HUMAN RESOURCES DEPARTMENT POLICY/PROCEDURE	PAGE 1 OF 2	
	REVISED BY Laura Giannetti-Mercer	Personnel Services Manager
	APPROVED BY Gretchen R. Beatty	Acting Director, Human Resources

SECTION	SUBJECT	ORIGINAL ISSUE DATE	REVISION DATE
053	EXCEPTIONAL PERFORMANCE PAY	April 13, 1989	October 3, 2006

Supersedes: Administrative Memorandum No. 483, dated June 23, 1990 and Personnel Policy No. 053 dated September 22, 1999 and January 3, 2001.

PURPOSE

To implement the Exceptional Performance Pay program.

POLICY

Employees in the following bargaining units are eligible for Exceptional Performance Pay: Federation, Confidential and General Management.

Employees considered for Exceptional Performance Pay must meet the following criteria:

A. One year continuous service at the top salary step. "Continuous" means no breaks in paid employment except for approved leaves of absence without pay.

B. The employee must demonstrate consistently exceptional performance and attendance and the employee's supervisor and department head must certify this on the attached form. The employee's most recent regular performance appraisal should be attached.

C. An employee may not receive Exceptional Performance Pay in consecutive fiscal years.

D. As a guideline, the number of recipients in each department during any fiscal year is up to 10% of the number of positions (vs. FTE's) represented by all the affected units in a department. In departments where the above calculation yields a figure of less than two, two shall be the maximum. Each department shall attempt to distribute its award proportionately among employees in the eligible bargaining units.

PROCEDURE

A. Department Heads shall submit nomination forms to the Director of Human Resources, who shall review them for conformity to basic criteria and to ensure Citywide consistency before sending the recommendation to the City Manager.

B. Upon receipt of the City Manager's decision, the Director of Human Resources shall notify the Department Head and take steps to implement payment if the recommendation is approved.

Approved for Distribution:

Gretchen R. Beatty
Acting Director of Human Resources

PAYMENT

A. Exceptional Performance Pay awards shall be in the form of a lump-sum cash payment equal to 5% of the employee's base salary for one year based on the salary in effect on the date of the nomination.

B. Exceptional Performance Pay is taxable and is considered compensation for retirement purposes. It is not to be included as part of the "regular rate" for purposes of the Fair Labor Standards Act.

C. The Director of Human Resources shall ensure that adequate funds are budgeted for this program.

GRB:kyt
Attachment: Exceptional Performance Pay Nomination Form

EXCEPTIONAL PERFORMANCE PAY
NOMINATION FORM

EMPLOYEE'S NAME: DATE OF EVALUATION:

POSITION/TITLE: TIME IN POSITION:

DEPARTMENT: DATE REACHED TOP STEP:

LENGTH OF TIME EMPLOYEE HAS REPORTED TO THIS SUPERVISOR:

Please provide specific examples describing how the employee meets the standard. Attach an additional sheet if necessary. No. 5 is optional.

1. Quality of Work – Demonstrates the knowledge, skill and ability to perform everyday tasks in a superior manner.

2. Attitude/Public Relations – Unusual job interest and enthusiastic attitude that results in high work output and/or very prompt and responsive service.

3. Initiative – Has demonstrated outstanding initiative which has resulted in significant program enhancement or cost savings.

4. Attendance – No unexcused tardiness. Usually uses three days or less per year of sick leave, except as explained below.

5. Other – Utilizes an unusual skill or talent which is not part of the regular job to the benefit of the City; assigned to and performed successfully in a special program or project; etc.

Date: ____________________________ ____
Signature of Supervisor

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DEPARTMENT HEAD REVIEW

I agree/disagree (cross out one) with the above evaluation and recommend/do not recommend (cross out one) this employee for Exceptional Performance Pay.

Comments:

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Date: ____________________________ ______________________________________
Department Head

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DIRECTOR OF HUMAN RESOURCES REVIEW

This recommendation conforms/does not conform (cross out one) to the basic criteria of the program, and ensures/does not ensure (cross out one) City-wide consistency.

Comments:

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Date: ____________________________ ______________________________________
Director of Human Resources Department

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CITY MANAGER REVIEW

This recommendation is approved/not approved (cross out one).

Comments:

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Date: ____________________________ ______________________________________
City Manager