Forgery or alteration of a check, bank draft, or any other financial document.
- d) Misappropriation of funds, securities, supplies or other assets.
- e) Impropriety in the handling or reporting of money or financial transactions.
- f) Profiteering as a result of insider knowledge of Health Department activities. g) Disclosing confidential and proprietary information to outside parties.
- h) Disclosing to other persons securities activities engaged in or contemplated by The Health Department.
- i) Accepting or seeking anything of material value from contractors, vendors or persons providing services/materials to the Health Department. Exception: Gifts less than \$50 in value.
- j) Destruction, removal or inappropriate use of records, furniture, fixtures, and equipment; and/or

- k) Any similar or related inappropriate conduct.

G. Conflicts of Interest

Employees are expected to devote their best efforts and attention to the full-time performance of their jobs. Moreover, employees are expected to use good judgment, to adhere to high ethical standards, and to avoid situations that create an actual or potential conflict between their personal interests and the legitimate business interests of The Health Department. A conflict of interest exists when the employee's loyalties or actions are divided between The Health Department's interests and those of another, such as a competitor, supplier, or customer. Both the fact and the appearance of a conflict of interest should be avoided. Employees unsure as to whether a certain transaction, activity, or relationship constitutes a conflict of interest should discuss it with their immediate supervisor or the Director of Administrative Services for clarification. Any exceptions to this guideline must be approved in writing by the Health Officer.

While it is not feasible to describe all possible conflicts of interest that could develop, some of the more common conflicts that employees should avoid include the following:

- (1) Accepting personal gifts or entertainment from competitors, customers, suppliers, or potential suppliers;
- (2) Working for a competitor, supplier, or customer;
- (3) Engaging in self-employment in competition with The Health Department;
- (4) Using proprietary or confidential Health Department information, such as Health Department trade secrets, for personal gain or to The Health Department's detriment;
- (5) Having a direct or indirect financial interest in or relationship with a competitor, customer, or supplier;
- (6) Using Health Department property or labor for personal use;
- (7) Acquiring any interest in property or assets of any kind for the purpose of selling or leasing it to The Health Department;
- (8) Committing the Health Department to give its financial or other support to any outside activity or organization; or
- (9) Developing a personal relationship with a subordinate employee of the Health Department or with an employee of a competitor, supplier, or customer that might interfere with the exercise of impartial judgment in decisions affecting the Health Department or any employees of the Health Department.

If an employee or someone with whom an employee has a close relationship (e.g., a family member or close companion) has a financial or employment relationship with a competitor, customer, supplier, or potential supplier, the employee must disclose this fact in writing to the Director of Administrative Services. Employees should be aware that if they enter into a personal relationship with a subordinate employee or with an employee of a competitor, supplier, or customer, a conflict of interest may exist, which requires full disclosure to the Health Department.

Failure to adhere to this guideline, including failure to disclose any conflicts or to seek an exception, may result in discipline, up to and including termination of employment.

1. Supplementary Full-Time Employment

No full-time employee shall hold a full-time job or its equivalent, in addition to this regular Health Department employment.

2. Supplementary Part-Time Employment

Supplementary employment is not encouraged but is permitted under the following conditions:

- a) That the additional employment must in no way conflict with the employee's hours of Health Department employment. The number of hours, and the type of supplementary employment should not conflict in any way with satisfactory and impartial performance of his/her Health Department duties.
- b) That he/she notify in writing and keep the Division Director informed of contemplated changes in his/her supplementary employment.

3. Political Activity

No employee shall engage in any political activity proscribed by law. The rights of employees to express their views as citizens and their rights to vote are recognized and encouraged. In any event, an employee may not:

- a) Use his/her official authority or influence for the purposes of interfering with or affecting the result of an election or nomination for office;
- b) Directly or indirectly coerce, attempt to coerce, command, or advise a state or local officer or employee to pay, lend, or contribute anything of value to a party, committee, organization, agency, or person for political purposes, including posting political messaging on office property;
- c) Be a candidate for elective office in a partisan election.
- d) Exemptions shall be granted by the Health Officer to (c) above for candidacy for local office, village, township, or city where there is no apparent conflict with job assignments.
- e) Post political messages or propaganda in public facing areas or internal office areas.
- f) Make statements or engage in behaviors that could be perceived as pressuring others to accept or reject particular political views.

4. Religious Activity

The health department maintains a strictly neutral position on matters of religion. Employees may not display, distribute, or post religious materials or symbols in any public-facing or shared work areas, or use their position to promote or discourage religious beliefs. Employees are expected to treat all individuals with respect regardless of religious belief or nonbelief, and to maintain an environment that is free from religious endorsement or coercion. Employees may engage in private religious expression during non-duty time, provided it does not interfere with operations, appear to be agency endorsed, or occur in shared workspaces.

5. Gifts, Favors, Etc.

An employee shall not be permitted to accept any service or item of value from a person, corporation or business which the employee is required to regulate or with whom the employee has contact during the performance of his/her employment with the Health Department.

H. Open Door Policy and Procedure

Whenever there is a disagreement between a member of the staff and his/her Direct Supervisor over interpretation of a personnel policy or other issue, the problem should be presented to the next administrative level (e.g. Division Director or Health Officer). However, the employee is encouraged to first speak freely with his/her Direct Supervisor, who may ask that the employee put their issue, complaint or concern in writing. The Health Officer has final authority in resolving concerns.

1. Coverage Of Procedure

All employees are encouraged to and have a right to utilize the “open door” complaint procedure in connection with two kinds of complaints:

- (1) Alleged violation or misinterpretation of the employer's rules and regulations including but not limited to such matters as conditions of employment, promotions, demotions, discharge, layoffs, and a claim of discipline without reason; and
- (2) Alleged discrimination due to political opinion or affiliation, religious opinion or affiliation, sex, race, weight, color, national origin, age, or physical disability.

2. Freedom From Reprisal

Employees and their representatives must be free to use the procedure without restraint, interference, coercion, discrimination, or reprisal. An employee, whether acting in an official capacity for the Health Department or on any other basis, must not interfere with, or attempt to interfere with another. Furthermore, no employee acting in an official or unofficial capacity shall take, or threaten to take, any act of reprisal against an employee because he/she has exercised or expressed an intention to exercise any of his/her rights under this procedure.

I. Lactation Accommodation

The Health Department will provide a reasonable amount of break time to accommodate an employee desiring to express breast milk for the employee's infant child. Employees needing breaks for lactation purposes may use ordinary paid rest breaks or may take other reasonable break time when needed. If possible, the lactation break time should run concurrently with scheduled meal and rest breaks already provided to the employee. If the lactation break time cannot run concurrently with meal and rest breaks already provided or additional time is needed for the employee, speak to your supervisor about other accommodations.

J. Personal Calls and Cell Phone Use

Employees may use their cell phone for personal business at work as long as it is not excessive. Excessive use of a cell phone for personal use is defined as: use of a cell phone beyond breaks and lunch which disrupts the work area and co-workers or takes too much time away from the employee's responsibilities. In addition, the following rules apply to personal cell phone use:

- a) No texting, personal calls and phone internet use in areas used by the public except for an emergency;
- b) Turn cell phone off or leave on vibrate at desk while serving the public;
- c) Cell phones may be used to make or receive personal calls during breaks or lunchtime away from public areas and work areas. If a call is urgent and the employee must answer the cell phone during work hours, the employee needs to remove themselves from the public area, talk briefly, then return to work.
- d) No texting, calling, and phone internet use during meetings;
- e) Michigan's Hands-Free distracted driving law prohibits holding or manually using a cell phone while driving.

K. Dress and Grooming Standards

The Health Department considers the presentation of the Health Department image to its customers, suppliers, and the public at large to be extremely important. Since the Health Department's product includes service, and excellent service can only be provided through its employees, the Health Department not only seeks good performance and conduct from its employees, but also expects them to observe high standards in their personal presentation. All employees are required to comply with the Health Department's Dress Code Policy.

Nothing in this dress code is intended or should be construed to violate, restrict or discriminate against any employee's actual or perceived race, religion, religious creed, sex, sexual orientation, gender, gender identity or status, gender expression, national origin, ancestry, age, nursing mothers, or any other basis protected by local, state, or federal laws. If any employee believes that their protected rights based upon a protected class are being restricted or violated in some manner by the dress code, please contact Director of Administrative Services so that these concerns can be addressed. Any employee who needs a medical or religious accommodation to the Health Department's dress and grooming standards should contact the Director of Administrative Services.

L. Smoking

The Health Department maintains a smoke- and tobacco-free environment. No smoking or other use of tobacco products (including, but not limited to, cigarettes including electronic smoking devices or e-cigarettes, pipes, hookahs, cigars, snuff, or chewing tobacco) is permitted in any part of the building or in vehicles owned, leased, or rented by the Health Department. In any place, except in restricted smoking area(s), right of non-smokers to breathe clean air prevails over the right of the smokers to smoke.

M. Solicitation, Distribution and Bulletin Boards

Employees may engage in solicitation on Health Department premises only during their non-working time. Non-working time means time during meals or breaks and before or after work.

Employees may distribute or circulate non-Health Department written materials only during non-working time and only in non-work areas. If an employee is not certain whether an area is a work or non-work area, they should consult their immediate supervisor for clarification.

Solicitation or distribution in any way connected with the sale of any goods or services for profit is strictly prohibited anywhere on Health Department property at any time. Similarly, solicitation or distribution of literature for any purpose by non-employees is strictly prohibited on Health Department property at any time.

The Health Department has bulletin boards located throughout the facility for the purpose of communicating with employees. Postings on these boards are limited to items posted by the Health Department, including statutory and legal notices, safety and disciplinary rules, Health Department policies, memos of general interest relating to the Health Department, local operating rules, and other Health Department items. All postings require the prior approval of the Division Manager or the Director of Administrative Services. No postings will be permitted for any other purpose.

N. Contributions to Fund Drives

Contributions by employees to community organization fund drives shall be entirely voluntary. The Health Officer and/or Board of Health shall at no time estimate or determine what amount such contributions shall be.

O. Safety Program

The Health Department is committed to providing and maintaining a healthy and safe work environment for all employees.

You may be subject to discipline for engaging in any unsafe or unhealthy work practice or for violating established safety rules. You also are required to report immediately to your supervisor any potential health or safety hazards, and all injuries or accidents.

P. Natural Disasters

In the event of a facility disaster such as snowstorms, earthquake, flood, hurricane, tsunami, tornado, fire, explosion, etc., the facility may be closed if the building is damaged or highways leading to the office or facility are damaged. For instructions on reporting to another location, contact the office or facility immediately.

SECTION V: Employee Classification and Compensation

A. Employee Evaluation and Personnel Records

1. Quality and Quantity

The quality of job performance and quantity of service rendered by each employee will be evaluated on a regular basis. If an employee is not meeting the expected quality or quantity of service for their position, the employee will be evaluated regarding the problem and a work plan will be implemented. The work plan will be kept in the employee's personnel file. The work plan can be removed from the employee's file when the employer and employee agree that the work plan has been met and the problem no longer exists. If an employee is not meeting the expected quality or quantity of service for their position and the employee has been evaluated regarding the problem and a work plan has been implemented, but satisfactory improvement has not been shown, additional steps may be taken at the sole discretion of the employee's Division Director and/or the Health Officer, including development of a corrective action plan.

2. Evidence of Fitness

Upon returning to work after a leave, or if the Health Department believes the employee may pose a direct threat to the safety of him/herself or others, the Director may require that an employee present medical certification of his/her ability to perform the essential functions of their position. The Health Department may send the employee to a physician of the employer's choice depending on the circumstances and as allowed by law. If necessary and required by law, the Health Department will attempt to provide reasonable accommodations.

3. Social Security Number Privacy Policy

In accordance with the Social Security Number Privacy Act, the Health Department will keep all social security numbers confidential and will not disclose social security numbers unlawfully. Personnel and payroll records are kept in locked file cabinets and/or secured electronic systems, only accessible to Payroll and the Director of Administrative Services. The Health Department uses your Social Security Number only for specific limited administrative purposes, allowed by law. Currently, these include verifying eligibility for employment, to administer our various benefit programs, for garnishments, and for payroll. Any documents containing social security numbers that are destroyed will be shredded in accordance with record retention guidelines. Any person who violates this privacy policy is subject to discipline up to and including termination.

4. Privacy Policy Disposal/Shredding of Sensitive Data

The Health Department has procedures in place for the disposal of sensitive data in compliance with the Federal Trade Commission regulation of 2004. This regulation dictates the proper disposal of consumer report information and records under the Fair and Accurate Credit Transaction Act of 2003 (FACTA, Pub.L. 108-159, 111 Stat. 1952) and the Fair Credit Reporting Act (FCRA 15 USC 1681 et seq.). Accuracy, privacy, limits on information sharing, and new consumer rights to disclosure are included in the FACTA. (Pub. L. 108-159, 111 Stat. 1952). These added sections are intended to primarily help consumers fight the growing crime of identity theft.

Sensitive Data includes:

- (a) Personal information including telephone numbers, addresses or social security

numbers.

(b) Credit checks, background check or consumer reports.

All Employees that have access to or obtain sensitive data must keep the information confidential. Should any document containing sensitive data need to be disposed of such document shall be placed in the designated locked recycle bin for shredding or shredded with a personal shredder. Employees in violation of this policy will be subject to discipline up to and including termination of employment.

5. Record Retention

The Health Department acknowledges its responsibility to preserve information relating to litigation, audits and investigations. Failure on the part of employees to follow this policy can result in possible civil and criminal sanctions against the Health Department and its employees and possible disciplinary action against responsible individuals (up to and including discharge of the employee). Each employee has an obligation to contact the Health Officer to inform them of potential or actual litigation, external audit, investigation or similar proceeding involving The Health Department that may have an impact on record retention protocols.

B. Employee Classifications

1. Introductory Employees

The term "introductory employees" is sometimes used in this Handbook to refer to those employees who are within their introductory period, i.e., the first 90 days of employment with the Health Department. At the Health Department's discretion, the introductory period may be extended for an additional period.

2. Regular Full-Time Employees

An employee who successfully completes the introductory period (including any extension) and is regularly scheduled to work an average of 30 or more hours per week for a period of indefinite duration, is referred to as a regular full-time employee.

3. Regular Part-Time Employees

An employee who successfully completes the introductory period (including any extension) and is regularly scheduled to work fewer than an average of 30 hours per week for a period of indefinite duration, is referred to as a regular part-time employee.

4. Temporary Employees

Short-term temporary appointments shall be made from lists of certified eligible persons, when available, and may be terminated at-will. A short-term temporary appointment is intended to fill a staffing need that is expected to last no more than ninety calendar days. Where no list of certified eligible persons exist, appointments may be made providing the appointee meets the minimum qualifications of merit and skills for the position.

5. Exempt/Nonexempt Employees

Exempt employees, by definition, are exempt from earning overtime compensation and generally

receive the same weekly salary regardless of hours worked. Nonexempt employees are employees who are eligible to be paid for overtime work in accordance with the provisions of applicable wage and hour laws. Overtime pay requirements are set forth in the section of this Handbook entitled "Hours of Work, Overtime, and Pay Day". Employees will be informed of these classifications upon hire and informed of any subsequent changes to the classifications.

6. Change in Employment Status

The Health Department may change the employment classification of any employee at any time based on the nature of the employment assignment.

7. Classification Plan

All positions shall be classified according to their respective duties and responsibilities. A complete set of specifications for all classes shall be maintained including appropriate titles, examples of duties and responsibilities, and minimum requirements. Such specifications shall be periodically revised with a view of maintaining their accuracy.

8. Establishing Positions

All positions in the Health Department shall be established by the Board of Health. Positions may be established on either a full or part-time basis. For the purposes of compensation and fringe benefit determination, full time is 80% of the Health Department work week or its equivalent in terms of units of work. Part time is 79% or less of the Health Department work week or its equivalent in terms of units of work.

The Health Officer shall make recommendations to the Board of Health of needed positions. The Division Director or delegate shall hire personnel to fill these positions at the established wages or salary schedule.

9. Compensation Schedule

A compensation schedule shall be established covering all classified positions. Compensation paid to all employees shall be in compliance with the schedule. The schedule will include both hourly and annual rates of pay. The schedule may allow for a differential for hours or units of work completed during other than the regular hours of the Health Department. The schedule shall be adjusted to reflect responsibility and difficulty of work and provide advancement based upon quality and length of service.

C. Longevity Pay

Following completion of five (5) years of working at least a .80 FTE and on active status on October 1st of the current year, an employee is eligible for longevity payments. Employees shall receive a \$50 longevity bonus for the fifth (5) year and \$50 for each additional year thereafter with a maximum payment of \$1,500.

An employee who has been separated and returns and who completed five (5) years of service prior to separation must complete 52 additional continuous full-time weeks for reinstatement of eligibility. At this time, the employee will receive full credit for previous full-time employment.

When an employee who had not completed five (5) years of service prior to separation is reinstated, the employee must complete 52 additional continuous full-time weeks of service before prior years of service are credited toward eligibility for longevity payments.

A pro-rated payment in accordance with the longevity pay schedule shall be made to eligible employees at time of retirement or to beneficiaries of the estate in the event of death. Active employment status includes periods covered by annual leave, sick leave and other approved leaves with pay. Inactive status includes any approved or not approved absence without pay. Longevity will be paid by separate check, lump sum, on the last day in September.

D. Personnel Records

Records shall be maintained for each employee, showing name, title, salary, change in status, annual performance evaluations, and other personnel information as may be necessary for effective personnel administration and for compliance with applicable requirements.

The information in an employee's personnel file is permanent and confidential and must be kept up to date. Employees should inform the Director of Administrative Services immediately whenever there are changes in personal data such as address, telephone number, marital status, number of dependents, and person(s) to notify in case of emergency. Employees also should inform the Director of Administrative Services of any specialized training or skills they acquire. Employees are also responsible for maintaining a current group life insurance beneficiary designation. Unreported changes of address, marital status, etc. can affect withholding tax and benefit coverage.

Employees have the right to inspect their personnel files at reasonable times and on reasonable notice, generally no more than twice a year. An employee may inspect only his or her own personnel file.

SECTION VI: Hours of Work, Overtime and Pay Day

A. Hours of Work

Hours of work shall be established, consistent with the requirements of effective public health services and comparable to normal business hours in other comparable public offices. The work week shall consist of 37.5 hours unless amended by the Board of Health. Flexible work hours may be approved by the Division Director and/or Health Officer based on individual requests and when such requests do not conflict with productivity, or negatively impact client services or coworkers. To accommodate the needs of the business, at some point the Health Department may need to change individual work schedules on either a short-term or long-term basis.

Emergency, Weekend, And Evening Hours

All employees may be called upon to work other than the regularly scheduled hours of the Health Department in emergency situations, or to completely service the public health needs of the community. In accordance with the below policies, compensatory time off, pay differential, or overtime pay may be granted in such situations. After working in an emergency, the employee should report such an occurrence to their Division Director on the next workday. Any employee requesting evening or weekend hours, must have approval from their Division Director, Health Officer, or their designee.

B. Meal and Rest Periods

Rest Periods

Employees shall be allowed a fifteen (15) minute rest period in each half-day work period.

Meal Periods

The lunch period shall be one hour. There must be approval of overtime for persons who do not use all of their designated time for lunch.

C. Overtime Pay

Overtime Definition and Rates of Pay

All nonexempt employees who work more than forty (40) hours in one work week will receive overtime pay at the rate of 1 ½ times the employee's regular rate of pay.

Overtime will be computed on actual minutes worked, adjusted to the nearest 15-minute increment.

Only those hours that are worked are counted to determine an employee's overtime pay.

Compensated holidays, for example, are not hours worked and therefore are not counted in making overtime calculations unless the employee worked on the holiday.

Workweek and Workday

Unless otherwise provided, for purposes of calculating overtime, each workweek begins on Sunday and each workday is a 24-hour consecutive period which begins at 12:00 a.m.

Pre-Authorization

Nonexempt employees may not work overtime without the prior approval of their supervisor, absent an emergency. During busy periods, the employer may require employees to work extended hours.

Nonexempt employees who fail to obtain approval prior to working hours that extend beyond their

normal 7.5 hour workday or 37.5-hour workweek will be subject to disciplinary action. Overtime offenses may result in termination.

Makeup Time

Nonexempt employees may make up work time that is or would be lost as a result of personal obligations if the time is made up during the same pay period in which the work time is lost. A nonexempt employee will be permitted to make up work time only with approval of the supervisor.

D. Other Types of Pay

1. Travel Time for Non-Exempt Employees

Non-exempt employees are paid for travel time in accordance with state law. Please visit <https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/whdfs22.pdf> for details.

2. Holiday Pay

Eligible employees are paid their regular straight-time wages for Health Department-paid holidays as set forth under the policy entitled "Holidays." To receive holiday pay, the employee generally must work the regularly-scheduled workdays preceding and following the Health Department holiday or receive prior approval from their supervisor to take the time off. Nonexempt employees who work during a Health Department -paid holiday are paid as set forth under the policy entitled "Holidays" in this handbook.

3. Pay Differential

For non-exempt employees who work other than their regularly scheduled work week, with management approval or in emergency situations, employees will be compensated a pay differential of 50% for direct service time worked on official holidays, Saturdays and Sundays.

4. On-Call Pay

When a non-exempt employee is asked to work "On-Call", the employee will be paid for a minimum of two hours. On-call time is paid at the regular pay rate with no weekend/holiday differential. Time worked on a scheduled on-call day is paid at the employee's pay rate for the hours worked, including weekend/holiday differential as appropriate.

5. Temporary Food Inspections

Employees classified as Sanitarians who complete inspections for temporary food permits on the weekend or designated holiday, shall receive a stipend of \$75.00 per inspection in lieu of their hourly rate. Mileage to and from the inspection will be allowed as per the Transportation and Other Expenses Policy below.

E. Safe Harbor Policy for Exempt Employees

It is the Health Department' policy and practice to accurately compensate employees and to do so in compliance with all applicable state and federal laws. To ensure employees are paid properly and no improper deductions are made, employees must review their pay stubs promptly to identify and to report all errors.

If the employee believes a mistake has occurred or if the employee has any questions, the employee should use the reporting procedure outlined below.

Exempt salaried employees receive a salary which is intended to compensate for all hours worked for The Health Department. This salary will be established at the time of hire or when the employee becomes classified as an exempt employee. While it may be subject to review and modification from time-to-time, such as during salary review times, the salary will be a predetermined amount that will not be subject to deductions for variations in the quantity or quality of the work performed.

Under state law, salary is subject to certain deductions. For example, the employee's salary can be reduced for the following reasons:

- Occasional absence of more than 2 hours for personal reasons;
- full-day absences for sickness or disability, if the available paid sick leave has been exhausted;
- intermittent absences, including partial-day absences, covered by the federal Family and Medical Leave Act, if other available paid leave has been exhausted;
- to offset amounts received as payment for jury and witness fees or military pay;
- during the first or last week of employment in the event the employee works less than a full week; and
- any work week in which the employee performs no work for The Health Department.

Salary also may be reduced for certain types of deductions, such as the employee portion of health, dental or life insurance premiums; state, federal or local taxes, social security; or, voluntary contributions to a 401(k) or pension plan.

In any work week in which the employee performed any work, the employee's salary will not be reduced for any of the following reasons:

- Occasional absence of less than 2 hours for personal reasons, sickness or disability;
- absence on a holiday when the facility is closed or because the facility is otherwise closed on a scheduled workday;
- absences for jury duty, attendance as a witness or military leave in any week in which the employee has performed any work; and
- any other deductions prohibited by state or federal law.

If employees believe they have been subject to any improper deductions, they should immediately report the matter to the Director of Administrative Services. If the Director of Administrative Services is unavailable or if employees believe it would be inappropriate to contact that person (or if they have not received a prompt and fully acceptable reply), they should immediately contact the Health Officer.

Every report will be fully investigated and corrective action will be taken where appropriate, up to and including termination for any employee who violates this policy. In addition, The Health Department will not allow any form of retaliation against individuals who report alleged violations of this policy or who cooperate in the investigation of such reports. Retaliation is unacceptable, and any form of retaliation in violation of this policy will result in disciplinary action, up to and including termination.

F. Place and Time for Payment of Wages

1. Regular Pay Days

Employees are paid biweekly, every other Thursday. Employees must complete their timecards in a

timely manner in order to ensure that they are paid for all hours worked. If a pay day falls on a holiday, paychecks will be distributed on the preceding workday.

The Health Department requires Direct Deposit for payroll and expense reimbursement.

2. Payment on Resignation, Termination, or Completion of Assignment or Term

If an employee resigns or is terminated, his or her paycheck will be available as soon as the amount due the employee can be determined.

3. Garnishments

The Health Department complies with applicable state and federal laws regarding the garnishment and assignment of wages. Repeated garnishments for multiple debts can be grounds for discharge or other discipline as provided by applicable laws.

4. Payroll Deductions

Deductions for federal Income Tax, Social Security Tax, and Medicare are required by federal law. State Income Tax and State Disability Insurance deductions vary according to the state in which your work is performed. Other deductions for insurance or other benefits may be specifically authorized by the employee in writing or by electronic signature. Each paycheck stub itemizes amounts that have been withheld. It is the employee's responsibility to confirm the accuracy of payroll deductions and personal information and to notify the Health Department Payroll Clerk immediately of any changes. It is important that employees keep this information for tax purposes. Questions about deductions should be directed to the Health Department Payroll Clerk.

G. Timekeeping Procedures

Employees are expected to be on time daily and remain on the job throughout the regularly scheduled workday. Employees must accurately record their actual time worked for payroll and benefit purposes. Non-exempt employees must record the time work begins and ends, as well as the beginning and ending time of meal breaks and any departure from work for any non-work-related reason in EWS.

Altering, falsifying or tampering with time records is prohibited and subjects the employee to discipline, up to and including discharge. Exempt employees are required to record their daily work attendance and report full days of absence from work for reasons such as leaves of absence, sick leave or personal business. Non-exempt employees may not start work until their scheduled starting time, unless approved by their supervisor.

It is the employee's responsibility to sign time records to certify the accuracy of all time recorded. Any errors in the time record should be reported immediately to a supervisor, who will attempt to correct legitimate errors.

H. Attendance

Employees are expected to report to work on time and to remain at work through the end of their schedule, except for regularly scheduled breaks or authorized leaves. Employees are expected to notify their supervisor as soon as possible when they may be absent or late. This notification should be no later than one hour before your regularly scheduled starting time. In all cases where you may have an unscheduled absence or be tardy, you must provide your supervisor or their designee with an explanation. Whenever possible, you must also inform your supervisor or their designee of when you will arrive or return to work. Unless there are extenuating circumstances, you must provide prior

notification of your absence for any day you are scheduled to report. Excessive absenteeism, whether excused or not, is not acceptable. Each situation of excessive absenteeism or tardiness will be evaluated on a case-by-case basis. Exhausting a PTO bank due to excessive absences may result in a Corrective Action Plan.

I. Flexible Work Schedule

Employees may be permitted to flex their hours of work or their work location per guidelines established in the health department's Flexible Work Policy. Flexing of work hours or location may be ongoing, temporary for a specified period of time, or occasional due to work or other obligations. All flex time must be approved by a supervisor.

- Employees may not flex time to avoid using PTO.
- Occasional flexing of time due to work or other obligations should be done within the same pay period unless prior approval to flex time outside of the pay period is received from the Division Director.
- Employees may request to flex time and/or work remotely during an illness or medical leave. Your supervisor may approve flex/remote work for all work hours or partial hours. PTO or other medical leave coverage must be used to make up any non-approved hours.

SECTION VII: Paid Time Off

A. Holidays

The Health Department observes the following standard holidays each year:

New Year's Day
 Presidents' Day
 Good Friday
 Memorial Day
 Independence Day
 Labor Day
 Veterans Day
 Thanksgiving Day Friday
 After Thanksgiving
 Christmas Eve
 Christmas Day
 New Year's Eve
 One (1) Floating Holiday

To be eligible for holiday pay, an employee must work .80 to 1.0 FTE on the date the holiday occurs and have worked the day prior and subsequent to the holiday or be on authorized paid leave.

In addition to regular holidays, the floating holiday is available to employees who work a 1.0 FTE throughout the entire calendar year.

Part-time employees who work from .50 to .79 FTE are eligible for one floating holiday per calendar year.

B. Eligibility

Unless otherwise provided in this policy, immediately upon hire all full-time employees will receive time off with pay at their normal base rate for each Health Department-observed holiday. Part-time and temporary employees are not eligible for paid holiday benefits. The Health Department reserves the right to determine how many and which holidays will be paid per year. Moreover, all employees are ineligible for holiday benefits while they are on leave of absence.

Non-exempt employees must work their scheduled workday before and after the holiday in order to be eligible for holiday pay, unless the employee is absent with prior permission from their supervisor.

C. Weekends and Vacations

Holidays falling on Saturdays will normally be observed on the preceding Friday. Holidays falling on Sundays will normally be observed on the following Monday. In the event that two (2) back-to-back holidays (i.e., Christmas Eve and Christmas Day) fall on a Friday and Saturday, then Thursday and Friday shall be recognized holidays and likewise when the holidays fall on Sunday and Monday, then Monday and Tuesday shall be the recognized holidays.

Holidays that occur during an eligible employee's vacation/PTO will not be counted as vacation days

taken.

D. Rate of Pay

Nonexempt employees required to work on a Health Department-observed holiday will be paid at 1 ½ times their normal base rate for all hours worked.

E. Paid Time Off (PTO)

For purposes of this Policy, PTO is defined as both vacation time and sick time which have separate dedicated sections of this Policy. Furthermore, the PTO section applies to both vacation time and sick time.

F. Vacation Time

The Benzie-Leelanau District Health Department believes that staff members will benefit mentally and physically from a period of rest and relaxation away from the duties and responsibilities of the job.

To accommodate these needs for time off, and to allow eligible staff members to protect their income during periods of time off, BLDHD has a vacation time program which is used for scheduled and unscheduled time away from work for regular vacations and shorter periods of rest and relaxation. Scheduled time of more than one day should be approved by the employee's Director or Supervisor with a recommended minimum of ten (10) working days advance notice.

Regular employees working between a .80 and 1.0 FTE, will be compensated on an hourly and salary basis a proportionate share of vacation time based on their FTE. Vacation time can be carried over into the next year and may be accumulated to a maximum of 300 hours.

The following Vacation Time schedule will be used (each day = 7.5 hours):

<u>Years:</u>	3 mos-2	3-4	5-9	10-14	15-19	20-24	25-29	30 above
Days:	10	12	15	18	20	22	24	26

1. Part-Time Employees

Part-time employees working between a .50 and .79 FTE on a regular basis will be provided, on an hourly and salary basis, a proportionate share of vacation time based on their FTE following the schedule above.

2. Temporary Employees

Temporary employees are exempt from earning any vacation time hours.

3. Allowance

Vacation time shall not be credited for use until the employee has completed 90 days of continuous employment. At the end of the 90-day period, employees will receive credit for the hours of vacation time which were earned during this period.

4. Accrued Vacation Time at Separation, Retirement, or Death of Employee

Accrued vacation time due an employee at the time of separation, retirement or death will be paid at the same time as payment of wages or salary for the last pay period, at the employee's current pay rate. The maximum number of hours paid out will be 300.

5. Request to Use Vacation Time

Employees shall have the opportunity to request vacation time and state preferences as to the dates for the time off. Any request for leave must be submitted within the Employee Web Services (EWS) system. Any request for vacation time of more than one (1) consecutive working day should be submitted, when possible, to the employee's Division Director or Supervisor a minimum of ten (10) working days before the requested leave is to begin. The division Director or Supervisor, shall make every effort to arrange leave schedules. However, the final decision shall rest with the Health Officer.

G. Sick Time

The Earned Sick Time Act (ESTA), effective 2/21/2025, requires employers to provide paid time off specifically for personal or family health needs, as well as purposes related to domestic violence and sexual assault. Employees will receive their sick time for the year on January 1. The front-loaded bank of sick time of 72 hours (9.6) for a 1.0 FTE employee will be available for immediate use. The bank of sick time will be prorated based on employees' FTE status on January 1. If FTE status changes within the year, an adjustment of the sick time bank will be made. Sick time can be carried over into the next year and may be accumulated to a maximum of 300 hours. Accrued sick time will not be paid out at time of separation, retirement, or death.

1. Part-Time Employees

Part-time employees will receive a prorated bank of sick time on January 1 based on their expected FTE status for the year. The employee will be provided with written notice of the number of hours they are expected to work for a year at the time of hire.

2. Allowance

Sick time shall not be credited for use until the employee has completed 90 days of continuous employment. At the end of the 90-day period, employees will receive credit for the hours of sick time earned during this period which will be included in a front-loaded bank of sick time, prorated based on FTE and time left in the calendar year. New employees may use up to two (2) days of sick time during their probationary period with approval from their Division Director or Supervisor.

3. Permissible Uses

The permissible uses of the Earned Sick Time Act (ESTA), are specified below:

An employer shall permit an employee to use the earned sick time accrued for any of the following:

- (a) The employee's mental or physical illness, injury, or health condition; medical diagnosis, care, or

treatment of the employee's mental or physical illness, injury, or health condition; or preventative medical care for the employee.

(b) For the employee's family member's mental or physical illness, injury, or health condition; medical diagnosis, care, or treatment of the employee's family member's mental or physical illness, injury, or health condition; medical diagnosis, care, or treatment of the employee's family member's mental or physical illness, injury, or health condition; or preventative medical care for a family member of the employee.

(c) If the employee or the employee's family member is a victim of domestic violence or sexual assault, for medical care or psychological or other counseling for physical or psychological injury or disability; to obtain services from a victim services organization; to relocate due to domestic violence or sexual assault; to obtain legal services; or to participate in any civil or criminal proceedings related to or resulting from the domestic violence or sexual assault.

(d) For meetings at a child's school or place of care related to the child's health or disability, or the effects of domestic violence or sexual assault on the child; or

(e) For closure of the employee's place of business by order of a public official due to a public health emergency; for an employee's need to care for a child whose school or place of care has been closed by order of a public official due to a public health emergency; or when it has been determined by the health authorities having jurisdiction or by a health care provider that the employee's or employee's family member's presence in the community would jeopardize the health of others because of the employee's or family member's exposure to a communicable disease, whether or not the employee or family member has actually contracted the communicable disease.

(f) An employee may use sick time for other reasons not specified above with proper notice to their Division Director or Supervisor. The Division Director or Supervisor shall make every effort to arrange leave schedules. However, the final decision shall rest with the Health Officer. No more than 150 hours per year may be used for leave not specified in (a) through (e) above.

4. Using Sick Time

If the employee's need to use earned sick time is foreseeable, the employee shall provide notice seven (7) days before the date the earned sick time is to begin and the intention to use the earned sick time. If the employee's need for the earned sick time is not foreseeable, the employee shall give notice of the intention as soon as practicable.

H. PTO

The following sections apply to both vacation time and sick time.

1. PTO Accrual During Leaves of Absence

Employees do not accrue vacation time or sick time during an unpaid leave of absence or while on disability salary continuation. PTO accruals commence when the employee returns to work.

2. Holidays Occurring During Leave

If an observed Health Department holiday (see guideline entitled "Holidays") occurs during an employee's scheduled PTO, no deduction from PTO banks will be made for the holiday.

3. PTO Increments

Eligible employees must take accrued PTO in increments of at least fifteen (15) minutes.

4. PTO for Family Care and Medical Leave Purpose

Employees who request family care or medical leave pursuant to the Health Department's FMLA policy generally must apply accrued PTO to the unpaid portion of their family or medical leave with the exception of three (3) days, based on 1.0 FTE, prorated per employees FTE, as permitted by law. This is intended to allow employees to maintain a bank of PTO for unforeseen circumstances that occur after returning to work. Sick time shall be used first, then vacation time. Please see the Director of Administrative Services for more information.

5. PTO Donation Policy

The Health Department recognizes that employees may have circumstances where there is a need for additional time off more than their available PTO. To address this need, all eligible employees will be allowed to donate accrued PTO hours from their unused vacation time or sick time balances to their co-workers in need of additional paid time off. However, employees may only donate up to a maximum of 37.5 hours of sick time during a calendar year, provided that this donation leaves no less than 72 hours in the donor's sick time bank (based on a 1.0 FTE, prorated per employees' FTE). Donations of vacation time are unrestricted. Employees who would like to donate PTO leave must notify the finance supervisor, in writing, the name of the employee they would like to donate to and the number of hours from either vacation time or sick time banks. This Policy is strictly voluntary. Time off will be approved according to the PTO policy.

6. Credit

Advance use of future credits for PTO shall not be permitted unless an employee is within their probationary period. If absence occurs due to illness and no other credits exists, the employee is absent without pay.

7. Request For PTO

Employees who cannot report to work shall notify or have someone notify their Supervisor.

8. Use of PTO at Separation or Retirement

To provide the smooth and timely transfer of information and job duties at time of employee separation or retirement, the use of PTO (vacation or sick time) shall be limited to 75 hours after notice of separation or retirement. The use of PTO for the last 37.5 hours of employment is prohibited unless sick time is needed for reasons (a) through (e) under permissible uses.

SECTION VIII: Leaves of Absence

A. Family and Medical Leave Act (FMLA)

(includes qualifying exigency and military caregiver leave)

The Health Department will provide Family and Medical Leave to its eligible employees. The Health Department posts the mandatory FMLA Notice and upon hire provides all new employees with notices required by the U.S. Department of Labor (DOL) on Employee Rights and Responsibilities under the Family and Medical Leave Act in breakroom.

The function of this policy is to provide employees with a general description of their FMLA rights. In the event of any conflict between this policy and the applicable law, employees will be afforded all rights required by law.

If you have any questions, concerns, or disputes with this policy, you must contact Director of Administrative Services in writing.

1. General Provisions

Under this policy, the Health Department will grant up to 12 weeks (or up to 26 weeks of military caregiver leave to care for a covered servicemember with a serious injury or illness) during a 12-month period to eligible employees. The leave may be paid, unpaid or a combination of paid and unpaid leave, depending on the circumstances of the leave and as specified in this policy.

2. Eligibility

To qualify to take family or medical leave under this policy, the employee must meet all of the following conditions:

- 1) The employee must have worked for the Health Department for 12 months or 52 weeks. The 12 months or 52 weeks need not have been consecutive. Separate periods of employment will be counted, provided that the break in service does not exceed seven years. Separate periods of employment will be counted if the break in service exceeds seven years due to National Guard or Reserve military service obligations or when there is a written agreement, including a collective bargaining agreement, stating the employer's intention to rehire the employee after the service break. For eligibility purposes, an employee will be considered to have been employed for an entire week even if the employee was on the payroll for only part of a week or if the employee is on leave during the week.
- 2) The employee must have worked at least 1,250 hours during the 12-month period immediately preceding the commencement of the leave. The 1,250 hours do not include time spent on paid or unpaid leave. Consequently, these hours of leave should not be counted in determining the 1,250 hours eligibility test for an employee under FMLA.
- 3) The employee must work in a worksite where 50 or more employees are employed by the Health Department within 75 miles of that office or worksite. The distance is to be calculated by using available transportation by the most direct route.

3. Type of Leave Covered

To qualify as FMLA leave under this policy, the employee must be taking leave for one of the reasons listed below:

- 1) The birth of a child and in order to care for that child.
- 2) The placement of a child for adoption or foster care and to care for the newly placed child.

- 3) To care for a spouse, child or parent with a serious health condition (described below).
- 4) The serious health condition (described below) of the employee.

An employee may take leave because of a serious health condition that makes the employee unable to perform the functions of the employee's position.

A serious health condition is defined as a condition that requires inpatient care at a hospital, hospice or residential medical care facility, including any period of incapacity or any subsequent treatment in connection with such inpatient care or a condition that requires continuing care by a licensed health care provider.

This policy covers illnesses of a serious and long-term nature, resulting in recurring or lengthy absences. Generally, a chronic or long-term health condition that would result in a period of three consecutive days of incapacity with the first visit to the health care provider within seven days of the onset of the incapacity and a second visit within 30 days of the incapacity would be considered a serious health condition. For chronic conditions requiring periodic health care visits for treatment, such visits must take place at least twice a year.

Employees with questions about what illnesses are covered under this FMLA policy or under the Health Department's sick leave policy are encouraged to consult with the Director of Administrative Services.

If an employee takes paid sick leave for a condition that progresses into a serious health condition and the employee requests unpaid leave as provided under this policy, the Health Department may designate all or some portion of related leave taken as leave under this policy, to the extent that the earlier leave meets the necessary qualifications.

- 5) Qualifying exigency leave for families of members of the National Guard or Reserves or of a regular component of the Armed Forces when the covered military member is on covered active duty or called to covered active duty. An employee whose spouse, son, daughter or parent either has been notified of an impending call or order to covered active military duty or who is already on covered active duty may take up to 12 weeks of leave for reasons related to or affected by the family member's call-up or service. The qualifying *exigency must be one of the following*:
 - a. *short-notice deployment*
 - b. *military events and activities*
 - c. *childcare and school activities*
 - d. *financial and legal arrangements*
 - e. *counseling*
 - f. *rest and recuperation*
 - g. *post-deployment activities, and*
 - h. *additional activities that arise out of active duty, provided that the employer and employee agree, including agreement on timing and duration of the leave.*

Eligible employees are entitled to FMLA leave to care for a current member of the Armed Forces, including a member of the National Guard or Reserves, or a member of the Armed Forces, the National Guard or Reserves who is on the temporary disability retired list, who has a serious injury or illness incurred in the line of duty on active duty for which he or she is undergoing medical treatment, recuperation, or therapy; or otherwise in outpatient status; or otherwise on the temporary disability retired list. Eligible employees may not take leave under this provision to care for former members of the Armed Forces, former members of the National Guard and Reserves, and members on the permanent disability retired list.

In order to care for a covered servicemember, an eligible employee must be the spouse, son, daughter,

or parent, or next of kin of a covered servicemember.

- a) A “son or daughter of a covered servicemember” means the covered servicemember's biological, adopted, or foster child, stepchild, legal ward, or a child for whom the covered servicemember stood in loco parentis, and who is of any age.
- b) A “parent of a covered servicemember” means a covered servicemember's biological, adoptive, step or foster father or mother, or any other individual who stood in loco parentis to the covered servicemember. This term does not include parents “in law.”
- c) Under the FMLA, a “spouse” means a husband or wife, including those in same-sex marriages, which were made legal in all 50 United States as of June 26, 2015.
- d) The “next of kin of a covered servicemember” is the nearest blood relative, other than the covered servicemember's spouse, parent, son, or daughter, in the following order of priority: blood relatives who have been granted legal custody of the servicemember by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless the covered servicemember has specifically designated in writing another blood relative as his or her nearest blood relative for purposes of military caregiver leave under the FMLA. When no such designation is made, and there are multiple family members with the same level of relationship to the covered servicemember, all such family members shall be considered the covered servicemember's next of kin and may take FMLA leave to provide care to the covered servicemember, either consecutively or simultaneously. When such designation has been made, the designated individual shall be deemed to be the covered servicemember's only next of kin. For example, if a covered servicemember has three siblings and has not designated a blood relative to provide care, all three siblings would be considered the covered servicemember's next of kin. Alternatively, where a covered servicemember has a sibling(s) and designates a cousin as his or her next of kin for FMLA purposes, then only the designated cousin is eligible as the covered servicemember's next of kin. An employer is permitted to require an employee to provide confirmation of covered family relationship to the covered servicemember pursuant to § 825.122(k).

“Covered active duty” means:

- (a) “Covered active duty” for members of a regular component of the Armed Forces means duty during deployment of the member with the Armed Forces to a foreign country.
- (b) (2) Covered active duty or call to covered active duty status in the case of a member of the Reserve components of the Armed Forces means duty during the deployment of the member with the Armed Forces to a foreign country under a Federal call or order to active duty in support of a contingency operation, in accordance with 29 CR 825.102.

The leave may commence as soon as the individual receives the call-up notice. (Son or daughter for this type of FMLA leave is defined the same as for child for other types of FMLA leave except that the person does not have to be a minor.) This type of leave would be counted toward the employee's 12-week maximum of FMLA leave in a 12-month period.

- 6) Military caregiver leave (also known as covered servicemember leave) to care for an injured or ill servicemember or veteran.

An employee whose son, daughter, parent or next of kin is a covered servicemember may take up to 26 weeks in a single 12-month period to take care of leave to care for that servicemember.

Next of kin is defined as the closest blood relative of the injured or recovering servicemember.

The term “covered servicemember” means:

- (a) a member of the Armed Forces (including a member of the National Guard or Reserves) who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness; or
- (b) a veteran who is undergoing medical treatment, recuperation, or therapy, for a serious injury or illness and who was a member of the Armed Forces (including a member of the National Guard or Reserves) at any time during the period of 5 years preceding the date on which the veteran undergoes that medical treatment, recuperation, or therapy.

The term "serious injury or illness means:

- (a) in the case of a member of the Armed Forces (including a member of the National Guard or Reserves), means an injury or illness that was incurred by the member in line of duty on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in line of duty on active duty in the Armed Forces) and that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating; and
- (b) in the case of a veteran who was a member of the Armed Forces (including a member of the National Guard or Reserves) at any time during a period when the person was a covered servicemember, means a qualifying (as defined by the Secretary of Labor) injury or illness incurred by a covered servicemember in the line of duty on active duty that may render the servicemember medically unfit to perform the duties of his or her office, grade, rank or rating.
- (c) Outpatient status, with respect to a covered servicemember, means the status of a member of the Armed Forces assigned to either a military medical treatment facility as an outpatient; or a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.

4. Amount of Leave

An eligible employee can take up to 12 weeks for the FMLA circumstances (1) through (5) above under this policy during any 12-month period. The Health Department will measure the 12-month period as a rolling 12-month period measured backward from the date an employee uses any leave under this policy. Each time an employee takes leave, the Health Department will compute the amount of leave the employee has taken under this policy in the last 12 months and subtract it from the 12 weeks of available leave, and the balance remaining is the amount the employee is entitled to take at that time. An eligible employee can take up to 26 weeks for the FMLA circumstance (6) above (military caregiver leave) during a single 12-month period. For this military caregiver leave, the Health Department will taken for other FMLA circumstances will be deducted from the total of 26 weeks available.

If spouses both work for the Health Department and each wishes to take leave for the birth of a child, adoption or placement of a child in foster care, or to care for a parent (but not a parent "in-law") with a serious health condition, the spouses may only take a combined total of 12 weeks of leave. If spouses both work for the Health Department and each wishes to take leave to care for a covered injured or ill servicemember, the spouses may only take a combined total of 26 weeks of leave.

5. Employee Status and Benefits During Leave

While an employee is on leave, the Health Department will continue the employee's health benefits during the leave period at the same level and under the same conditions as if the employee had continued to work. Any employer HSA contributions will discontinue while the employee is on leave and will not make any catch up payments upon employee's return.

If the employee chooses not to return to work for reasons other than a continued serious health condition of the employee or the employee's family member or a circumstance beyond the employee's control, the Health Department will require the employee to reimburse the Health Department the amount it paid for the employee's share of the health insurance premium during the leave period.

Under current Health Department policy, the employee pays a portion of the health care premium. While on paid leave, the employer will continue to make payroll deductions to collect the employee's share of the premium. When the employee returns from unpaid leave, the employee will pay back the premiums that the Health Department has paid during their unpaid leave of absence. This agreement will be signed prior to the employee taking leave.

The employer will provide 15 days' notification prior to the employee's loss of coverage.

6. Employee Status after Leave

An employee who takes leave under this policy may be asked to provide a fitness for duty (FFD) clearance from the health care provider. This requirement will be included in the employer's response to the FMLA request. Generally, an employee who takes FMLA leave will be able to return to the same position or a position with equivalent status, pay, benefits and other employment terms. The position will be the same or one which is virtually identical in terms of pay, benefits and working conditions. The Health Department may choose to exempt certain key employees from this requirement and not return them to the same or similar position.

7. Use of Paid and Unpaid Leave

An employee who is taking FMLA leave because of the employee's own serious health condition, or the serious health condition of a family member must use all paid vacation, personal or sick leave prior to being eligible for unpaid leave. Sick leave may be run concurrently with FMLA leave if the reason for the FMLA leave is covered by the established sick leave policy.

Disability leave for the birth of the child and for an employee's serious health condition, including workers' compensation leave (to the extent that it qualifies), will be designated as FMLA leave and will run concurrently with FMLA. For example, if an employer provides six weeks of pregnancy disability entitlement. The employee may then be required to substitute accrued (or earned) paid leave as appropriate before being eligible for unpaid leave for what remains of the 12-week entitlement. An employee who is taking leave for the adoption or foster care of a child must use all paid vacation, personal or family leave prior to being eligible for unpaid leave.

An employee who is using military FMLA leave for a qualifying exigency must use all paid vacation and personal leave prior to being eligible for unpaid leave. An employee using FMLA military caregiver leave must also use all paid vacation, personal leave or sick leave (as long as the reason for the absence is covered by the Health Department's sick leave policy) prior to being eligible for unpaid leave.

8. Intermittent Leave or a Reduced Work Schedule

The employee may take FMLA leave in 12 consecutive weeks, may use the leave intermittently (take a day periodically when needed over the year) or, under certain circumstances, may use the leave to reduce the workweek or workday, resulting in a reduced hour schedule. In all cases, the leave may not exceed a total of 12 workweeks (or 26 workweeks to care for an injured or ill servicemember over a 12-month period).

The Health Department may temporarily transfer an employee to an available alternative position with equivalent pay and benefits if the alternative position would better accommodate the intermittent or reduced schedule, in instances of when leave for the employee or employee's family member is foreseeable and for planned medical treatment, including recovery from a serious health condition or to care for a child after birth, or placement for adoption or foster care.

For the birth, adoption or foster care of a child, the Health Department and the employee must mutually agree to the schedule before the employee may take the leave intermittently or work a reduced hour schedule. Leave for birth, adoption or foster care of a child must be taken within one year of the birth or placement of the child.

If the employee is taking leave for a serious health condition or because of the serious health condition of a family member, the employee should try to reach agreement with the Health Department before taking intermittent leave or working a reduced hour schedule. If this is not possible, then the employee must prove that the use of the leave is medically necessary.

9. Certification for the Employee's Serious Health Condition

The Health Department will require certification for the employee's serious health condition. The employee must respond to such a request within 15 days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. Medical certification will be provided using the DOL Certification of Health Care Provider for Employee's Serious Health Condition.

The Health Department may directly contact the employee's health care provider for verification or clarification purposes using a health care professional, an HR professional, leave administrator or management official. The Health Department will not use the employee's direct supervisor for this contact. Before the Health Department makes this direct contact with the health care provider, the employee will be given an opportunity to resolve any deficiencies in the medical certification. In compliance with HIPAA Medical Privacy Rules, the Health Department will obtain the employee's permission for clarification of individually identifiable health information.

The Health Department has the right to ask for a second opinion if it has reason to doubt the certification. The Health Department will pay for the employee to get a certification from a second doctor, which the Health Department will select. The Health Department may deny FMLA leave to an employee who refuses to release relevant medical records to the health care provider designated to provide a second or third opinion. If necessary to resolve a conflict between the original certification and the second opinion, the Health Department will require the opinion of a third doctor. The Health Department and the employee will mutually select the third doctor, and the Health Department will pay for the opinion. This third opinion will be considered final. The employee will be provisionally entitled to leave and benefits under the FMLA pending the second and/or third opinion.

10. Certification for the Family Member's Serious Health Condition

The Health Department will require certification for the family member's serious health condition. The employee must respond to such a request within 15 days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. Medical certification will be provided using the DOL Certification of Health Care Provider for Family Member's Serious Health Condition.

The Health Department may directly contact the employee's family member's health care provider for verification or clarification purposes using a health care professional, an HR professional, leave administrator or management official. The Health Department will not use the employee's direct supervisor for this contact. Before the Health Department makes this direct contact with the health care provider, the employee will be given an opportunity to resolve any deficiencies in the medical certification. In compliance with HIPAA Medical Privacy Rules, the Health Department will obtain the employee's family member's permission for clarification of individually identifiable health information.

The Health Department has the right to ask for a second opinion if it has reason to doubt the certification. The Health Department will pay for the employee's family member to get a certification from a second doctor, which the Health Department will select. The Health Department may deny FMLA leave to an employee whose family member refuses to release relevant medical records to the health care provider designated to provide a second or third opinion. If necessary to resolve a conflict between the original certification and the second opinion, the Health Department will require the opinion of a third doctor. The Health Department and the employee will mutually select the third doctor, and the Health Department will pay for the opinion. This third opinion will be considered final. The employee will be provisionally entitled to leave and benefits under the FMLA pending the second and/or third opinion.

11. Certification of Qualifying Exigency for Military Family Leave

The Health Department will require certification of the qualifying exigency for military family leave. The employee must respond to such a request within 15 days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. This certification will be provided using the DOL Certification of Qualifying Exigency for Military Family Leave.

12. Certification for Serious Injury or Illness of Covered Servicemember for Military Family Leave

The Health Department will require certification for the serious injury or illness of the covered servicemember. The employee must respond to such a request within 15 days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. This certification will be provided using the DOL Certification for Serious Injury or Illness of Covered Servicemember.

13. Recertification

The Health Department may request recertification for the serious health condition of the employee or the employee's family member no more frequently than every 30 days unless circumstances have changed significantly, or if the employer receives information casting doubt on the reason given for the absence, or if the employee seeks an extension of his or her leave. Otherwise, the Health Department may request recertification for the serious health condition of the employee or the employee's family member every six months in connection with an FMLA absence. The Health Department may provide the employee's health care provider with the employee's attendance records and ask whether need for leave is consistent with the employee's serious health condition.

14. Procedure for Requesting FMLA Leave

All employees requesting FMLA leave must provide verbal or written notice of the need for the leave to the Director of Administrative Services within five business days after the employee has provided this notice, the Director of Administrative Services will complete and provide the employee with the DOL Notice of Eligibility and Rights.

When the need for the leave is foreseeable, the employee must provide the employer with at least 30 days' notice. When an employee becomes aware of a need for FMLA leave less than 30 days in advance, the employee must provide notice of the need for the leave either the same day or the next business day. When the need for FMLA leave is not foreseeable, the employee must comply with the Health Department's usual and customary notice and procedural requirements for requesting leave, absent unusual circumstances.

15. Designation of FMLA Leave

Within five business days after the employee has submitted the appropriate certification form, the Director of Administrative Services, or their designee, will complete and provide the employee with a written response to the employee's request for FMLA leave using the DOL Designation Notice.

16. Intent to Return to Work from FMLA Leave

On a basis that does not discriminate against employees on FMLA leave, the Health Department may require an employee on FMLA leave to report periodically on the employee's status and intent to return to work.

B. Other Disability Leaves

In addition to medical or pregnancy-related disability leaves described in Sections II and III, employees may take a temporary disability leave of absence if necessary to reasonably accommodate a workplace injury or a disability under the ADA. Any disability leave under this section will run concurrently with any medical leave to which the employee is entitled to.

Disability leaves under this section will be unpaid.

Employees taking disability leave must comply with the Family Care, Medical and Military Family Leave provisions regarding substitution of paid leaves, notice, and medical certification. For the purpose of applying these provisions, a disability leave will be considered to be a medical leave.

If a disability leave under this section extends beyond 12 weeks in a 12-month period, the employee will not be entitled to any continued employer contributions towards any employee benefit plan unless otherwise required by law. An employee, however, may elect to continue participating in such benefit plans, at the employee's own expense, to the extent permitted by such plans.

The duration of a leave under this section shall be consistent with applicable law, but in no event shall the leave extend past the date on which an employee becomes capable of performing the essential functions of their position, with or without reasonable accommodation. For a full explanation of leave duration and reinstatement rights, employees should contact the Director of Administrative Services.

C. Other Leaves of Absence

1. Military Leave of Absence

The Health Department will grant employees a military leave of absence to the extent required by applicable federal and state law.

2. Civil Air Patrol Leave

Employees may take a leave of absence if they are a member of the Civil Air Patrol if the following conditions are met:

- The employee is absent to respond as a member of the civil air patrol to an emergency declared by the governor or the president of the United States;
- The employee provides his or her employer with as much notice as possible of the date he or she will be absent to serve with the civil air patrol during the emergency; and
- The employee provides his or her employer with verification from the civil air patrol of the emergency need for his or her volunteer service.

A civil air patrol member who is trained and qualified to provide emergency services must notify the employer that he or she *may* one day be called to an emergency by the later of:

- 30 days after the Act takes effect (August 4, 2016);
- The date of employment; or
- The date of joining the civil air patrol.

In regard to a specific absence, an employee must provide the employer with:

- As much notice as possible of the dates he or she will be absent to serve with the civil air patrol during the emergency; and
- Verification from the civil air patrol of the emergency need for the employee's volunteer service.

3. Jury Duty

The Health Department will provide employees paid time off on regularly scheduled workdays to serve, as required by law, on a jury or grand jury if the employee provides reasonable advance notice.

Employees serving jury duty are expected to return to work immediately if released by the court before noon, or the next scheduled day if released after noon. The Health Department may not discharge, threaten, coerce or penalize an employee for complying with a jury summons or serving on a jury.

Any compensation received by the employee while on jury duty is theirs to keep and does not need to be submitted to the Health Department.

4. Witness Service

Personal or Private Matters

An employee who appears as a court witness on personal or private matters shall do so on his/her own time, that is, personal/sick, annual leave, compensatory time, or leave without pay.

Expert Witness

An employee subpoenaed as an expert witness in the field of public health and safety shall be

granted an absence for this purpose.

The employee may choose to give this service in one of two different ways:

- On employee's own time. The employee would use his/her accumulated annual leave or compensatory time for giving such witness service. In this event, he/she may accept and keep any fees paid for such services as well as receive his/her wages or salary for the period during which the service was given.
- On Health Department time. No deduction will be made of his/her accumulated annual leave or compensatory time. If he/she accepts the fee for such service he/she will be expected to furnish a statement indicating the total amount of the witness fee received. The amount of the fee due him/her for the period of witness service shall be deducted from his/her total wages or salary for the pay period during which the service was given or they may assign the pay to the Health Department.

Health Department Matters

An employee testifying in a court case in which the Health Department is involved, shall give such service as part of his/her usual work routine. He/she shall not be permitted to accept any fee for this service.

5. Voting Time Off

There are no time off provisions under current Michigan law. Employees have the right to vote absent of any Health Department hinderance, control, coercion, intimidation, or threat of termination for exercising said right.

6. Bereavement Leave

All employees (part-time and full-time) will receive five (5) paid days off when they experience a pregnancy loss or a death of an immediate family or household member (spouse/significant other, child, parent); three (3) paid days due to the death of a close family member (brother, sister, grandparent, grandparent-in-law, mother-in-law, father-in-law, sister-in-law, brother-in-law, niece, nephew, grandchild); and one (1) paid day due to the death of extended family member (aunt, uncle, cousin). Bereavement time does not need to be used consecutively and must be used within one year of death.

If an employee requires more days off for bereavement leave, the employee may request the opportunity to use any accrued PTO or may request additional unpaid leave if all other paid time off has been used.

7. Crime Victims' Leave

A victim representative is:

- The guardian or custodian of a child of a deceased victim, if the child is under 18 years of age;
- The parent, guardian or custodian of a victim of an assaultive crime, if the victim is under 18 years of age; or
- A person designated to act in place of a victim of an assaultive crime while the victim is physically or emotionally disabled.

No employee who is absent from work pursuant to this provision will be discharged or otherwise discriminated against in compensation or other terms, conditions or privileges of employment, because of such absence. Such leave is unpaid. Employees taking leave under this policy may elect to apply vacation time to such leave.

8. Administrative Leave with Pay

The Health Officer, or his/her delegate, may grant administrative leave with pay for necessary absence from duty for which annual/sick leave or other leave with pay is not applicable. Division Directors may approve such leaves. Any compensation received by the employee while on administrative leave with pay is theirs to keep and does not need to be submitted to the Health Department.

Employees who otherwise do not have access to their own PTO may access the donated PTO bank with approval from the Division Director in consultation with the Director of Administrative Services.

9. Storms or Other Emergencies

The Health Department will allow administrative leave with pay when most other county facilities, such as the courthouse or county building, are closed due to weather conditions. The Health Officer may decide to close offices due to weather or other emergencies with approval from the Board of Health Chairperson. Employees will be granted administrative leave with pay if they are scheduled to work in person at the affected office. If they were scheduled to work at an unaffected office, or scheduled to work from home, they are expected to work. When individual employees are unable to reach the office because of the particular location of their residence, PTO will be charged for their time absent. In all cases, this policy will be interpreted on an individual basis by the Division Director and/or Health Officer at his/her sole discretion.

10. Absence Without Pay

Request For Leave

An absence without pay may be granted to an employee by the Health Officer, or his/her delegate, after careful consideration of the reasons provided in his/her written request for such leave. The employee's request must be received prior to the dates they were absent. Unless otherwise agreed to, an employee will be required to use their personal/sick leave available and any compensatory time available.

Extensions

Extensions of the leave period shall be requested in writing and may be granted by the Health Officer or his/her delegate.

Restoration to Former Position

An employee on leave without pay will be restored to his/her former position or to a similar one upon expiration of his/her leave. He/she will be expected to inform his/her Division Director, in writing, of his/her plans to return to work.

Earlier Return to Work

A return to work earlier than the scheduled termination of leave date may be arranged by the Division Director and the employee.

Failure To Return to Work

An employee who fails to return from a leave without pay on the date set for the termination of such leave, may be separated from his/her employment.

SECTION IX: Transportation and Other Expenses

A. Operation of Vehicles

- Employees who are required to drive a Health Department or personal vehicle for Health Department business will be required to show proof of current, valid driver licenses.
- All employees who drive as a part of their job and any of its passenger(s), must wear a seat belt.
- Under no circumstances will you drive while under the influence of drugs and/or alcohol.
- It is the responsibility of every employee to drive safely and obey all traffic, vehicle safety, and parking laws or regulations. Drivers must demonstrate safe driving habits at all times.
- Health Department owned or leased vehicles may be used only as authorized by management.
- Employees may not transport non-employees (e.g. clients) in personal vehicles while on duty and may not transport non-employees in agency-owned vehicles at any time.
- The Health Department retains the right to transfer to an alternative position, suspend or terminate an employee whose license is revoked, or who is uninsurable under the Health Department's policy.

B. Travel

All staff are assigned one base office based on their primary worksite. Multiple base office assignments can occur if determined to be appropriate by the Division Director. For school-based staff, the school(s) regularly served are the assigned base office(s).

When an employee goes to a worksite without first going to his/her assigned base office(s), mileage will be calculated by taking the lessor of two distances: 1) home to work-site, or 2) assigned office(s) to work-site.

1. If an employee ends his/her day at a worksite, mileage will be calculated by taking the lessor of two distances; 1) worksite to home; or 2) worksite to assigned office(s).
2. For employees whose primary worksite is their home, mileage should be calculated from their home to the worksite and from the worksite back to home.
3. All mileage between multiple worksites or multiple base offices during the course of a day are reimbursed.
Should an unusual circumstance or emergency occur necessitating transportation by taxi, bus, or other mode of travel, the cost of such will be reimbursed upon submitting receipt and/or explanation of same.
4. On an interim basis, when an employee is assigned to a temporary location, an alternative travel reimbursement plan may be mutually agreed on by the employee and the Health Department.
5. Carpooling is encouraged when several employees are traveling to a meeting or conference out of the Benzie/Leelanau/Grand Traverse County area. Employees who choose not to carpool for personal reasons will not receive mileage reimbursement. Extenuating circumstances may be approved by a supervisor.

C. Car Insurance

Employees who are required to drive personal cars in performance of their duties shall have adequate car insurance as required by state law. Proof of insurance coverage must be shown if requested.

D. Repairs of Car

When car repairs are necessary, employees shall be expected to schedule them, insofar as is possible, at such times that there will be no interruption of field services.

E. Reimbursement for Repairs and Towing/Recovery

There will be no reimbursement toward the repair or towing of an employee's vehicle damaged in an accident when in use for Health Department business. In addition, employees should use reasonable judgement when entering roads, driveways, or work sites that are not clear of snow or are otherwise not improved for normal vehicle traffic. The expense of vehicle recovery is solely the responsibility of the employee.

F. Travel Reimbursement

Reimbursement for the use of a personal car on the job shall be per mile at the IRS-approved rate.

G. Other Travel Related Expenses

Expenses, in addition to current mileage rate paid by the Department, for lodging and meals shall be allowed to employees attending meetings or work-related activities outside of the official work area when such attendance and payment of expenses is approved by the Division Director or delegate.

H. Meal Allowance

The following is for meal expenses incurred while attending meetings or work-related activities outside the District. Reimbursement for meals included in meeting/conference attendance will not be paid. Meal reimbursement will be paid as a flat rate based on the rates below. Receipts are required for the meals for financial auditing purposes and do not need to match or exceed the flat rate amounts to qualify for full reimbursement. Alcoholic beverages are not reimbursed.

- Breakfast - \$12.00 - Travel must commence prior to 6:00 a.m. and extend beyond 8:30 a.m.
- Lunch - \$20.00 - Travel must commence prior to 11:30 a.m. and extend beyond 2:00 p.m.
- Dinner - \$30.00 - Travel must commence prior to 6:30 p.m. and extend beyond 8:00 p.m.

Reimbursement higher than the above rates must be approved on an individual basis and supported with receipts. Auto storage and metered parking charges, taxi service, bridge and road tolls must have a receipt to be reimbursed. Tips for valet parking may not exceed \$5 per day.

SECTION X: Termination, Discipline, and Rules of Conduct

A. Termination

1. Voluntary Termination

The Health Department will consider an employee to have voluntarily terminated their employment if an employee does any of the following:

- 1) Elects to resign from the Health Department;
- 2) Fails to return from an approved leave of absence on the date specified by the Health Department; or
- 3) Fails to report for work without notice to the Health Department for three (3) consecutive days.

The Health Department requests one or more months' notice of intended resignation from management staff, and two or more weeks' notice of intended resignation from clerical and non-management staff. As much notice as possible is encouraged in order to facilitate recruitment and orientation of new staff members.

2. Involuntary Termination

An employee may be terminated involuntarily for reasons that may include poor performance, misconduct, or other violations of The Health Department's rules of conduct as set forth below. Notwithstanding this list of rules, The Health Department reserves the right to discharge or demote any employee with or without cause and with or without prior notice.

3. Termination Due to Workforce Reduction

From time to time, The Health Department may need to terminate an employee as a consequence of reorganizations, job eliminations, economic downturns in business, lack of work, or lack of funds. Should The Health Department consider such terminations necessary, The Health Department will attempt to provide all affected employees with advance notice when practical. Layoff benefits associated with such terminations, if any, will be as specified in the notice.

Layoff and recalls will be at the discretion of the Health Officer, or his/her designee. Such discretion will be exercised after consideration of the following factors: job classification, length of service, work performance, assigned office, the health department's needs, the ability of the employee to function effectively in the position and work with other employees, and other such factors as are relevant to the job's requirements. These factors are not intended to be applied in a rigid manner and the Health Officer, or his/her designee, may decide how much consideration is to be given each factor for a position. In general, recalls will be in reverse order by job classifications after considering the same factors used in determining layoffs.

B. Discipline and Rules of Conduct

Employees are expected to observe certain standards of job performance and good conduct. When performance or conduct does not meet Health Department standards, the employee will be subject to discipline up to and including termination.

The rules set forth below are intended to provide employees with notice of employment expectations. However, such rules cannot identify every type of unacceptable conduct and performance. Therefore, employees should be aware that conduct not specifically listed below may be considered detrimental to the interests of the Health Department, other employees, or customers, and may also result in disciplinary action.

1. Job Performance

Employees may be disciplined for poor job performance, including but not limited to the following:

- (1) Unsatisfactory work quality or quantity;
- (2) Excessive absenteeism, tardiness, or abuse of rest break and meal period policies;
- (3) Failure to follow instructions or Health Department procedures; or
- (4) Failure to follow established safety regulations.

2. Misconduct

The following are examples of some, but not all, conduct which are considered unacceptable:

- (1) Obtaining employment on the basis of false or misleading information.
- (2) Stealing, removing or defacing Health Department property or a co-worker's property, and/or disclosure of confidential information.
- (3) Completing another employee's time records.
- (4) Violation of safety rules and policies.
- (5) Violation of The Health Department's Drug and Alcohol-Free Workplace Policy.
- (6) Fighting, threatening or disrupting the work of others or other violations of The Health Department's Workplace Violence Policy.
- (7) Failure to follow lawful instructions of a supervisor.
- (8) Failure to perform assigned job duties.
- (9) Violation of the Attendance Policy, including but not limited to irregular attendance, habitual lateness or unexcused absences.
- (10) Gambling on Health Department property.
- (11) Willful or careless destruction or damage to Health Department assets or to the equipment or possessions of another employee.
- (12) Wasting work materials.
- (13) Performing work of a personal nature during working time.
- (14) Violation of the Solicitation and Distribution Policy.
- (15) Violation of The Health Department's Harassment or Equal Employment Opportunity Policies.
- (16) Violation of the Communication and Computer Systems Policy.
- (17) Unsatisfactory job performance.
- (18) Any other violations of Health Department policies.

Obviously, not every type of misconduct can be listed. Note that all employees are employed at-will, and The Health Department reserves the right to impose whatever discipline it chooses, or none at all, in a particular instance. The Health Department will deal with each situation individually and nothing in this handbook should be construed as a promise of specific treatment in a given situation. The Health Department will endeavor to utilize progressive discipline but reserves the right in its sole discretion to terminate an employee at any time for any reason.

The observance of these rules will help to ensure that our workplace remains a safe and desirable place to work.

3. Attendance

In addition to the general rules stated above, employees may be disciplined for failing to observe the following specific requirements relating to attendance:

- (1) Reporting to work on time, observing rest break and meal period policies, recording all time worked, and obtaining approval to leave work early; and
- (2) Notifying the supervisor in advance of anticipated tardiness or absence.

An absence of 3 consecutive days without proper notification may be considered job abandonment and may result in termination of employment.

4. Discipline Procedure

Except as set forth below, discharge or demotion for poor performance ordinarily will be preceded by an oral warning and a written warning.

The Health Department reserves the right to proceed directly to a written warning, demotion, or termination for misconduct or performance deficiency, without resorting to prior disciplinary steps, when the Health Department deems such action appropriate.

C. Exit Interview

Employees who leave the Health Department for any reason may be asked to participate in an exit interview. This interview is intended to permit terminating employees the opportunity to communicate their views regarding their work with the Health Department, including job duties, job training, job supervision, and job benefits. At the time of the interview, employees are expected to return all Health Department-furnished property, such as cell phones, laptops, uniforms, tools, equipment, I.D. cards, keys, credit cards, documents, and handbooks. Arrangements for clearing any outstanding debts with the Health Department and for receiving final wages will also be made at this time.

D. Employment At-Will

Nothing in this Guideline is intended to alter the at-will status of employment with the Health Department. Either an employee or the Health Department may terminate the employment relationship at any time, with or without cause and, with or without, prior notice. The Health Department reserves the right to terminate any employment relationship, to demote, or to otherwise discipline an employee without resort to the above disciplinary procedures.

SECTION XI: Drug-Free Workplace

A. Purpose of Policy

It is the intent of the Health Department to maintain a workplace that is free of drugs and alcohol and to discourage drug and alcohol abuse by its employees. Employees who are under the influence of drugs or alcohol on the job compromises the Health Department's interests and endangers their own health and safety and the health and safety of others. Substance abuse in the workplace can also cause a number of several other work-related problems, including absenteeism and tardiness, substandard job performance, increased workloads for co-workers, behavior that disrupts other employees, and inferior quality in products or service.

To further its interest in avoiding accidents, to promote and maintain safe and efficient working conditions for its employees, and to protect its business, property, equipment, and operations, the Health Department has established this Guideline concerning the use of alcohol and drugs. As a condition of continued employment with the Health Department, each employee must abide by this policy.

B. Definitions

For purposes of this policy:

- "Illegal drugs or other controlled substances" means *any* drug or substance that (a) is not legally obtainable; or (b) is legally obtainable but has not been legally obtained; or (c) has been legally obtained but is being sold or distributed unlawfully.
- "Legal drug" means any drug, including any prescription drug or over-the-counter drug, that has been legally obtained and that is not unlawfully sold or distributed.
- "Abuse of any legal drug" means the use of any legal drug (a) for any purpose other than the purpose for which it was prescribed or manufactured; or (b) in a quantity, frequency, or manner that is contrary to the instructions or recommendations of the prescribing physician or manufacturer.
- "Reasonable suspicion" includes a suspicion that is based on specific personal observations such as an employee's manner, disposition, muscular movement, appearance, behavior, speech or breath odor; information provided to management by an employee, by law enforcement officials, by a security service, or by other persons believed to be reliable; or a suspicion that is based on other surrounding circumstances.
- "Possession" means that an employee has the substance on their person or otherwise under their control.

C. Prohibited Conduct

1. Scope

The prohibitions of this section apply whenever the interests of the Health Department may be adversely affected, including any time an employee is:

- 1) On Health Department premises;
- 2) Conducting or performing Health Department business, regardless of location;
- 3) Operating or responsible for the operation, custody, or care of Health Department equipment or other property; or
- 4) Responsible for the safety of others in connection with, or while performing, Health

Department-related business.

2. Alcohol and Marijuana

The following acts are prohibited and will subject an employee to discharge:

- 1) The unauthorized use, possession, purchase, sale, manufacture, distribution, transportation, or dispensation of alcohol or marijuana; or
- 2) Being under the influence of alcohol or marijuana from unauthorized consumption.

Despite many states' recent legalization of medical and/or recreational marijuana, the Health Department's zero tolerance policy prohibits any employee from having marijuana in their system while working and also prohibits any employee from possessing marijuana while on Health Department property.

3. Illegal Drugs

The following acts are prohibited and will subject an employee to discharge:

- 1) The use, possession, purchase, sale, manufacture, distribution, transportation, or dispensation of any illegal drug or other controlled substance; or
- 2) Being under the influence of any illegal drug or other controlled substance.

4. Prescription Drugs

The following acts are prohibited and will subject an employee to discharge:

- 1) The abuse of any prescription drug;
- 2) The purchase, sale, manufacture, distribution, transportation, dispensation, or possession of any legal prescription drug in a manner inconsistent with law; or
- 3) Working while impaired by the use of a legal prescription drug whenever such impairment might:
 - a. Endanger the safety of the employee or some other person;
 - b. Pose a risk of significant damage to Health Department property or equipment; or
 - c. Substantially interfere with the employee's job performance or the efficient operation of the Health Department's business or equipment.

D. Disciplinary Action

1. Discharge for Violation of Drug Free Workplace Policy

A first violation of this policy will result in immediate discharge whenever the prohibited conduct:

- (1) Caused injury to the employee or any other person, or, in the sole opinion of management, endangered the safety of the employee or any other person;
- (2) Resulted in significant damage to Health Department property or equipment, or, in the sole opinion of management, posed a risk of significant damage;
- (3) Involved the sale or manufacture of illegal drugs or other controlled substances;
- (4) Involved the possession, distribution, or dispensation of illegal drugs or other controlled substances or alcohol or marijuana in a quantity greater than for personal use;
- (5) Involved an employee who had not completed the introductory period or was a casual, seasonal, or temporary employee; or
- (6) Involved the failure of an employee to report a criminal conviction, as required by below policy.

2. Discretion Not to Discharge

In circumstances other than those described above, The Health Department, in the discretion of

management, may choose not to discharge an employee for a first violation of this Guideline if the employee satisfactorily participates in and completes an approved drug or alcohol abuse 'assistance' or rehabilitation program when recommended by the Health Department or the employee contacts the Employee Assistance Program (EAP) within two working days after being referred there by management and follows the recommendations made by the EAP, including satisfactory participation in and completion of an approved drug or alcohol abuse, assistance, or rehabilitation program.

3. Effect of Criminal Conviction

An employee who is convicted under a criminal drug statute for a violation occurring in the workplace or during any Health Department-related activity or event will be deemed to have violated this policy.

4. Written Warning

An employee who is not discharged for a first violation of this policy will receive a written warning with other possible disciplinary actions such up to and including suspension without pay or immediate discharge.

5. Effect of Second Violation

A second violation of this policy at any time may result in immediate discharge.

6. Effect of Discharge on Eligibility for Rehire

Employees who are discharged for a violation of this policy will not be eligible for rehire by the Health Department.

E. Drug-Free Awareness

1. Management Awareness

Directors and supervisors should be attentive to the performance and conduct of those who work with them and should not permit an employee to work in an impaired condition or to otherwise engage in conduct that violates this policy. When management has reasonable suspicion to believe that an employee or employees are working in violation of this policy, prompt action will be taken. If the employee occupies a designated safety-sensitive position, such action may include drug testing in accordance with the procedures outlined in this policy.

2. Criminal Convictions

Employees must notify the Health Department of any conviction under a criminal drug statute for a violation occurring in the workplace or during any Health Department-related activity or event. Employees must notify the Health Department within five days after any such conviction. When required by federal law, the Health Department will notify any federal agency with which it has a contract of any employee who has been convicted under a criminal drug statute for a violation occurring in the workplace.

F. Use of Legal Drugs

The Health Department recognizes that employees may, from time to time, be prescribed legal drugs that, when taken as prescribed or according to the manufacturer's instructions, may result in impairment. Employees may not work while impaired by the use of legal drugs if the impairment might endanger the employee or someone else, pose a risk of significant damage to Health Department property, or substantially interfere with the employee's job performance. If an employee is so impaired

by the appropriate use of legal drugs, they may not report to work. To accommodate the absence, the employee may use accrued sick leave or vacation time. The employee may also contact the Director of Administrative Services to determine whether or not they qualify for an unpaid leave of absence, such as family care or medical leave. Nothing in this policy is intended to sanction the use of accrued sick leave-or vacation time to accommodate absences due to the abuse of legal drugs. Further, nothing in this policy is intended to diminish the Health Department's commitment to employ and reasonably accommodate qualified disabled individuals. The Health Department will reasonably accommodate qualified disabled employees who must take legal drugs because of their disability.

G. Unregulated or Authorized Conduct

1. Customary Use of Over-the-Counter Drugs

Nothing in this policy is intended to prohibit the customary and ordinary purchase, sale, use, possession, or dispensation of over-the-counter drugs, so long as that activity does not violate any law or result in an employee being impaired by the use of such drugs in violation of this policy.

2. Off-the-Job Conduct

Unless an employee is in a designated safety-sensitive position, this policy is not intended to regulate off-the-job conduct, so long as the employee's off-the-job use of alcohol or drugs does not result in the employee being under the influence of or impaired by the use of alcohol or drugs in violation of this policy. If an employee is in a designated safety-sensitive position, they will be subject to drug testing as described in Section X of this policy.

H. Confidentiality

Disclosures made by employees to a Division Director or Health Officer concerning their use of legal drugs will be treated confidentially and will not be revealed to other division directors or supervisors unless there is an important work-related reason to do so in order to determine whether it is advisable for the employee to continue working. Disclosures made by employees to an administrator concerning their participation in any drug or alcohol rehabilitation program will be treated confidentially.

I. Counseling/Employee Assistance

The Health Department maintains an Employee Assistance Program, which provides help to employees who seek assistance for drug or alcohol abuse, as well as for other personal or emotional problems. Employees who suspect that they may have alcohol or drug problems, even in the early stages, are encouraged to voluntarily seek diagnosis and to follow through with the treatment as prescribed by qualified professionals. Employees should be aware that participation in the Employee Assistance Program will not necessarily shield them from disciplinary action for a violation of this policy, particularly if discipline is imposed for a violation occurring before the employee seeks assistance.

J. Drug Testing

1. Reasonable Suspicion Testing

If a director or supervisor has a reasonable suspicion that the employee is working in an impaired condition or otherwise engaging in conduct that violates this policy, the employee will be asked about any observed behavior and offered an opportunity to give a reasonable explanation. If the employee is unable to explain the behavior, they will be asked to take a drug test in accordance with the procedures outlined below.

If the employee refuses to cooperate with the administration of the drug test, the refusal will be handled in the same manner as a positive test result.

2. Procedures for Drug Testing

The Health Department will refer the applicant or employee to an independent, National Institute on Drug Abuse (NIDA)-certified medical clinic or laboratory, which will administer the test. The Health Department will pay the cost of the test and reasonable transportation costs to the testing facility. The employee will have the opportunity to alert the clinic or laboratory personnel to any prescription or non-prescription drugs that they have taken that may affect the outcome of the test. All drug testing will be performed by urinalysis. Initial screening will be done by EMIT II. Positive results will be confirmed by gas chromatography/mass spectrometry.

The clinic or laboratory will inform The Health Department as to whether the applicant passed or failed the drug test and may include a detailed testing report. If an employee fails the test, they will be considered to be in violation of this policy and will be subject to discipline accordingly.

3. Acknowledgment and Consent

Any employee subject to testing under this policy will be asked to sign a form acknowledging the procedures governing testing and consenting to (1) the collection of a urine sample for the purpose of determining the presence of alcohol or drugs, and (2) the release to the Health Department of medical information regarding the test results. Refusal to sign the agreement and consent form, or to submit to the drug test, will result in the revocation of an applicant's job offer, or will subject an employee to discipline up to and including termination.

4. Confidentiality

All drug testing-records will be treated as confidential.

SECTION XII: Inspections and Searches on Health Department Premises

A. Purpose of the Guideline

The Health Department believes that maintaining a workplace that is free of drugs, alcohol, and other harmful materials is vital to the health and safety of its employees and to the success of the Health Department's business. The Health Department also intends to protect against the unauthorized use and removal of Health Department property. In addition, the Health Department intends to always assure its access to Health Department premises and Health Department property, equipment, information, records, documents, and files. At times, it may be necessary for the Health Department to provide records, information or assistance to a government entity in accordance with the terms of a warrant, court order, or other order issued by law. Accordingly, the Health Department has established this Guideline concerning inspections and searches on Health Department premises. This Guideline applies to all employees of the Health Department.

B. Definitions

For purposes of this Guideline:

- (1) "Prohibited materials" means explosives and/or hazardous materials or articles; illegal drugs or other controlled substances as defined in the Health Department's Drug-Free Workplace policy; drug-related paraphernalia; the unauthorized use or consumption of alcoholic beverages on Health Department property; or Health Department property and/or proprietary and confidential information belonging to a third party that an employee is not authorized to have in their possession.
- (2) "Health Department property" includes all documents, records, software, electronic codes, data, and files, in both hard copy and electronic form, relating to the Health Department's business; and all equipment, hardware, and other property of any kind, whether owned, leased, rented, or used by the Health Department.
- (3) "Health Department premises" includes all premises and locations owned or leased by the Health Department or under the control of the Health Department, including parking lots, lockers, and storage areas.
- (4) "Reasonable suspicion" includes a suspicion that is based on specific personal observations such as an employee's manner, disposition, muscular movement, appearance, behavior, speech or breath odor; information provided to management by an employee, by law enforcement officials, by a security service, or by other persons believed to be reliable; or a suspicion that is based on other surrounding circumstances.
- (5) "Possession" means that an employee has the prohibited material or Health Department property on their person or otherwise under their control.

C. Inspections and Searches

1. Access to Health Department Property

- In order to always ensure access to Health Department property, and because employees properly in possession of Health Department property or information related to Health Department business may not always be available to produce the property or information when needed in the ordinary course of the Health Department's business, the Health Department reserves the right to conduct a routine inspection or search at any time for Health Department property on Health Department premises. In addition, the Health

Department reserves the right to access at all times information and communications stored in Health Department computer files, on Health Department mobile devices and in employee voicemail boxes and electronic-mail systems.

- Routine searches or inspections for Health Department property may include an employee's office, desk, file cabinet, closet, computer files, voice mail, electronic mail, Health Department - issued mobile device or similar places where employees may store Health Department property or Health Department -related information, whether or not the places are locked or protected by access codes and/or passwords.
- Because even a routine search for Health Department property might result in the discovery of an employee's personal possessions, all employees are encouraged to refrain from bringing into the workplace any item of personal property that they do not wish to reveal to the Health Department.

2. Inspections and Searches for Prohibited Materials

- Inspections or searches for prohibited materials in or on Health Department premises also will be conducted whenever the Health Department has reasonable suspicion to believe that a particular employee or group of employees may be in possession of materials in violation of this Guideline.
- Inspections or searches for prohibited materials may be conducted by an independent security service or by Health Department personnel.
- Inspections or searches for prohibited materials may be conducted on a regular or random basis at locations where employees enter or exit Health Department premises, without regard to whether there is reasonable suspicion that any employee may be in possession of prohibited materials in violation of this Guideline.
- Inspections or searches for prohibited materials may be conducted from time to time even when there is no immediate reason to suspect the presence of the materials. In such cases, the Health Department may announce the inspection in advance, *except* for inspections or searches conducted at locations where employees enter or exit Health Department premises.
- Inspections or searches for prohibited materials may include an employee's office, desk, file cabinet, closet, computer, Health Department-issued mobile device or similar places where employees may place personal possessions or information, whether or not the places are locked or password protected. Inspections or searches for prohibited materials also may include an employee's locker, or an employee's pockets, purse, briefcase, lunch box, or other item of personal property that is being worn or carried by the employee while on Health Department premises.
- In cases involving an inspection or search of an employee's pockets, purse, briefcase, or other item of personal property that is being worn or carried by the employee, the employee will be requested to conduct a self-search (i.e., by turning out or emptying pockets, purses, etc.) in the presence of an observer who will be a person of the same gender.
- Employees who refuse to cooperate during an inspection or search will not be forcibly detained or searched. They will be informed, however, that the Health Department will base any disciplinary decision on the information that is available, including their refusal to consent to the search as well as the information that gave rise to a reasonable suspicion that the employees were in possession of prohibited materials, if applicable, and that their failure or refusal to cooperate could deprive the Health Department of information that may clear them of suspicion. In addition, the Health Department

reserves the right to take appropriate action to prevent the unauthorized removal from Health Department premises of Health Department property.

D. Approvals for Inspections

1. In instances in which the inspection or search is conducted because there is reasonable suspicion that a particular employee or group of employees may be in possession of prohibited materials in violation of this Guideline or may be using Health Department property in an unauthorized manner, and in instances in which an item of the employee's personal property will be searched, the inspection or search will be approved in advance by the highest-ranking member of management in the Division who is available at the time the inspection or search is to be conducted and by the Director of Administrative Services or their designated alternate(s) in the event of unavailability.
2. All inspections or searches that are conducted as part of the Health Department's program of periodic (and unannounced) inspections will be approved in advance by the Director of Administrative Services, who will inform the Division Manager of the impending inspection prior to its occurrence.

E. Disciplinary Action

Employees who are found to be in possession of prohibited materials in violation of this Guideline and/or in violation of Health Department Property; Proprietary and Confidential Information Guideline, the Technology Use and Privacy Guideline, and the Drug-Free Workplace Guideline, or employees who are found to have used Health Department property in an unauthorized manner, will be subject to discipline, up to and including discharge, regardless of the Health Department's reason for conducting the search or inspection.

VI. Confidentiality

Managers and supervisors will make their best effort to restrict communications concerning a violation or possible violation of this Guideline to persons who have an important work-related reason to know.

SECTION XIII: Workplace Violence

A. Statement of Policy

The Health Department recognizes that workplace violence is a concern among employers and employees across the country. The Health Department is committed to providing a safe, violence-free workplace. In this regard, the Health Department strictly prohibits employees, consultants, customers, visitors, or anyone else on Health Department premises or engaging in a Health Department-related activity from behaving in a violent or threatening manner. Moreover, the Health Department seeks to prevent workplace violence before it begins and reserves the right to address certain behaviors, even in the absence of violent behavior.

The Health Department believes that prevention of workplace violence begins with recognition and awareness of potential early warning signs and has established procedures with the Director of Administrative Services for responding to any situation that presents the possibility of violence.

B. Workplace Violence Defined

Workplace violence includes, but is not limited to, the following:

- 1) Threats of any kind;
- 2) Threatening, physically aggressive, or violent behavior, such as intimidation of or attempts to instill fear in others;
- 3) Other behavior that suggests a propensity towards violence, which can include belligerent speech, excessive arguing or swearing, sabotage, or threats of sabotage of Health Department property, or a demonstrated pattern of refusal to follow Health Department policies and procedures;
- 4) Defacing Health Department property or causing physical damage to the facilities.

Employees will be permitted to hold firearms in the trunks of their cars while on Health Department property. Firearms will not be permitted inside the workplace and employees are prohibited from carrying firearms in the course of their employment.

C. Reporting

If any employee observes or becomes aware of any of the above-listed actions or behavior by an employee, customer, consultant, visitor, or anyone else, they should notify the Director of Administrative Services immediately.

Further, employees should notify the Director of Administrative Services and their supervisor if any restraining order is in effect, or if a potentially violent nonwork-related situation exists that could result in violence in the workplace. No adverse employment action will be taken against an employee because they notify the Health Department of a potentially violent non-work situation.

D. Investigation

All reports of workplace violence will be taken seriously and will be investigated promptly and thoroughly. In appropriate circumstances, the Health Department will inform the reporting individual of the results of the investigation. To the extent possible, the Health Department will maintain the confidentiality of the reporting employee and of the investigation. The Health Department may, however, need to disclose results in appropriate circumstances, for example, in order to protect individual safety. The Health Department will not tolerate retaliation against any employee who reports workplace violence.

E. Corrective Action and Discipline

If the Health Department determines that workplace violence, in violation of this policy has occurred, the Health Department will take appropriate corrective action and will impose discipline on offending employees. The appropriate discipline will depend on the particular facts but may include written or oral warnings, probation, reassignment of responsibilities, suspension, or termination. If the violent behavior is that of a non-employee, the Health Department will take appropriate corrective action in an attempt to ensure that such behavior is not repeated.

Under certain circumstances, the Health Department may forego disciplinary action on the condition that the employee takes a medical leave of absence. In addition, the Health Department may request that the employee participate in counseling, either voluntarily or as a condition of continued employment.

F. Employee Assistance Program

Any employee who believes that they may have a problem that could lead to violent behavior is encouraged to use the Health Department's Employee Assistance Program. The EAP is a professional, confidential counseling service that is available to all personnel and members of their household to assist in resolving emotional difficulties, marital and family conflict, stress, chemical dependency, conflicts at work, and other concerns. The EAP counselor can help to clarify a problem and to develop an action plan during the counseling session. EAP services are prepaid by the Health Department.

Further information regarding the Health Department's Employee Assistance Program may be obtained from your supervisor, Division Director, or the Director of Administrative Services.

SECTION XIV: Health Department Property; Confidential and Personal Information

The security of Health Department property is of vital importance to the Health Department. Health Department property includes not only tangible property, like desks and computers, but also intangible property such as confidential information. It is critical for the Health Department to preserve and protect its confidential information, as well as the confidential information of customers, suppliers, and third parties. All employees are responsible for ensuring that proper security is maintained at all times.

Nothing in this policy or in related policies is intended to interfere with an employee's right to discuss working conditions within the organization or with members of the public nor is there any restriction on an employee's right to labor organize.

A. Confidential and Personal Information

"Confidential Information" means all information, not generally known, belonging to, or otherwise relating to the business of the Health Department or its clients, customers, suppliers, vendors, affiliates or partners, regardless of the media or manner in which it is stored or conveyed, that the Health Department has taken reasonable steps to protect from unauthorized use or disclosure. Confidential Information includes but is not limited to trade secrets as well as other proprietary knowledge, information, and know-how; non-public intellectual property rights, including business plans and strategies; manufacturing techniques; formulae; processes; designs; drawings; discoveries; improvements; ideas; conceptions; test data; compilations of data; and developments, whether or not patentable and whether or not copyrightable.

"Personal Identification Information" includes individually identifiable information about employees, customers, consultants, or other individuals, such as Social Security numbers, background information, credit card or banking information, health information, or other non-public information entrusted to the Health Department regarding an individual's personal identity. There are laws in the United States and other countries that protect certain types of Personal Identification Information, and employees should not disclose such protected Personal Identification Information that has been acquired and retained by the Health Department about other individuals to any third party or from one country to another without prior managerial approval.

Given the nature of the Health Department's business, protecting Confidential Information and Personal Identification Information is of vital concern to the Health Department. This information is one of the Health Department's most important assets. It enhances the Health Department's opportunities for future growth, and indirectly adds to the job security of all employees.

Failure to take reasonable measures to protect the Health Department's Confidential Information may jeopardize its status as a trade secret. While employed by the Health Department, employees must not use or disclose any Confidential Information or Personal Identification Information that they produce or obtain during employment with the Health Department, except to the extent such use or disclosure is required in connection with performing their jobs. Employees may not use or disclose Confidential Information or Personal Identification Information for any reason after the employment relationship with the Health Department ends. Misuse or unauthorized disclosure of Confidential Information or Personal Identification Information may result in immediate termination, as well as potential personal

and criminal liability. Nothing in this Guideline restricts an employee from discussing their wages or other terms and conditions of employment with coworkers or others, to the extent protected by law.

All employees will review and comply with agency HIPAA policies and be required to sign a written confidentiality agreement.

B. Obligations on Termination

On termination of employment, whether voluntary or involuntary, all tangible and intangible Health Department property must be returned to the Health Department immediately. This includes documents, materials, data files, and records of any kind, including any that contain Confidential Information or Personal Information, and any copies thereof. Also, the terminating employee must immediately notify the Health Department if the employee has Confidential Information or Personal Information stored in the employee's personal computer, or in a mobile, cloud, or other storage medium, and work with the Health Department to identify all such Information and its location, and help ensure it is retrieved and/or permanently deleted by the Health Department (or the Health Department's designated agent).

C. Security

Avoiding loss or theft of Confidential Information or Personal Identification Information is an important part of each employee's job. Accordingly, employees must observe good security practices. Employees are expected to keep Confidential Information secure from outside visitors and all other persons who do not have legitimate reason to see or use such information. Employees are not to remove Health Department property without authorization. Failure to adhere to Health Department policies regarding Confidential Information and Personal Identification Information will be considered grounds for dismissal.

Given the sensitivity of Confidential Information and Personal Identification Information, employees may only dispose of such information by secure methods approved by the Health Department. If an employee has any doubt or question about how to handle Confidential Information or Personal Identification Information, the employee should consult with the Director of Administrative Services.

D. Personal and Health Department-Provided Portable Communication Devices

Health Department-provided portable communication devices (PCDs), including cell phones and personal digital assistants, should be used primarily for business purposes. Employees have no reasonable expectation of privacy in regard to the use of such devices, and all use is subject to monitoring, to the maximum extent permitted by applicable law. This includes, as permitted, the right to monitor personal communications as necessary.

Some employees may be authorized to use their own PCD for business purposes. These employees should work with the IT department to configure their PCD for business use. Communications sent via a personal PCD may also be subject to monitoring if sent through the Health Department's networks and the PCD must be provided for inspection and review upon request.

All conversations, text messages and e-mails must be professional. When sending a text message or using a PCD for business purposes, whether it is a Health Department-provided or personal device,

SECTION XIV: Health Department Property; Personal Information

employees must comply with applicable Health Department guidelines, including policies on sexual harassment, discrimination, conduct, confidentiality, equipment use and operation of vehicles. Using Health Department-issued PCD to send or receive personal text messages is prohibited at all times and personal use during working hours should be limited to emergency situations.

If employees who use a personal PCD for business resign or are discharged, they will be required to submit the device to the Director of Administrative Services for resetting on or before their last day of work. At that time, the IT department will reset and remove all information from the device, including but not limited to, Health Department information and personal data (such as contacts, e-mails and photographs). Administrative Services will make efforts to provide employees with the personal data in another form (e.g., on a flashdrive) to the extent practicable; however, the employee may lose some or all personal data saved on the device.

Employees may not use their personal PCD for business unless they agree to submit the device to Administrative Services on or before their last day of work for resetting and removal of Health Department information. This is the only way currently possible to ensure that all Health Department information is removed from the device at the time of termination. The removal of Health Department information is crucial to ensure compliance with the Health Department's confidentiality and proprietary information policies and objectives.

Please note that whether employees use their personal PCD or a Health Department -issued device, the Health Department's electronic communications policies, including but not limited to, proper use of communications and computer systems, remain in effect.

SECTION XV: Use Of Department Computers and Information Systems

The purpose of this Policy is to:

- a) To assure the confidentiality of client records and information.
- b) To assure only authorized personnel access and use the system.
- c) To assure that personnel utilize the system in an acceptable manner.
- d) To assure data is properly maintained and backed up.
- e) To periodically assess the system for software, hardware and security needs.
- f) To adequately document procedures for maintaining the system.
- g) To adequately train and update staff.

A. General

The Health Department strives to maintain access for its administrators and staff to local, national and international sources of information and to provide an atmosphere that encourages sharing of knowledge, the creative process and collaborative efforts within the Health Department and with other human services agencies.

Access to electronic information systems at the Health Department is a privilege, not a right and must be treated as such by all users of these systems. All users must act honestly and responsibly. Every user is responsible for the integrity of these information resources. All users must respect the rights of other computer users, respect the integrity of the physical facilities and controls and respect all pertinent license and contractual agreements related to Department information systems. All users shall act in accordance with these responsibilities, and the relevant local, state and federal laws and regulations. Failure to conduct oneself in compliance with this Policy may result in denial of access to the Health Department's information system or other disciplinary action.

The Health Department provides a means to access the vast and growing amounts of information available through electronic information resources. The Health Department is not a regulator of the content of that information and takes no responsibility for its content, except for that information that the Health Department or those acting on its behalf create. Any persons accessing information through the Department's information system must determine for themselves and their charges whether any source is appropriate for viewing.

Accepting any account and/or using the Health Department's information system shall constitute an agreement on behalf of the user or other individual accessing such information systems to abide and be bound by the provisions of this Policy.

The Health Department may restrict or prohibit the use of its information systems in response to complaints presenting evidence of violations of Department policies or state or federal laws. When it has been determined that there has been a violation, the Health Department may restrict or prohibit access by the offending party to its information systems through Department-owned or other computers, remove or limit access to material posted on Department-owned computers or networks, and, if warranted, institute other disciplinary action.

B. Definitions

For purposes of this policy the following definitions shall apply:

1. "Electronic communications" shall mean and include the use of information systems in the communicating or posting of information or material by way of electronic mail, bulletin boards, World Wide Web (Internet), or other such electronic tools.
2. "Information systems" shall mean and include computers, networks, servers, cell phones and other similar devices that are administered by the Health Department and for which the Department is responsible.
3. "Obscene" with respect to obscene material shall mean:
 - That an average person applying contemporary community standards would find the material taken as a whole predominantly appeals to the prurient interest or a shameful or morbid interest in nudity, sex or excretion;
 - The material depicts or describes in a patently offensive way sexual conduct specifically set out in the Health Department's Sexual Harassment Policy and;
 - The material taken as a whole lacks serious or purposeful literary, financial, medical or scientific value.

C. Permitted Use

- (a) Department Use and Limited Personal Use. Health Department information systems are to be used predominantly for Department-related business. However, personal use is permitted so long as it conforms with this Policy and does not interfere with Department operations or an employee user's performance of duties as a Department employee. As with permitted personal use of telephones for local calls, limited personal use of information systems does not ordinarily result in additional costs to the Department and may actually result in increased efficiencies. Personal use of any Department information system to download, access, print, store, forward, transmit or distribute obscene material is prohibited. **UNDER ALL CIRCUMSTANCES, PERSONAL USE BY EMPLOYEES MUST COMPLY WITH SUBSECTION (a) and (b) OF THIS SECTION AND SHALL NOT CONFLICT WITH AN EMPLOYEE'S PERFORMANCE OF DUTIES AND RESPONSIBILITIES FOR THE DEPARTMENT.** Personal use may be denied when such use requires an inordinate amount of information system resources (e.g. storage capacity).
- (b) Personal Use for Outside Consulting, Business or Employment. Personal Use of Department information systems, resources or equipment by any user for personal financial gain in consultation with outside (non-Department) consulting, business or employment is prohibited unless such use has been expressly authorized and approved by the Board of Health, Health Officer and the employee's supervisor.

D. Access

Unauthorized access to information systems is prohibited. No one should use the ID or password of another; nor should anyone provide his or her ID or password to another, except in the cases necessary to facilitate computer maintenance, repairs or to remedy an emergency situation. If a user provides their user ID or password to anyone except under the previous stated conditions, such user may be held accountable for that person's actions.

When any user terminates employment with the Health Department, his or her ID and password shall be denied further access to the Department's information systems.

E. Misuse Of Computers and Network Systems

Misuse of Health Department information systems is prohibited. Misuse includes but is not limited to the following:

1. Attempting to modify or remove computer equipment, software, or peripherals without proper authorization.
2. Accessing without proper authorization computers, software, information or networks to which the Department belongs, regardless of whether the resource is owned by the Health Department or the abuse takes place from a non-Department site.
3. Taking actions, without authorization, which interfere with the access of others to information systems.
4. systems.
5. Circumventing log on or other security measures.
6. Using information systems for any illegal or unauthorized purpose.
7. Personal use of information systems or electronic communications for non-Department consulting, business or employment, except as expressly authorized pursuant to the Health Department's Management Information Systems Policy and Procedures Manual.
8. Sending any fraudulent electronic communication.
9. Violating any software license or copyright, including copying and redistributing copyrighted software, without the written authorization of the software owner.
10. Using electronic communications to violate the property rights of authors and copyright owners.
11. Using electronic communications to harass or threaten users in such a way as to create an atmosphere which unreasonably interferes with the education or the employment experience. Similarly, electronic communications shall not be used to harass or threaten other information recipients, in addition to Department Users.
12. Using electronic communications to disclose proprietary information without the explicit permission of the owner.
13. Reading other user's information or files without their permission.
14. Academic/Licensing dishonesty.
15. Forging, fraudulently altering or falsifying, or otherwise misusing Department or non-Department records (including computerized records, permits, identification cards, or other documents or property).
16. Using electronic communications to hoard, damage, or otherwise interfere with Department resources available electronically.
17. Using electronic communications to steal another individual's works or otherwise misrepresenting one's own work.
18. Using electronic communications to fabricate data.
19. Launching a computer worm, computer virus or other rogue program.
20. Downloading or posting illegal, proprietary or damaging material to a Department computer.
21. Transporting illegal, proprietary or damaging material across the Department network.
22. Personal use of any Department information system to access, download, print, store, forward, transmit or distribute obscene materials.
23. Violating any state or federal law or regulation in connection with the use of any information system.

24. Unauthorized transfer, download, accessing, printing or distribution of client records.

F. Privacy

1. User Privacy Not Guaranteed. When Department information systems are functioning properly, a user can expect the files and data he or she generates to be private information, unless the creator of the file or data takes action to reveal it to others. Users should be aware, however, that no information system is completely secure. Persons both within and outside the Health Department may find ways to access files by circumventing security measures. ACCORDINGLY, THE HEALTH DEPARTMENT CANNOT AND DOES NOT GUARANTEE USER PRIVACY AND USERS SHOULD BE CONTINUOUSLY AWARE OF THIS FACT.
2. Repair and Maintenance of Equipment. Users should be aware that on occasion duly authorized Department information system technological personnel have authority to access individual user files or data in the process of performing repair or maintenance of computing equipment the Department deems is reasonably necessary, including the testing of systems in order to ensure adequate storage capacity and performance for Department needs. Information system technological personnel performing repair or maintenance of computing equipment are prohibited by law from exceeding their authority of access for repair and maintenance purposes or from making any use of individual user files or data for any purpose other than repair or maintenance services performed by them.
3. Response to a Public Records Request, Administrative or Judicial Order or Request for Discovery in the Course of Litigation. Users should be aware that the Michigan public records statutes are very broad in their applications. Certain records, such as proprietary information and personal information in personnel records are protected from disclosure. However, most other Department records contained in electronic form require disclosure if a public record request is made under the Freedom of Information Act (FOIA). See the Health Department's FOIA policy and manual. Users should remember this when creating any electronic information, especially E-mail. Also, users should be aware that the Department will comply with any lawful administrative or judicial order requiring the production of electronic files or data stored in the Department's information systems, and will provide information in electronic files or data stored in the Department's information systems in response to legitimate requests for discovery evidence in litigation in which the Department is involved and to comply with any FOIA requests.

G. E-Mail - All Policies Stated Herein Are Applicable to E-Mail.

E-Mail should reflect careful, professional and courteous drafting - particularly since it is easy to forward to others. Never assume that no one other than the addressee will read your e-mail and be aware that email could be subject to disclosure by the Health Department to comply with any lawful administrative or judicial order requiring the production of electronic files or data stored in the Department's information systems, and to provide information in electronics files or data stored in the Department's information systems in response to legitimate requests for discovery evidence in litigation in which the Department is involved and to comply with any FOIA requests.

H. Web Pages

The Health Department may establish standards for web pages considered to be "official" pages of the Department. All web pages shall contain the Health Department's official header and footer in order to

identify it as an official Benzie-Leelanau District Health Department page. No other web pages shall be allowed to use the Benzie-Leelanau District Health Department designation without the express permission of the Department. Originators of all web pages using information systems associated with the Department shall comply with Department policies and are responsible for complying with all federal, state and local laws and regulations, including copyright laws, obscenity laws, laws relating to libel, slander and defamation, and laws relating to piracy of software.

The person or persons creating a web page are responsible for the accuracy of the information contained in the Page. Content should be reviewed on a timely basis to assure continued accuracy. Web pages should include a phone number or e-mail address of a person to whom questions/comments may be addressed, as well as the most recent revision date.

Employees are prohibited from using the Department's equipment, network or information system for establishing or maintaining a personal web page. Such use will result in disciplinary actions by the Department.

I. Notification

This policy shall be included in the Employee Handbook in order to notify users of its existence.

J. Application and Enforcement

This Policy applies to all employees of the Health Department. The employees are encouraged to provide supplemental policy guidance, consistent with this Policy, designed to implement the provisions herein.

Each Department location shall be responsible for enforcing this Policy in a manner best suited to its organization and on a consistent basis. It is expected that enforcement of this Policy will require the cooperation of all employees. Prior to any denial of access or other disciplinary action, a user shall be provided with such due process as may be recommended by the Personnel Policy of the Department.

K. Use of Social Media

The Health Department respects the right of any employee to maintain a blog or web page or to participate in a social networking, Twitter or similar site, including but not limited to Facebook and LinkedIn. However, to protect Health Department interests and ensure employees focus on their job duties, employees must adhere to the following rules:

Employees may not post on a blog or web page or participate on a social networking platform, such as Twitter or similar site, during work time or at any time with Health Department equipment or property. All rules regarding confidential and proprietary business information apply in full to blogs, web pages and social networking platforms, such as Twitter, Facebook, LinkedIn or similar sites. Any information that cannot be disclosed through a conversation, a note or an e-mail also cannot be disclosed in a blog, web page or social networking site.

Whether the employees are posting something on their own blog, web page, social networking, Twitter or similar site or on someone else's, if the employee mentions the Health Department and also expresses either a political opinion or an opinion regarding the Health Department's actions that could pose an actual or potential conflict of interest with the Health Department, the poster must include a disclaimer. The poster should specifically state that the opinion expressed is their personal opinion and

not the Health Department's position. This is necessary to preserve the Health Department's good will in the community.

Any conduct that is impermissible under the law if expressed in any other form or forum is impermissible if expressed through a blog, web page, social networking, Twitter or similar site. For example, posted material that is discriminatory, obscene, defamatory, libelous or violent is forbidden. Health Department policies apply equally to employee social media usage.

The Health Department encourages all employees to keep in mind the speed and manner in which information posted on a blog, web page, and/or social networking site is received and often misunderstood by readers. Employees must use their best judgment. Employees with any questions should review the guidelines above and/or consult with their manager. Failure to follow these guidelines may result in discipline, up to and including discharge.

L. Mobile Device Policy

The Health Department prohibits the use of all handheld mobile devices including cell phones, smart phones, tablets, personal organizers, or other devices for work purposes while operating a motor vehicle, or for personal purposes while operating a motor vehicle during working hours or on Health Department business. Moreover, all use of Health Department-issued mobile devices, or personally owned mobile devices used for work-related purposes, must be made in accordance with Health Department policy.

Employees may use hands-free mobile devices while driving when safe and lawful to do so. Special care should be taken in situations where there is heavy traffic, inclement weather, or the employee is driving in an unfamiliar area. Employees must adhere to all federal, state, and local rules and regulations regarding the use of mobile devices while driving.

Under no circumstances are employees allowed to use mobile devices to write, send or read any emails, text or other written messages for work purposes while operating a motor vehicle, or for personal purposes while operating a motor vehicle during working hours or on Health Department business.

M. Electronic Surveillance

The Health Department reserves the right to install security cameras in work areas for specific business reasons, such as security, theft protection or protection of proprietary information. The Health Department may find it necessary to monitor work areas with security cameras when there is a specific job or business-related reason to do so. The Health Department will do so only after first ensuring that such action is in compliance with state and federal laws. Employees should not expect privacy in work-related areas. Employee privacy in nonwork areas will be respected to the extent possible. The Health Department's reasonable suspicion of onsite drug use, physical abuse, theft or similar circumstances would be possible exceptions. Employees should contact their supervisor or the Director of Administrative Services if they have questions about this policy.

N. External Communications

Occasionally employees may be contacted by outside sources requesting information about Health Department matters, including information regarding current or former employees, Health Department projects, or other workplace issues. In order to avoid providing inaccurate or incomplete information to

outside sources, and the possible negative exposure that may result from providing information about the Health Department to outside sources, any employee asked to speak for or on behalf of the Health Department by any outside source should immediately contact the appropriate Health Department official, as detailed below.

Employees violating this policy may be subject to discipline, up to and including termination of employment.

This policy is in no way intended to prohibit an employee from documenting and speaking with outside third parties regarding perceived or alleged unacceptable or illegal working conditions. The policy is also in no way intended to deter any employee from speaking with any individual regarding labor organizing.

1. Media Contacts

The Health Department will respond to media inquiries in a timely and professional manner only through the designated spokesperson. If an employee is contacted by a representative from any media organization (e.g., television, radio, or newspaper reporters) to speak for or on behalf of the Health Department, the employee must notify the representative that they are not authorized to make a public comment on behalf of the Health Department and immediately refer the media representative to the public information officer.

2. Outside Attorneys and Investigators

If an employee is contacted by an outside attorney or investigator regarding Health Department business, including information regarding current or former employees, Health Department projects, or other workplace issues, the employee should inform the inquiring party that they are not authorized to speak on behalf of the Health Department and immediately obtain the individual's name and telephone number. The individual's name and telephone number should then be provided to the Director of Administrative Services. Nothing in this policy restricts an employee from discussing their wages or other terms and conditions of employment with coworkers or others, to the extent protected by law.

3. Employment References and Verifications

Employees contacted by outside sources requesting an employment reference or employment verification for a current or former employee should not provide any information to the requesting individual or organization. Instead, employees should refer the requesting individual or organization to the Director of Administrative Services. No employee, other than the Director of Administrative Services, is authorized to provide employment references or employment verifications for any current or former employee. The Health Department's authorized representative(s) may verify dates of employment and last position held but will not disclose any other information unless the current or former employee provides written authorization to the Health Department to provide additional detail.

SECTION XVI: Employee Benefits

The Health Department provides benefits as described in general terms below. The terms on which benefits are made available to employees are set forth in the governing plan documents. In the event of a conflict between the following descriptions and the terms of the plan documents, the plan documents will control. This handbook is not a plan document and does not create any enforceable rights with respect to benefits or otherwise. The Health Department reserves the right to eliminate or modify any of its benefits at any time without prior notice. Employees who have any questions regarding benefits should contact the Director of Administrative Services.

A. Insurance Benefits

1. Workers' Compensation Insurance

The Health Department carries workers' compensation insurance coverage as required by law to protect employees injured on the job. This insurance provides coverage for certain medical, surgical, and hospital treatment in addition to payment for a portion of any lost earnings that result from work-related injuries. Compensation payments generally begin on the first day of an employee's hospitalization or on the fourth day following the injury if an employee is not hospitalized. The cost of this coverage is paid completely by the Health Department.

Any leave of absence due to a workplace injury runs concurrently with all other Health Department leaves of absence. Employees who need to miss work due to a workplace injury must also request a formal leave of absence. See the Leave of Absence sections of this handbook for more information.

The Health Department does not provide worker's compensation benefits, or accept any liability, for any illness or injury that arises from an employee's voluntary participation in any off-duty recreational, social, or athletic activity or event that is not an expected or required as part of the employee's work-related duties. Employees who choose to participate in any such off-duty activities may be required to sign a written agreement to confirm that they are voluntarily assuming the risk of injury or illness and releasing the Health Department from any such liability.

2. Michigan State Disability Insurance (State-Provided Benefit)

All eligible Michigan employees are covered by State Disability Assistance (SDA) pursuant to Michigan law. Michigan State Disability Assistance program provides a needs-based cash benefit to individuals who are disabled or blind. Contact the Michigan Department of Human Services for more information or an application.

3. Long-Term and Short-Term Disability Insurance (Health Department-Provided Benefit)

The Health Department provides Long-Term and Short-Term Disability insurance for employees working .80 FTE or greater. All current insurance benefits will continue for three months while on Long Term Disability.

4. Healthcare Benefits

The Health Department provides medical/hospitalization insurance for the employee and family. The Health Department will pay 85% of the premium for employees working .90 to a 1.0 FTE with the employee paying 15% of the premium. Employees working .80 to .89 FTE, based on Health Department requirements, shall pay 25% of the premium. Employees working less than a .80 FTE and greater than a .50 FTE shall pay 55% of the premium. Employees are automatically covered on the 1st day of employment. Employees, .50 FTE or greater, electing out of health insurance coverage will be paid each pay period 30% of their appropriate coverage premium based on their FTE.

5. Dental and Vision Insurance

The Health Department provides dental and vision insurance for employees working .80 FTE or greater. No dental or vision insurance is available to employees working less than a .80 FTE.

6. Life Insurance

The Health Department provides group term with the amount based upon the next nearest \$ 1,000 of employee's annual salary to a maximum of \$50,000 for employees who work .80 FTE or greater. The Department pays 100% of the premium for the employee.

7. Accidental Death and Dismemberment

All employees classified by the Health Department as regular full-time employees currently become eligible for accidental death and dismemberment insurance on the first day of the month following full-time employment.

8. Premium Payments for Employees on Leave

The Health Department will pay the employer's portion of premiums for continuation of Health Department-sponsored group health plan benefits during the first 90 days of any authorized leave. Thereafter, the employee may only continue coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) and must pay the full cost of doing so.

If an employee is on an approved FMLA leave, the Health Department will permit the employee to continue coverage under Health Department-sponsored group health plans by paying only the amount charged to similarly-situated active employees. If an employee does not return to work at the expiration of an FMLA leave, regardless of whether they continued coverage during the FMLA leave, they normally will be eligible to elect COBRA continuation coverage with respect to Health Department-sponsored group health plans, with the COBRA qualifying event normally being the expiration of the leave.

9. Conversion/Post-Employment Insurance Options

Pursuant to COBRA, eligible employees and their dependents may be entitled to continue certain benefit coverage after employment with the Health Department ceases or certain other qualifying events occur. COBRA information is provided separately. In addition, you also can contact the Director of Administrative Services to obtain COBRA information.

10. Insurance Coverage Information

Eligibility requirements and further information concerning insurance coverage are fully explained in the applicable plan documents, summary plan descriptions, and any applicable summaries of material modification, available from the Director of Administrative Services. In all cases, however, the applicable

plan document controls over any summary or other communication for purposes of determining your rights and benefits.

B. Retirement Program

The Health Department provides a retirement program to employees working .50 FTE or greater. For employees (hired prior to 1/01/1997), the Health Department pays 100% of the cost of the Michigan Municipal Employees Retirement System (MERS) Plan B-3 F55/25.

For eligible employees hired after 10/01/1996, the Health Department will deposit on a bi-weekly basis an amount equal to a percentage of the employee's salary earned during the payroll period to the MERS Defined Contribution Plan. The percentage of the Department's contribution will be 10% with a mandatory 2% contribution by the employee. Social Security is paid in addition to retirement.

Employees may also participate in a deferred compensation program administered through Nationwide Retirement Solutions or through ICMA. Employee pays 100% into the program with no Health Department contributions.

C. Employee Assistance Program

For information on the Health Department's Employee Assistance Program, please speak with the Director of Administrative Services.

ACKNOWLEDGMENT OF RECEIPT OF HANDBOOK

PLEASE READ THE EMPLOYEE HANDBOOK AND FILL OUT AND RETURN THIS PORTION TO THE DIRECTOR OF ADMINISTRATIVE SERVICES WITHIN ONE WEEK OF RECEIPT OF THE HANDBOOK.

Employee Name: _____

I acknowledge that I have received a copy of the Health Department's Employee Handbook. I understand that I am responsible for reading the Handbook and for knowing and complying with the policies set forth in the Handbook during my employment with the Health Department.

I further understand, however, that the guidelines contained in the Handbook are guidelines only and are not intended to create any contractual rights or obligations, express or implied, and shall not be construed to create any type of right to a "fair procedure" prior to termination or other disciplinary action. I also understand that, except for the Health Department's at-will employment policy, the Health Department may amend, interpret, modify, or withdraw any of the provisions of the Handbook at any time in its sole discretion, with or without notice. Furthermore, I understand that, because the Health Department cannot anticipate every issue that may arise during my employment, if I have any questions regarding any of the Health Department's guidelines or procedures, I should consult the Health Department's Director of Administrative Services.

I understand and agree that my relationship with the Health Department is "at-will," which means that my employment is for no definite period and may be terminated by me or by the Health Department at any time and for any reason, with or without cause or advance notice. I also understand that the Health Department may demote or discipline me or otherwise alter the terms of my employment at any time at its sole discretion, with or without cause or advance notice.

I understand and agree that the terms of this Acknowledgment may not be modified or superseded except by a written agreement signed by the Health Officer of the Health Department, that no other employee or representative of The Health Department has the authority to enter into any such agreement, and that any agreement to employ me for any specified period of time or that is otherwise inconsistent with the terms of this Acknowledgment will be unenforceable unless in writing and signed by the Health Officer of the Health Department. I further understand and agree that if the terms of this Acknowledgment are inconsistent with any guideline or practice of the Health Department now or in the future, the terms of this Acknowledgment shall control.

Finally, I understand and agree that this Acknowledgment contains a full and complete statement of the agreements and understandings that it recites, that no one has made any promises or commitments to me contrary to the foregoing, and that this Acknowledgment supersedes all previous agreements, whether written or oral, express or implied, relating to the subjects covered in this Acknowledgment.

I have carefully read this Acknowledgement of Receipt.

Date: _____

Signed: _____

Proposed Motion:

I move to approve the Personnel Policies for Benzie Leelanau District Health Department in the Employee Handbook as amended and presented to the Board of Health.



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www.bldhd.org

**PERSONAL HEALTH DIVISION
Board of Health Report
March 2026**

High Tech/High Touch (HT2)

HT2 is an evidenced-based electronic screening tool developed by CS Mott Department of Public Health/MSU to identify risks during pregnancy:

- Depression
- Anxiety
- Substance Use
- PTSD
- Domestic Violence
- Social Determinants of Health

The screening is accessed via an app and can be completed on a cell phone prior to a patient visit or on an IPAD in the office. The patient receives education and referrals through the app based tailored to their responses to the questions. If the patient consents, the provider has immediate access to the results so concerns can be addressed during the appointment. Patients receive a \$20 Walmart "Baby Only" gift card for completing the survey.

It has been in use since 2019 and currently 18 physician practices are using the tool, including GT Women's Clinic and Munson Family Practice – the two practices providing prenatal care for Benzie and Leelanau women.

MDHHS funds HT2 and would like to expand its reach to local health departments for use in WIC and MIHP programs.

Feedback about the HT2 app from both providers and patients has been positive and has increased early risk identification and intervention.

The Regional Perinatal Quality Collaborative (RPQC) has funds to support the initial work for health departments to develop internal processes for adoption of HT2. The IPADs, gift cards, and app are provided at no charge.

www.ht-2.org

Michigan Health Endowment Fund, Healthy Kids Grant

A concept paper was submitted to the Michigan Health Endowment Fund (MHEF) to pilot a partnership between BLDHD and Northwest Michigan Health Services (and possibly Grand Traverse County Health Department) to offer school-based telehealth visits for students.

A nurse or community health worker would facilitate the visit at the school, assessing symptoms and vital signs, and conducting basic lab testing. The nurse would then connect the student to a nurse practitioner or physician's assistant from NMHSI, using telehealth equipment. The provider would diagnose the student, recommend next steps, send prescriptions to the pharmacy, etc.

This telehealth system would decrease missed school for kids and missed work for parents. It would also help reduce the burden on busy physician practices and provide for earlier treatment initiation.

Students who have fevers or contagious illnesses would still need to be picked up by a parent, but the medical visit can be done before leaving school and appropriate prescriptions picked up by the parent before taking the child home. Students with non-contagious illnesses or minor injuries could be evaluated and prescriptions called to a pharmacy for the parent to pick up after work, while the student returns to school.

In addition, the nurse and community health worker are available in the schools to support health education and health promotion activities.

This pilot project will allow us to assess the feasibility of providing telehealth services from a school, whether it is beneficial to students, parents, schools, and health care providers, and the financial sustainability through a cost sharing model between the health care provider (NMHSI) and the health department.

Concepts papers are evaluated by MHEF and those selected for continuation are then invited to write a full grant, which is due in June. Awards are announced in November with a December start date. Funding is for 2 years.

**Benzie-Leelanau District Health Department
Board of Health Meeting – March 25, 2026
Environmental Health Director’s Report
Eric Johnston**

1. 2025 Well and Septic System Evaluation Turnaround Time Study

- As part of our ongoing commitment to continuous improvement, a time study of well and septic system evaluation turnaround times was conducted for the 2025 calendar year.
- During 2025, a total of 574 water wells and 491 septic systems were evaluated, for a combined total of 1,065 evaluations across the district.
- On average, evaluations were completed within eight (8) business days from the date of application.
- Evaluation reports were issued within an average of thirteen (13) business days from the date of application.
- It should be noted that this timeline includes external factors beyond our control, including a required three (3) business days for MISS DIG utility marking and approximately one (1) week for water laboratory results. Given these constraints, current turnaround times remain reasonable.
- Staffing and operational challenges impacted performance in 2025, including a prolonged vacancy in an Administrative Assistant position, employee medical leaves, and a major software transition in the fourth quarter. These factors contributed to increased turnaround times.
- Staffing levels have since been restored, and the new software system is now fully operational. With these improvements in place, the department’s goal is to reduce the total turnaround time from application to report issuance to ten (10) business days or fewer in 2026.

Thank you,
Eric Johnston
Director of Environmental Health

Director of Administrative Services
Report – March 2026
Shelley Jablon

The purpose of the administration division is to manage the finances, purchasing, billing, human resources, technology and assist in the building areas of the Health Department.

Finance :

In the Board packet the February 2026 financials are included. The financial statements are year-to-date and are reflected through February 28, 2026. The Agency is 41.7% through the fiscal year. When looking at the overall expenditures for BLDHD, we are slightly under at 37.27% spent. The audit for Fiscal Year 2025 has been completed. A digital copy of this was included in the packet. The Agency received an Un-Modified opinion, which means that the information was presented fairly and there were no misstatements.

Human Resources:

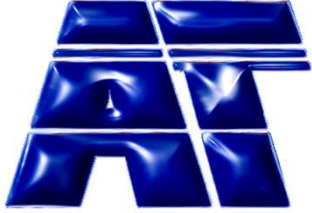
The Office/Administrative Assistant position for the Leelanau Environmental Health office was filled. Carla Appleton-Marshall began on March 9th.

Technology, Purchasing and Billing:

Thorell and I met with Tom Wyant, the owner of Wyant Technologies. They are the organization that services our IT needs. It was a check-in on the current and future IT needs that the organization will be experiencing. BLDHD will be migrating away from the use of servers to utilizing the cloud.

Building:

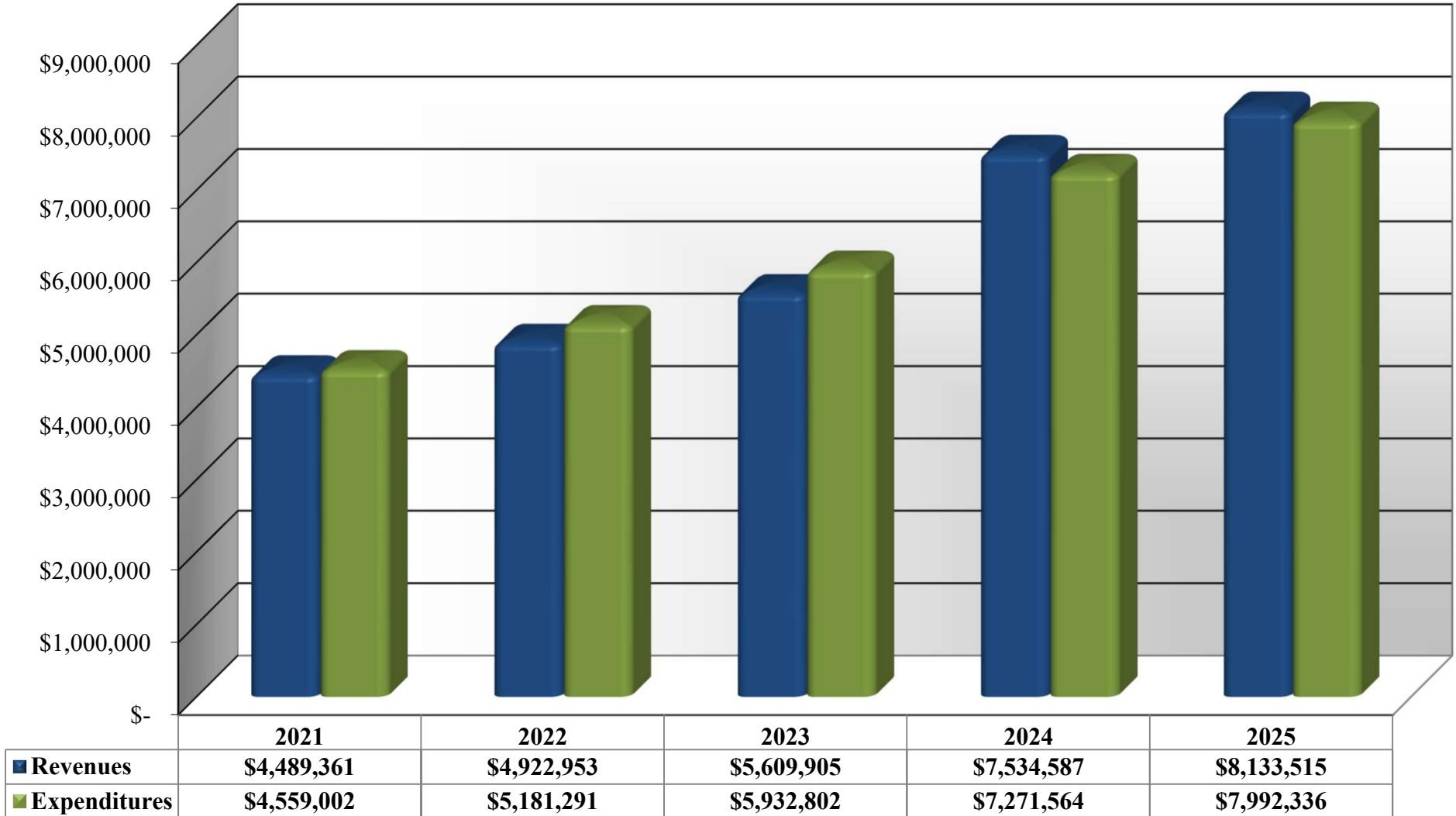
A Building Partner's meeting is scheduled for the beginning of April.



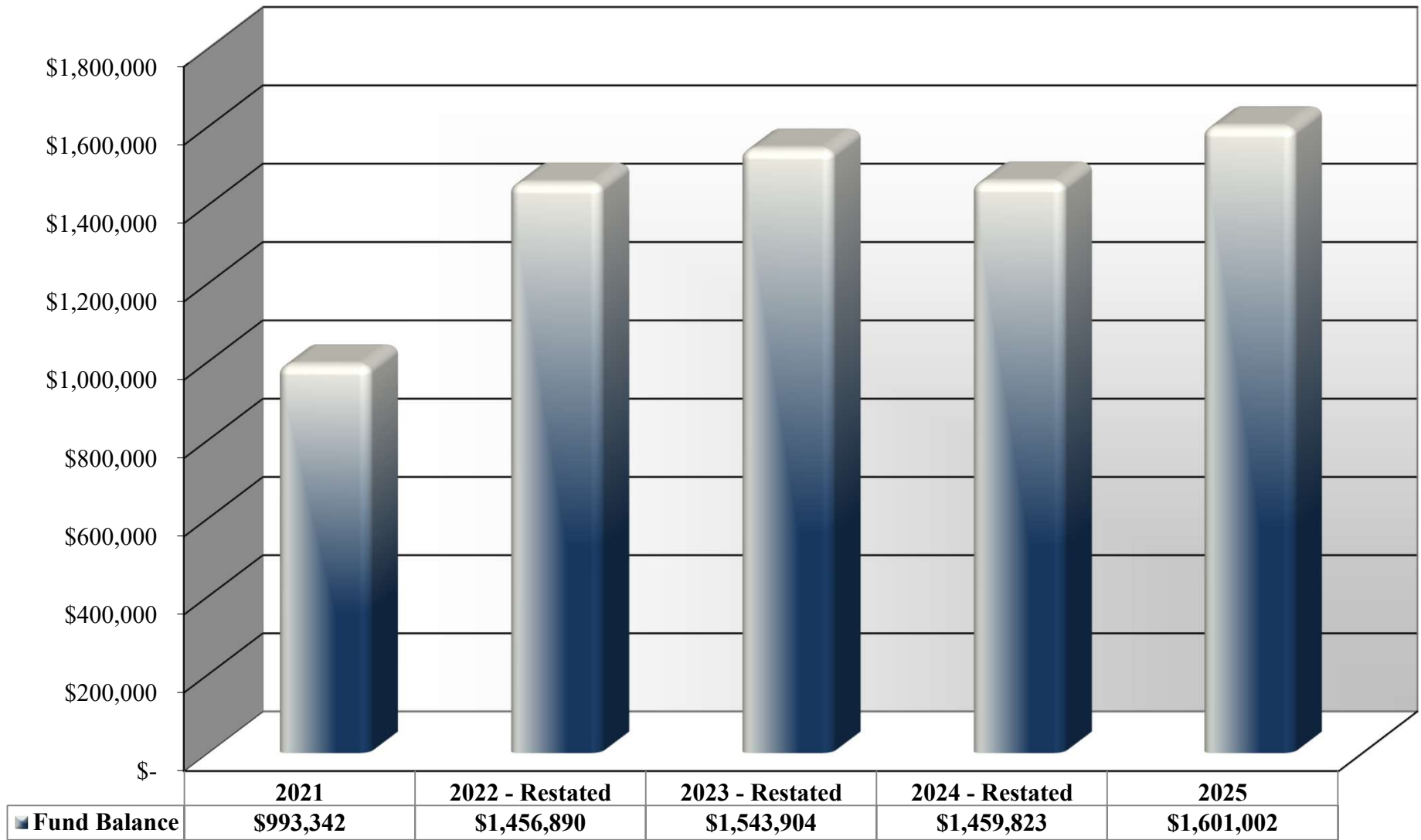
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Benzie/Leelanau
District Health Department
COMPONENT UNIT FINANCIAL STATEMENTS
GRAPHICAL PRESENTATION
September 30, 2025

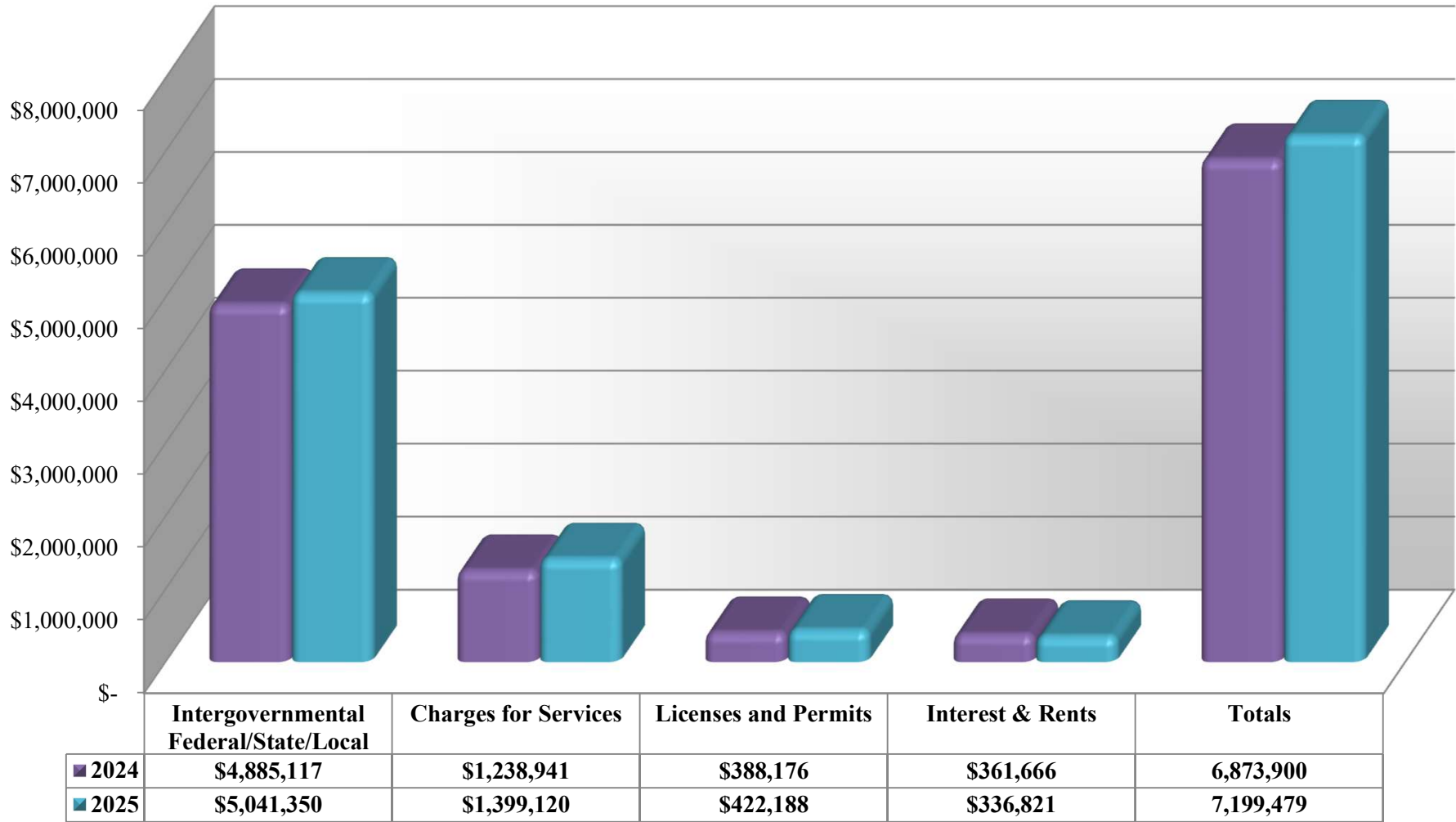
Benzie/Leelanau
District Health Department
Revenue & Expenditure Analysis
Five Year Trend
September 30, 2025



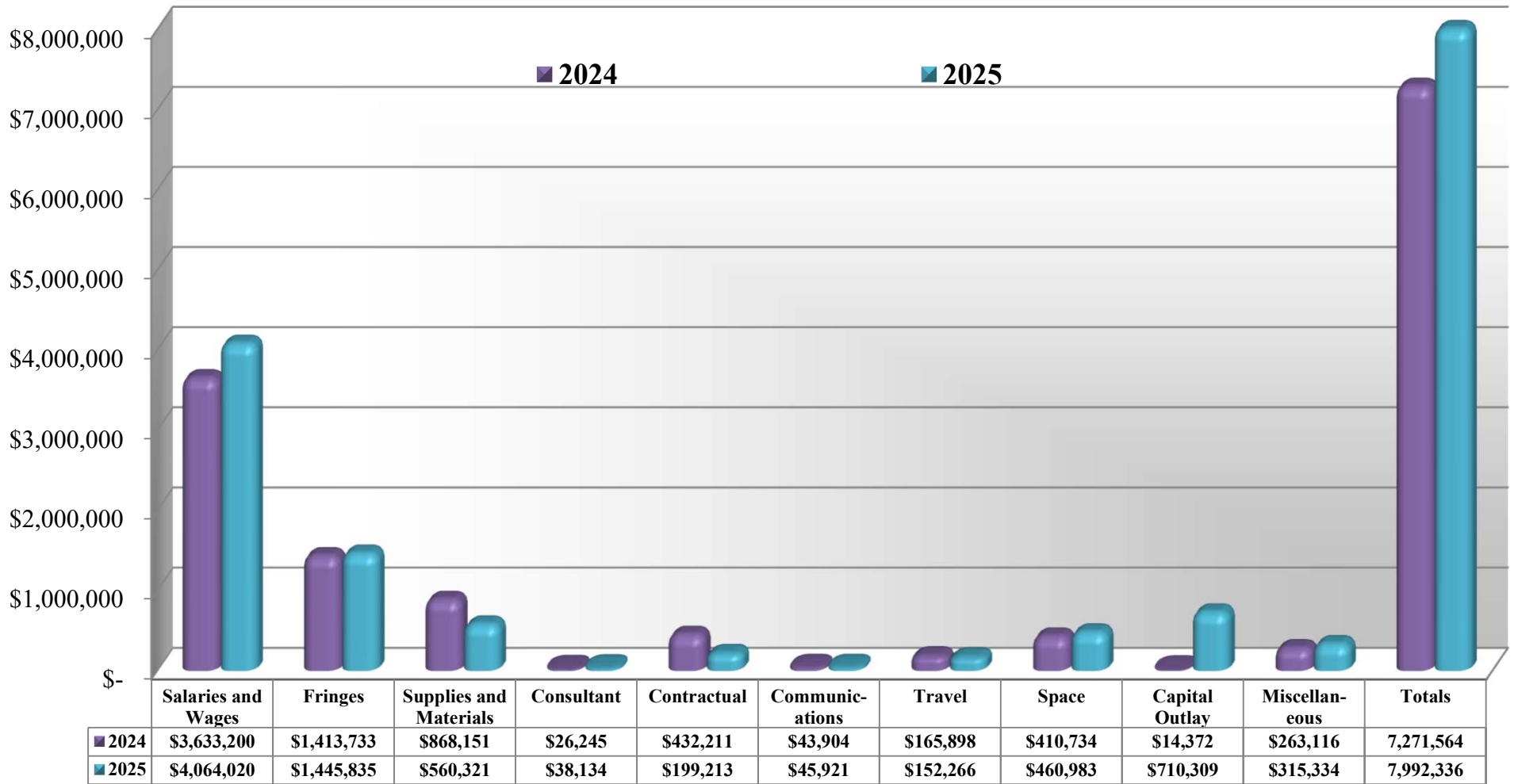
Benzie/Leelanau
District Health Department
Fund Balance Analysis
Five Year Trend
September 30, 2025



Benzie/Leelanau
District Health Department
Revenues
Two Year Comparison
September 30, 2025



Benzie/Leelanau
District Health Department
Expenditures
Two Year Comparison
September 30, 2025



Benzie/Leelanau
District Health Department
Revenues & Expenses by Reporting Unit
September 30, 2025

